

# Toronto District School Board

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Operational Procedure PR699

Title: **MANAGEMENT FOR RISK OF INJURY BEHAVIOURS**

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## 1. RATIONALE

The Management for Risk of Injury Behaviours Procedure (the “Procedure”) supports the implementation of the Student Health Support Policy (P092), the Caring and Safe Schools Policy (P051) and the Workplace Violence Prevention Policy (P072); and is designed to assist principals with meeting the safety and behavioural requirements of all pupils, including students with special education needs, while ensuring the safety of staff and students.

## 2. OBJECTIVE

- To outline the process for managing the safety concerns or extreme behavioural needs of students including students with special education needs.
- To provide equitable access to learning opportunities for all students. This includes the Board’s ongoing commitment to human rights, equity, anti-racism, anti-oppression, and our commitment to combatting anti-Indigeneity and anti-Black racism, and all other forms of racism and discrimination.
- To address the safety requirements and expectations of staff members who support students.

## 3. DEFINITIONS

*ABC Data Recording Chart* refers to a direct observation tool that can be used to

collect information about the events that are occurring within a student's environment. "A" refers to the antecedent, or the event or activity that immediately precedes a challenging behaviour. "B" refers to observed behaviour, and "C" refers to the consequence, or the event that immediately follows a behaviour. An ABC Data Recording Chart is used to organize information over several observations by recording the target behaviour(s) observed and the events that precede and follow the behaviour. Observing and recording ABC data assists the team in identifying trends or patterns around a specific behaviour and forming a hypothesis statement. It is critical to understand the function of the behaviour (or why a behaviour occurs) to offer strategies tailored to individual needs. ABC Data Recording Charts are an integral part of this process.

*Board* is the Toronto District School Board, which is also referred to as "TDSB".

*Individual Education Plan (IEP)* refers to a written plan describing the special education program and/or services required by a particular student, including a record of the particular accommodations needed to help the student achieve his or her learning expectations. An IEP must be developed for a student who has been identified as exceptional by an Identification, Placement, and Review Committee (IPRC), and may also be developed for a student who has special education needs but has not been identified as exceptional. An IEP is a working document that identifies learning expectations that may be modified from or alternative to the expectations given in the curriculum policy document for the appropriate grade and subject or course. It outlines the specific knowledge and skills to be assessed and evaluated for the purpose of reporting student achievement.

*Individual Learning Profile (ILP)* refers to a tool developed to support an evidence-based program delivery model to assist a school in establishing processes to collect, maintain, and use this information to guide programming decisions. The Ministry of Education states the following: "Progress and growth, or the lack of it, must be noted in the ILP and strategies that are reconsidered, if adjustments are needed. In the case of students who have persistent learning challenges, the need for more intensive instructional support or for special intervention by an IST or SST should also be noted". All recommendations, follow-up/outcomes, persons responsible and timelines are documented on the ILP.

*Functional Behaviour Assessment (FBA)* refers to the systematic method of assessment for obtaining information about the purposes (functions) a challenging behaviour serves for a student. Results are used to guide the design of an intervention for decreasing challenging behaviour and increasing appropriate behaviour. If a formal Functional Behaviour Assessment is required, teachers should consult with Professional Support Services personnel. Based on the Functional Behaviour Assessment, a Behavioural Support Plan (BSP) is developed to identify effective alternative behaviours and strategies for reducing, or replacing, challenging behaviours.

*Learning for All* refers to a resource guide, developed by the Ontario Ministry of Education and outlines an integrated process of assessment and instruction designed to improve student learning from K-12. Educators can use this process to help plan and deliver instruction that benefits all students.

*Management Process for Risk of Injury Behaviours* is first and foremost an ongoing process rather than a single event. It is a principal-led process that is initiated when a risk of injury to self and/ or others exists or is highly probable. The level of risk must be reviewed regularly to determine appropriate prevention and intervention strategies. The management process for risk of injury involves gathering, reviewing, and evaluating information.

*Occupational Health and Safety Act (OHSA):*

Subsection 1 (1) of the [Occupational Health and Safety Act](#) includes the following definitions:

*3.13.1 “Workplace harassment” means engaging in a course of vexatious comment or conduct against a worker in a workplace that is known or ought reasonably to be known to be unwelcome; (“harcelement au travail”)*

*“Workplace violence” means:*

- a. the exercise of physical force by a person against an employee in a workplace that causes or could cause physical injury to the employee;*
- b. an attempt to exercise physical force against an employee in a workplace that could cause physical injury to the employee (“violence au travail”);*
- c. a statement or behaviour that it is reasonable for an employee to interpret as a threat to exercise physical force against an employee, in a workplace, that could cause physical injury to the employee (“violence au travail”).*

*Manifestation Behaviours of Specific Diagnosed Medical/ Neurological/ Developmental Disorders*, refers to individuals with special education needs who may also have medical/neurological/ developmental disorders, or not fully identified/undiagnosed conditions that can have manifestation behaviour(s) that is/are a direct result of a diagnosed and existing medical, neuropsychological, neurological, or developmental condition. The specific manifestation behaviour must be identified in a professional assessment. Such behaviours may create safety concerns within the school environment. Without an understanding of the diagnosed/undiagnosed disorder and its possible manifestation behaviours, staff, students, and parents/guardians/caregivers may interpret the behaviour as

deliberate acting out rather than as a manifestation of the medical disorder.

Responding to the behaviour as a purposeful violation of a code of conduct and applying discipline without considering where the manifestation of behaviours are sourced (e.g. a diagnosed medical/neurological/development disorder) and incorporating these considerations into the student's Individual Education Plan and/or Safety Plan may be considered a violation of the student's legal right to an appropriate educational program.

The Board has a duty to make reasonable inquiries about student special education needs, accommodations, and supports, in order to assess whether the risk of injury behaviour may be more appropriately addressed through alternative mechanisms to discipline.

The list of medical/neurological/developmental disorders that follows is a non-exhaustive sample listing of some of the more common disorders that may have manifestation behaviours that can present serious safety concerns in the school environment. The description of possible behaviours is a very general description of behaviours that may present safety concerns. It is in no way intended to be comprehensive or diagnostic of the specific condition. Each of the disorders listed has numerous complex characteristics and symptoms that are not listed here.

*A. Attention Deficit Hyperactivity Disorder*

- Attention Deficit Hyperactivity Disorder may include impulsivity, hyperactivity, and inability to stay organized and/or on task; the student may act or react without considering the consequences to self and/or others.

*B. Autism Spectrum Disorder*

- Autism Spectrum Disorder may include tantrums and/or aggressive and/or self-injurious actions, which can be unprovoked, or which may occur in response to changes in routines, environmental conditions, or sensory conditions.
- Students with Autism Spectrum Disorder may exhibit repeated body movements and unusual responses to people

*C. Tourette's Syndrome*

- Tourette's Syndrome may include complex motor and vocal tics, jumping, touching/grabbing, hitting or biting oneself, and/or vocalizing socially unacceptable words/phrases.
- It should be noted that these tics are involuntary. The student with Tourette's Syndrome may be able to exert some control for a few

minutes, but the symptom (tic) must eventually be expressed.

*D. Acquired Brain Injury*

- Acquired Brain Injury may result in noticeable changes in behaviour/personality compared with the individual's state prior to the acquired brain injury. These changes may be permanent or may decrease or increase.
- The student may display significant negative changes or deterioration in judgment, anger, aggression, and disinhibition.

*E. Fetal Alcohol Spectrum Disorders*

- Fetal Alcohol Spectrum Disorders may result in physical, mental, behavioural, and/or learning disabilities, with possible lifelong implications.
- Some children with Fetal Alcohol Spectrum Disorders have physical disabilities, but many of the effects of Fetal Alcohol Spectrum Disorders are not visible and may include problems with learning, memory, attention, problem solving, behaviour, vision, and hearing.
- Students with Fetal Alcohol Spectrum Disorders may not understand social situations and the student's behaviour is often interpreted as problematic, rather than as a symptom of an underlying condition.

**Manifestations of these conditions must not be responded to as intentional or purposeful violations of the Board's Code of Conduct (PR585). These manifestations must be taken into consideration as mitigating factors. These behaviours must be documented and school interventions must be incorporated into the student's Individual Learning Profile (ILP) and/or IEP.**

*Personal Information* refers to recorded information about an identifiable individual. As defined by the *MFIPPA* this may include, but is not limited to:

- Information relating to the race, national or ethnic origin, colour, religion, age, sex, sexual orientation or marital or family status of the individual;
- Information relating to the education or the medical, psychiatric, psychological, criminal or employment history of the individual or information relating to financial transactions in which the individual has been involved,
- Any identifying number, symbol or other particular assigned to the individual;
- The address, telephone number, fingerprints or blood type of the individual
- The personal opinions or views of the individual except if they relate

- to another individual;
- Correspondence sent to an institution by the individual that is implicitly or explicitly of a private or confidential nature, and replies to that correspondence that would reveal the contents of the original correspondence;
- The views or opinions of another individual about the individual; and individual's name if it appears with other personal information relating to the individual or where the disclosure of the name would reveal other personal information about the individual.

*Physical Contain and Release* refers to a range of Non-Violent Crisis Intervention Program (CPI) holding techniques used only as a last resort when all other attempts to calm escalating behavior have been tried and have been unsuccessful. The purpose of Contain and Release is not to discipline the student but rather, to prevent the student from injuring themselves or others. Such techniques are used only until the risk of injury to self or others is no longer imminent, rather than until the student is calm (See Section 6.13). Non-Violent Crisis Intervention training is available on My Path.

*Professional Support Services* refer to the following regulated professions: Speech-Language Pathology/Audiology Services, Occupational Therapy and Physiotherapy Services, Psychological Services, Social Work and Attendance Services. The professional support personnel provide a broad range of services. The services could include: assessment, consultation, direct service with students, in-services, training, programming recommendations, and strategies for staff working with specific students. Professional Support Service staffs are required to be registered members of the following Professional Colleges or Association, respectively:

- The College of Audiologists and Speech-Language Pathologists of Ontario
- The College of Occupational Therapists of Ontario
- The College of Physiotherapists of Ontario
- The College of Psychologists of Ontario
- The Ontario College of Social Workers and Social Service Workers
- The Ontario Association of Child and Youth Counsellors

*Risk of Injury Behaviours* refers to the behaviour of a student who may or may not have special education needs presents a significant risk of injury to self and/or others when:

- the behaviour is current (as documented in the [ABC Data Recording Chart](#) anecdotal record);
- the behaviour is of such intensity that self-injury or injury to others has occurred, or is likely to occur (as documented in the [ABC Data Recording Chart](#), [Violent Incident Form](#), and [Incident - Insurance](#)

[Reporting Form](#));

the behaviour is of such intensity that intervention is required to prevent or minimize injury.

*Safety Plan* refers to guidelines and procedures for managing the safety or behaviour concerns of a student who may or may not have special education needs when safety issues arise. It is developed for students whose safety or behaviour is known to pose an ongoing risk to themselves and/or others. It can serve as a crisis-response plan that outlines the roles and responsibilities of the staff in dealing with the safety issue. The development of a safety plan involves all staff members who work on an ongoing basis with a student, as well as parents and representatives from any community agencies working with the student and/or family.

*Separate Spaces in TDSB Schools* refers to spaces that must be intentionally used as part of the academic program developed for students. All staff should be familiar with the intended uses and function of the various types of separate spaces including: Sensory Rooms; Snoezelen Rooms; Gross Motor Rooms. Learning Network Superintendents must be aware of these spaces, their intent and usage. Schools must communicate to Learning Network Superintendents their intent to develop a separate space beyond the immediate classroom that will be used in a proactive and positive manner. No separate spaces will be developed without the consent of the Learning Network Superintendent and its purpose clearly defined and aligned with ongoing TDSB commitment to human rights, equity, anti-racism, anti-oppression, and TDSB commitment to combatting anti-Indigeneity and anti-Black racism, and all other forms of racism and discrimination.

*Students with Special Education Needs* at the TDSB, refers to students with special education needs include students formally identified as exceptional pupils under the *Education Act* and any other non-identified pupils receiving special education programs and/or services. TDSB students receiving special education programming or service may have an Individual Education Plan (IEP). Exceptional Pupil under the *Education Act*, is defined as: A pupil whose behavioural, communicational, intellectual, physical, or multiple exceptionalities are such that he or she is considered to need placement in a special education program by committee established under subparagraph iii of paragraph 5 of subsection 11(1), of the board...[that is, by an Identification, Placement, and Review Committee]. Special Education Program is an educational program that is based on and modified by the results of continuous assessment and evaluation. That program may include an Individual Learning Profile (ILP) and an Individual Education Plan (IEP) containing specific goals and an outline of educational services that meet the needs of the students with special education needs.

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“Board”.

#### **4. RESPONSIBILITY**

Associate Director, Leadership, Learning and School Improvement.

#### **5. APPLICATION AND SCOPE**

This Procedure applies to staff who work directly with students, including students with special education needs.

#### **6. PROCEDURES**

This is a principal-led process that is initiated and continues on an ongoing basis when there is a risk of injury to self and or others, that exists, or is highly probable of a student who may or may not have special education needs. Meeting these needs involves awareness, consultation, and planning in collaboration with parents/guardians/caregivers, school staff, school services staff, and professional agencies. The earlier version of this document outlined the process for risk review. In response to current legislation, this Procedure has evolved into an ongoing practice and is no longer a one-time event.

##### **6.1. Confidentiality in Special Education**

Principals are reminded that confidentiality must be adhered to in all discussions, correspondence, case conferences, and program planning for any student, when engaging in this process. Sensitivity and care must be taken to obtain the required informed consent with respect to the sharing of pertinent medical, psychological, educational, employment, immigration and family information. If staff or other agencies are involved in meetings or correspondence, the following student locator should be used to allow differentiation without identification: school name, room number, letter designation (e.g., Happy Valley PS 101A (Rm. 101, Student A)). Where the contents of the OSR are required to be released to a third party not otherwise authorized to view the OSR, the student’s name shall be concealed and replaced with the locator (see OSR Guidelines). If Professional Support Services staff are involved in a meeting or correspondence and have not been provided informed consent to discuss the student, the same locator recommended for informed consent should be used. These confidentiality procedures include remote meetings and sharing of information in virtual environments.

- 6.1.1. Below is a brief summary of relevant legislation with which principals must follow. Principals are reminded to consult with TDSB MFIPA people legal counsel regarding any questions that may arise about confidentiality

*Municipal Freedom of Information and Protection of Privacy Act,  
R.S.O. 1990, c M.56 (MFIPPA):*



Personal Information is recorded information about an identifiable individual. As defined by the MFIPPA this may include, but is not limited to:

- Information relating to the race, national or ethnic origin, colour, religion, age, sex, sexual orientation or marital or family status of the individual;
- Information relating to the education or the medical, psychiatric, psychological, criminal or employment history of the individual or information relating to financial transactions in which the individual has been involved;
- Any identifying number, symbol or other particular assigned to the individual;
- The address, telephone number, fingerprints or blood type of the individual;
- The personal opinions or views of the individual except if they relate to another individual;
- Correspondence sent to an institution by the individual that is implicitly or explicitly of a private or confidential nature, and replies to that correspondence that would reveal the contents of the original correspondence;
- The views or opinions of another individual about the individual, and;
- The individual's name if it appears with other personal information relating to the individual or where the disclosure of the name would reveal personal information about the individual.
- In most cases, disclosure of relevant safety information to specified school staff is allowed, as follows:

#### ***Youth Criminal Justice Act***

- S.125(6)The provincial director, a youth worker, peace officer, or any other person engaged in the provision of services to young persons may disclose to any professional or other person engaged in the supervision or care of a young person—including a representative of any school board or school or any other educational or training institution—any information contained in the record... if the disclosure is necessary.
- (b) to ensure the safety of staff, students, or other persons

Note: A person to whom information is disclosed under ss. 6 above shall keep the information separate from any other record of the young person to whom the information relates... ensure that no

other person has access to the information except if necessary for the purposes of ss. (6) above [and]... shall destroy their copy of the record when the information is no longer required for the purpose for which it was disclosed.

**Privacy Breach** is an incident in which personal information is collected, used, retained or disclosed without authorization or in error.

The TDSB can disclose personal information under certain circumstances such as:

- With parent/guardian consent
- For a consistent purpose
- To comply with legislation (e.g., Education Act)
- For law enforcement
- For health and safety reasons
- Compassionate reasons
- Necessary for the operation of the institution

Violence, Racism and Hate Incidents Involving or Impacting Students in Schools (PR. 728)

It is important to note, that this operational procedure in conjunction with PR728 and related TDSB policies and procedures, provides support to the management for risk of injury behaviours while recognizing the intersections of social identities of students. Therefore, we must ensure that we are cognizant of the role implicit bias plays and how it can impact students in negative and discriminatory ways in classrooms and schools.

## **6.2.**

6.2.1. TDSB has a duty to provide risk of injury information to a worker if they can be expected to encounter a person with a history of unsafe behaviour or a history of hatred or bias based on race, national or ethnic origin, language, colour, creed, religion, sex, age, mental or physical disability, sexual orientation, gender identity, or gender expression. TDSB shall not disclose more personal information than is reasonably necessary to protect the worker from physical injury. Principals are reminded to adhere to PR728 - Reporting and Responding to Racism and Hate Incidents Involving or Impacting Students in Schools should the concern be violence involving racism and hate impacting students in schools.

## **6.3. Parental/Guardian/Caregiver Involvement and Consultation**

When engaging in the PR699 process, parental/guardian/caregiver involvement must be included. Early consultation is essential and critical in program planning for students-whose behaviour may present serious safety issues. An IEP is not required for a safety

plan to be developed.

- 6.3.1. Consultation means providing ample opportunity for parents/guardians/caregivers and the student, if appropriate, to provide information, ask questions, and present their views prior to decisions being made. It is advisable to consult with parents/guardians/caregivers before the first draft of any plan is written as well as after the drafts are completed to ensure that all appropriate personnel are aware of the steps that will be taken if serious behaviours that threaten the safety of students and/or staff occur. However, final decisions on Safety Plan development and school procedures remain the responsibility of the school principal.

#### **6.4. Staff and Student Safety: Positive Behaviour Supports**

Progressive discipline requires that positive behaviour supports be used as an approach to working with challenging behaviours. The following items are integral components of a positive behaviour support approach.

- 6.4.1. Antecedent Behaviour Consequences (ABC) Data Recording Chart:
- The ABC data recording chart can help to determine why a behaviour occurs. The goals include understanding the precise circumstances that lead to inappropriate student behaviour, identifying the triggers or setting for that behaviour and looking for patterns to explain what the behaviour is communicating. It is critical to understand the function of the behaviour or why a behaviour occurs. ABC Data Recording Charts are an integral part of this system.
  - The ABC Data Recording Chart should include the date, time and location of the behaviour. Descriptions of the behaviour should be specific, detailed and objective. The chart will also include the antecedent (what occurred immediately before the behaviour), a brief description of the behaviour, the duration of the behaviour, the intervention(s) used, and whether the intervention(s) were successful in redirecting the student. Regularly reviewing the ABC Data Recording Charts will enable the teacher to detect patterns in student behaviour. When looking at the consequences of the behaviour, the teacher should analyze the responses to the behaviour, the reactions of others in the area where the behaviour occurred, and the environment in which the behaviour occurred.
  - After an analysis of the ABC Data recording chart determination and implementation of intervention strategies used by the teacher to support the student must be

recorded on the ILP. Through the IST/SST process the ILP should be reviewed and updated as needed to ensure the efficacy of the intervention strategies aligned with the Tiered Approach detailed in [Learning For All](#). The principal must ensure that accurate and up-to-date ABC Data Recording Charts and Behaviour Analysis (Form 699Ki), are used as part of a positive behaviour support system. Based on the findings of the above analysis, a behavioural support plan may be developed or documentation on the ILP, may be added to identify effective alternative behaviours and strategies for reducing, or replacing, ineffective behaviours. Finally, ongoing monitoring should be used to review progress and identify any changes that need to be made (see Effective Educational Practices for Students with Autism Spectrum Disorders, 2007). For a brief overview on Functional Behaviour Assessment, please refer to form 699Ki.

#### 6.4.2. Individual Learning Profile (ILP):

- If a student is demonstrating risk of injury to self and/or others, and an ABC Chart is being used to track patterns of behaviours, the ILP should identify intervention strategies aligned with the Tiered Approach detailed in [Learning For All](#). The ILP will track instructional levels, interventions, recommendations, outcomes and follow-up strategies to address the needs of the student. Based on this information, the teacher(s) can provide instruction that is personalized, targeting the critical skills that the student requires to address the behaviour concerns.
- The ILP should be revisited on a regular basis to evaluate the success of the teaching strategies and if necessary, adjusted to meet the students' ongoing needs.

#### 6.4.3. Individual Education Plan (IEP):

If a student continues to demonstrate risk of injury to self and/or others, and further support beyond the ABC Chart and the ILP is required, an IEP may be considered. If the student has an IEP, the IEP should identify prevention and intervention strategies in the areas of behaviour management, social skills, and communication, along with appropriate teaching strategies and evaluation methods. The IEP must include:

- articulated areas of growth on page 1 of the IEP in the areas of behaviour management, social skills, or social communication.
- accommodations on page 2 of the IEP appropriate to the

needs identified on page 1 of the IEP.

- the student's current level of functioning on page 3 of the IEP, including recurring behaviours that interfere with school achievement or success.
- alternative curriculum goals and expectations on page 3 to address the areas of need identified on page 1 of the IEP. There is no curriculum guide for behaviour, so these are "alternative" goals.
- behavioural intervention strategies, including progressive discipline approaches on page 3 of the IEP geared to meeting the alternative goals and expectations.
- assessment tools, appropriate for measuring improvement on page 3 of the IEP (e.g., tracking sheets, ABC Data Recording Chart, Behaviour Analysis Tool, Functional Behaviour Assessment).

#### 6.4.4. Safety Plan Process:

A Safety Plan is the individual crisis-response plan that is implemented by staff in situations where prevention and non-physical strategies/methods have been unsuccessful in preventing behaviour that presents an immediate risk of injury to self or others. The intention is to write this plan for situations where the behaviour is current, intense and documented in incident reports and not for "one-time" occurrences.

In order to move forward with a Safety Plan, the principal will ensure the following steps are taken:

#### **Safety Plan Consultation**

The development of the Safety Plan involves all staff (teachers and support staff) that work on an ongoing basis with the student as well as parents and representatives from community agencies currently working with the student and/or family. Parents must be invited to provide information to support the development of the Safety Plan through the Safety Plan Consultation Letter. Students who are 16 years of age or older are included in the consultation process.

#### **1. Crisis Prevention Intervention Staff Training**

Reach out to Occupational Health and Safety to arrange for staff training for Non-Violence Crisis Prevention Intervention (CPI) for staff who will be named as part of the TDSB safety plan development team.

## **2. Collaboration with other Interested Parties**

Reach out to Board services (e.g., Special Education, Caring and Safe Schools, Professional Support Services, and Health and Safety), Parents/Guardians and/or Agencies, if required.

## **3. Collaboration with the Safety Plan development team**

Ensure the safety plan team comes prepared with data to discuss the following components:

- A description of the observable behaviour concern(s)
- Triggers or antecedents
- Prevention and intervention strategies to support staff and student safety
- Emergency communication procedures
- Consequences (progressive discipline actions)
- Documentation

## **4. On-going Review of Safety Plan**

Principals and the Safety Plan team are to revisit the Safety Plan regularly to ensure required updates and/or change in intervention strategies are implemented. The Safety Plan should be re-evaluated yearly and removed when no longer necessary.

## **5. Safety Plan Accessibility**

Staff who are in contact with the student must have access to the Safety Plans; this includes occasional staff. The dignity of the student and confidentiality must be maintained. Administrators are to have a system in place to ensure accessibility for staff (e.g., a confidential School Safety Plan Binder made accessible to staff and stored in a secured location).

## **6.5. Reporting, Record Keeping, and Data Analysis**

6.5.1. Principals will collect data from the following documents:

Protection of privacy, legal obligations as well as the safety and well-being of students must be considered when sharing information at all times.

Employee's Report of Workplace Violent Incident Form 699C  
(Occupational Health and Safety online submission)

- Employee's Report of Accident/Injury (Form 699D)
- Health and Safety Concern / Near Miss Incident Form 699F
- Management of Risk of Injury Summary (Form 699I)

- Supervisor's Workplace Violent Incident Investigation Report (Form 699V) \*Mandatory online submission - completed by school principals/supervisors only if there is lost time
- Use of Unplanned Physical Restraint (Form 699O)
- Post Incident/ Contain and Release Protocol Guideline (Form 699N)

## **6.6. Management Process for Risk of Injury**

6.6.1. Where risk of injury to self or others exists or is highly probable, the level of risk must be reviewed on an ongoing basis by appropriate staff to determine prevention and intervention strategies. An ongoing and comprehensive Management Process for Risk of Injury will consider, but is not limited to, the following:

- A review of existing or updated new information regarding medical/ neurological/ developmental professional assessment by appropriate professional staff (e.g., psychology, social work, speech-language pathology, occupational therapy, physiotherapy).
- Whether the risk of injury behaviour(s) is/are a manifestation of the identified exceptionality or diagnosed medical condition.
- Whether the risk of injury behaviour(s) is/are a manifestation of a medical condition that has not yet been formally diagnosed but is a presenting pattern of behaviour that may be linked to a medical condition.
- A referral to appropriate support services for a current Functional Behavioural Assessment. For an overview on Functional Behavioural Assessment see Form 699Ki.
- A review of community agency support for the student and family, or the need for parental/guardian referral assistance in obtaining support.
- A review of the current IEP, if applicable, with respect to appropriate programming and accommodations.
- A review of the Safety Plan with respect to appropriate intervention and emergency response procedures.
- A detailed history of the student's strengths and needs (e.g., previous ILP, IEP and/or Safety Plan), along with successful prevention and intervention strategies.
- A review of staffing needs and training needs to ensure a

safe school environment for students and staff.

- A safety audit of the classroom and school environment.
- A review of the protective and/or safety equipment required.

## **6.7. Sharing of Information**

6.7.1. Prior to a student starting a school or program, and if there is a high probability of injury to self or others, it is important to identify risk factors. It is essential that information is responsibly shared, maintaining the student's dignity, between administrators of sending and receiving schools/programs (Form 699Q). This involves collaboration between school and Board professionals, parents/guardians/caregivers, and community professionals. Observation of the student in the school setting is a critical component of this ongoing process.

6.7.2. The presenting principal ensures:

- Decisions regarding information sharing and implementation of recommendations are recorded on the Management of Risk of Injury Summary (Form 699I).
- Recommendations regarding behaviour needs, prevention and intervention strategies, staffing and training requirements, and protective and safety equipment are to be shared with all relevant personnel.
- All changes or additions to strategies will be documented in the ILP, IEP and Safety Plan and shared.

## **6.8. Admission, Transfer/Promotion and Re-entry of Students Where Risk of Self-Injury or Injury to Others Exists or is Highly Probable**

6.8.1. The following procedures apply when admitting, transferring, promoting or accommodating re-entry to the TDSB for a student with a high probability of injury to self or others. This may include a student new to TDSB or a student re-entering from an Education and Community Partnership Programs (ECPP). Refer to the following:

1. The principal or designate shall register the student and make every effort to request the OSR and obtain any professional related reports.

2. The principal or Board designate shall initiate the Management Process for Risk of Injury to develop the school entry plan involving the following people as appropriate (Please also refer to Transition Plan - PPM 156):



- a. Parents/guardians/caregivers/student (where appropriate)
  - b. School/program administrators (sending and receiving) from previous board
  - c. Classroom teachers and classroom support staff (sending and receiving)
  - d. Community agency personnel where appropriate
  - e. Central staff: Special Education, Professional Support Services, Caring and Safe Schools, the Learning Network Superintendent, etc.
3. Information gathered may include:
- a. Current Individual Learning Profile (ILP), Individual Education Plan (IEP), Safety Plan, and ABC Data Recording Chart
  - b. Current Special Incidence Portion (SIP) claim information and staffing
  - c. IPRC decision information
  - d. Current Incident Reports, Report of a Health and Safety Concern / Near Miss Incidents
4. Information gathered can include:
- a. current/existing medical information, including diagnoses and medications
  - b. current/existing assessment information from professional staff (e.g., psychology, social work, speech/language, attendance, physiotherapy, occupational therapy)
  - c. current/existing assessment information from community agencies/services
  - d. a Functional Behaviour Assessment
  - e. parental/guardian/caregiver interventions and prevention strategies
  - f. a current safety audit of the new classroom and school environment
  - g. Well-planned prevention and safety-intervention strategies, as well as an ongoing review of programs will significantly reduce or eliminate the risk of injury for students who may present such need. Principals are expected to ensure a caring and safe school environment for all staff and students while responding to each student's right to an appropriate education). Information regarding involvement with Caring and Safe Schools and/or probation/police, as appropriate

5. Actions will include, but are not limited to:

- a. developing a responsible and safe entry plan based on information gathered and an appropriate Transition Plan in accordance with PPM 156.
- b. communicating the entry timeline to staff and parent(s)/guardian(s)/caregiver(s)
- c. preparing a Safety Plan based on all available information
- d. identifying any new or updated professional assessments required
- e. must inform all relevant staff of the level of risk through the Notification of Risk of Injury and Safety Plan, Form 699A, identifying staffing needs (qualifications, training, and equipment requirements) to ensure a safe school environment
- f. providing all staff members access to Safety Plans.
- g. identifying alternative measures in case of staff absence
- h. designating staff to be involved in revising/preparing the ILP, IEP and Safety Plan, if deemed necessary and preparing /revising and resubmitting the SIP Claim if requested
- i. involving community agencies/services during the entry process (pre- observation, consultation, transition supports, and follow-up)
- j. identifying additional Board services to be recommended to the family
- k. recommending community agency/service supports to the student/family

6.8.2. Sending Principal Considerations for Safe Transfer of student where risk of self-injury or injury to others exists or is highly probable

When transferring a student where risk of self-injury or injury to others exists or is highly probable, the sending principal should ensure the following is provided to the receiving principal:

**A. Student Profile**

Information that includes:

- Strengths, reinforcers, and successful strategies
- Established pattern of risk of injury toward self, peers and

staff

- Established persistent attempts to damage property
- Persistent verbal and/or physical outbursts
- Unpredicted aggression with no established triggers

Note: Please refer to PR699 (Section 4) for more information on recognizing risk of injury behaviours.

### **B. Transfer of Documentation/OSR to Receiving School**

- Review the OSR and ensure documents such as, ILP, IEP, Safety Plan and Transition plans are updated.
- Review and update Transition Plan and identify roles and responsibilities including parents.
- Contact the receiving principal to establish a transfer process.
- Develop a timeline and establish a transfer team within the receiving school.
- Work with the student to establish their interim needs during the process.
- Develop a student entry plan with the receiving school.
- Review transportation and make changes.

### **C. Establish Roles and Responsibilities**

Ensure the following parties are clear on their roles and responsibilities to support a safe and successful transition:

- student
- parent/guardian/caregiver
- Principal/Vice-principal (sending/receiving)
- Teacher (sending/receiving)
- School Support staff (sending/receiving)
- Special Education school staff
- Professional Support Staff (e.g., social worker, psychology, with parent/ guardian/caregiver permission)
- Guidance Department (at secondary level)

6.8.3. Receiving Principal Considerations for Safe Transfer of student where risk of self-injury or injury to others exists or is highly

probable

When admitting a student where risk of self-injury or injury to others exists or is highly probable, the receiving principal should collaborate with the sending principal to ensure the following is received:

**A. Transfer of Student within TDSB**

- Collaborate with sending principal regarding entry plan
- Review student profile
- Review documentation/OSR from sending school
- Review established roles and responsibilities
- Consult with school based Special Education staff

✓	Entry Plan Considerations	Date Completed
	Register student	
	Review and follow procedures outlined in PR699	
	Receive and Review OSR, ILP and ABC charts from previous program/school	
	Collect related documentation from the parent/guardian/caregiver	
	Prepare Safety Plan, if needed, based on all available information	
	Initiate Management Process for Risk of Injury	
	Inform staff regarding Notification of Risk of Injury and Safety Plan	
	Ensure staff is provided with appropriate training (e.g., CPI)	
	Collaborate with Special Education staff	
	Develop student entry and transition plan with timelines and responsibilities	
	Consult with the student, family and any community agency they are connected with	
	Review and update the Individual Learning Profile (ILP)	
	If student has an Individual Education Plan (IEP), review and update	
	Identify plan(s) for staff absence	
	Conduct school/classroom safety audits	

**B. Transfer of Student from outside the TDSB**

In addition to the above process, the following is to be included:

- Register students at home school, consult with the Special Education team as appropriate for students with medical and/or complex special education experiences.
- Assist in developing a transfer team to facilitate student transition and include the following staff in the process: student, parent, principal, teacher, school support staff, Special Education staff, Professional Support Staff, Caring and Safe Schools staff, Guidance, and community agency.

### **C. Re-Admission Protocol within the TDSB**

When admission of a student, where risk of injury to self or others exists or is highly probable, and the student is returning to a TDSB school from a refusal to admit, (refer to Ed. Act, Section 265(1) (m)), a suspension, a suspension program, an expulsion from all schools of the board, an expulsion from the school only or a Education and Community Partnership Program, or has been assigned to another school in the Board following expulsion from their school, **re-entry-procedures** must be followed by the principal

- A. Students Returning from a long-term suspension (more than five school days) who have not attended a suspension program.
- Review strengths, reinforcers, and successful strategies
  - Review the OSR and ensure documents such as, ILP, IEP, Safety Plan and Transition plans are updated.
  - Review and update Transition Plan and identify roles and responsibilities including parents.
  - Work with the student and family to establish their interim needs during the process.
  - Develop a student entry plan
  - Review transportation and make changes, if needed.
  - Academic progress during suspension (work done at home)
  - Additional relevant assessment information
  - Parental/guardian/caregiver behaviour intervention and prevention strategies
  - Current safety audit of the classroom and school

environment

- Staff training/in-service and possible protective equipment needs
- Measures and contingency plans in case of staff absence

B. Students returning from a long-term suspension who have attended a suspension program

In addition to the information above, review:

- Any strengths, reinforcers and strategies within the Student Action Plan, and outcomes of the suspension program (Please note: This continues the services and supports identified in an ILP, IEP, Safety Plan).
- Any additional academic and non-academic supports and progress identified by the suspension program

C. Students returning from an Education and Community Partnership Program (ECCP):

In addition to parts A & B, review:

- a transition plan developed collaboratively by Board and ECCP staff
- Discussions/meetings will include, but are not limited to, the following parties:
  - a. Central staff: Special Education, Professional Support Services, Caring and Safe Schools staff, etc.
  - b. Parents/guardians/caregivers/ student (where appropriate)
  - c. School/program administrators (sending and receiving)
  - d. Classroom teachers and classroom support staff (sending and receiving)
  - e. Community agency personnel where appropriate
- f. Central staff: Special Education, Professional Support Services, Caring and Safe Schools, the Learning Network Superintendent

D. Student returning from an Expulsion

Please refer to Section 4.8 – PR 586 - Programs for Students on Long-Term Suspensions And Expulsions.

## **6.9. Refusal to Admit**

- 6.9.1. The Toronto District School Board is committed to ensuring each student is welcome and that an open and inclusive learning

environment fosters success in student achievement, equity and well-being. The Refusal to Admit Operational Procedure is in accordance with section 265(1) (m) of the Education Act, which establishes the duty to refuse to admit to the school or classroom a person whose presence in the school or classroom would be detrimental to the physical or mental well-being of the pupils.

6.9.2. Pursuant to these rights and as a last resort, the issuance of a refusal to admit should only be used to support student safety and physical and mental well-being when all other interventions and strategies have been exhausted with the expressed intent to return the student to school as quickly as possible. Principals must involve their Learning Network Superintendent in the process.

- A student where risk of self-injury or injury to others exists or is highly probable, may continue to manifest the behaviour in spite of extensive intervention. Further interventions may then be considered. Hold discussions with all parties
- Management of Risk of Injury Meeting
- Safety/protective equipment
- Modified Safety Plan
- Offering of alternative learning settings
- Recommendation of support for involvement of community agencies/health services
- Further consultation with Professional Support Services and Special Education
- PR724: Refusal to Admit see section 6.5 Modified School Day

**6.9.3. *Before making any decision to move towards a Refusal to Admit, you are required to consult with the Learning Network Superintendent, Centrally Assigned Principal of Special Education, TDSB Legal Counsel, Human Rights Office and Caring and Safe Schools Centrally Assigned Principal.***

6.9.4. Once consultation has occurred and the principal, with the support of the Learning Network Superintendent, has determined it is appropriate to Refuse to Admit a student, a letter outlining the principal's decision as well as requirements for the student's return must be sent to the parent/guardian/caregiver or adult student as set out in Operational Procedure PR724.

## **6.10. Notification to Staff of Risk of Injury and Safety Plan**

6.10.1. The *Occupational Health and Safety Act* requires that under Subsection 32.05 (3) it is an employer's duty to provide information to a worker under clause 23(2)(a) and a supervisor's duty to advise a worker under clause 27 (2)(a) includes the duty to provide information, including personal information, related to a risk of workplace violence from a person with a history of violent behaviour if:

- a. the worker can be expected to encounter that person in the course of their work and
- b. risk of workplace violence is likely to expose the worker to physical injury.

6.10.2. Accordingly, school principals must ensure that all employees who have regular contact with students where risk of self-injury or injury to others exists or is highly probable, are informed of the risk of injury when interacting with these students and are involved in the development of the Safety Plan as per Section 6.3.4.

6.10.3. The School Principal must ensure:

- All employees, who have regular contact with a student with the student where risk of self-injury or injury to others exists or is highly probable are to be informed
- Appropriate, ILP, Safety Plans, and if necessary, IEP are developed and implemented
- All employees involved with the student are included in the development of the Safety Plan
- All employees involved with the student are informed of all strategies/ interventions outlined in the Safety Plan and have access to the Safety Plan.
- Staff report concerns of unsafe student behavior to the Principal
- Staff are to sign the Notification of Risk of Injury and Safety Plan, Form 699A and are indicating they are aware of the Safety Plan and that they have been notified of a risk and the intervention procedures to follow.
- If staff refuse to sign the Notification of Risk of Injury and Safety Plan, Form 699A, the principal will note the reason and sign and date the form indicating that the staff was provided with the information.



Any decisions made regarding a modified school day are made in consultation with the Learning Network Superintendent and is a short-term intervention.

#### 6.10.4. Reporting of Injury or Violent Incident against Staff

The *Occupational Health Safety Act* defines workplace violence as the attempted or actual exercise of any intentional physical force that causes or may cause physical injury to a worker and also includes a statement or behaviour that it is reasonable for worker to interpret as a threat to exercise physical force against the worker, in a workplace, that could cause physical injury to a worker. (Refer to PR699 3.0 Definitions - Section 3.10.2).

The following forms are to be completed, as appropriate, if a staff member has experienced a violent incident as defined by the OHSA, by any student, including a student with special education needs. The forms may be found on the Occupational Health and Safety site on TDSB.

##### [The Employee's Report of Workplace Violent Incident Form \(Form 699C\)](#)

- This electronic submission is to be completed on-line by the staff member if an act of violence has occurred as per the definition.
- Superintendents will also receive a copy of the report.

##### [The Employee's Report of Accident/Injury \(Form 699D\)](#)

- This form is to be completed by the staff member or the principal if the staff member is not able to complete it if the accident has resulted in injury.
- Superintendents will also receive a copy of the report.

##### [Health and Safety Concern/Near Miss Form and Instructions \(Form 699F\)](#)

- This form is to be completed by the staff member and submitted to their supervisor, for an event or condition, which, under slightly different circumstances could have resulted in harm to people.
- Occupational Health & Safety will also receive a copy of the form.

#### 6.10.5. Report Health & Safety Concern to Principal of a Student with a risk

of injury to self and others (Submitted by Staff)

The Board expects that principals will have notified staff of any safety concerns with respect to risk of injury by a student with special education needs. However, situations may arise during the year where students whose behaviours had not previously presented a risk of injury, now present such a risk. Classroom staff must notify the principal of such a risk immediately so that the principal can begin the ongoing Management Process for Risk of Injury Behaviour.

#### 6.10.6. Staffing, Training, and Safety Auditing

- The principal must ensure that all staff members assigned to work with students who present an ongoing risk of injury to staff, students, or themselves are adequately prepared for the assignment. Adequate preparation includes awareness of the unique behavioural needs of specific exceptionalities, training in prevention and intervention, and professional knowledge regarding IEPs, ILPs and Safety Plans and information and instruction on procedure PR699.
- TDSB Special Education Consultants and Coordinators and Professional Support Services staff are available to provide additional support and training for classroom staff. This support includes the preparation of IEPs and Safety Plans. The TDSB also works in partnership with various community agencies to provide ongoing in-service training regarding specific exceptionalities

#### **6.11. Additional Qualifications and Mandatory Training**

6.11.1. Staff who work on a regular basis with exceptional students whose behaviours present a risk of injury to themselves or others are required by the TDSB to have up-to-date training in managing behaviours that present the risk of injury. Staff members who do not have qualifications in current Board-approved safety training should register for training on My Path.

Annual mandatory safety training is provided to identified staff members during school hours and funding for occasional release is available. The Safe Interventions Trainer should be contacted if ongoing risk of injury management strategies identify that further student-specific training is required at 416-396-3210 or email [OccupationalHealth&Safety@tdsb.on.ca](mailto:OccupationalHealth&Safety@tdsb.on.ca).

Regardless of the level of staff training and experience, principals and staff must consider calling 9-1-1 for police and/or medical assistance when safe intervention is not possible. See Police–School Board Protocol.

### 6.11.2. Staff Absence

It is important that principals notify all relevant personnel (e.g., occasional teachers, support staff replacement staff, Professional Support Services staff, Educational Assistants, Special Needs Assistants, Child and Youth Workers, Child and Youth Counsellors, School-Based Safety Monitors/safe schools monitors, Lunchroom Supervisors, Noon Hour Assistants, and Bus Drivers) of any risk of injury situations and the procedures outlined in Employee Notification of Risk of Injury, Form 699A. Principals should ensure they have access to the Safety Plan. Principals must also ensure that when an occasional/casual/temporary employee is brought in, either the occasional/casual/ temporary employee has the qualifications, skills, and/or experience to meet the physical demands of the assignment, or the remaining staff members in the classroom can safely supervise the student who presents a “risk of injury.” With respect to staff absences, prior planning with Employee Services and/or school staff is essential.

Principals must develop contingency plans with staff and parents/ guardians/ caregivers for those situations in which occasional/casual/temporary employees are not available, or the occasional/casual/ temporary employee available does not have the qualifications, skills, and/or experience to meet the physical demands of the assignment. This planning should be done before the student begins a program and will include alternative safety measures to be implemented in case of staff absence. Options could include temporary reassignment of existing site staff, or temporarily placing the student in another classroom or safe location in the school. Alternative plans developed with the parents/guardians/caregivers are part of the ongoing Management Process for Risk of Injury.

The principal must ensure that the Safety Plan details staff support for the student at all times of the day, instructional and non-instructional times.

### 6.11.3. Safety/Protective Equipment

The Safety Plan may identify safety and/or personal protective equipment (PPE) that may need to be worn to protect staff from injury or the student from self-injury. Determinations about the purchase and implementation of PPE may be part of the ongoing Management of Risk of Injury

Process. The principal shall consult with the Safe Interventions Trainer and/or Special Education and Professional Support Services staff to determine whether protective safety equipment is necessary

when working with a student and to obtain proper training for the use of the equipment Personal Protective Equipment (PPE).

#### 6.11.4. Training/Physical Demands Analysis

Where teachers and support staff are working with students whose behaviours present a current risk of injury to staff, students, and themselves, the principal should review the experience and training of the staff to ensure that staff members have the appropriate experience/training to safely intervene in a situation. If staff members do not have sufficient training, the principal should arrange for such training as soon as possible by contacting the Safe Interventions Trainer. In some cases, revisions to an IEP and Safety Plan will be sufficient to ensure safety. If alternative arrangements need to be implemented due to concerns about a particular staff member's ability to intervene safely, or if there are changes in an employee's health that impact the employee's ability to safely intervene with the student, principals should contact the Health and Safety department.

The following factors may be considered in a physical demands analysis.

- a. Physical and Behavioural Profile of the Student:
  - i. Age
  - ii. Size (height and weight)
  - iii. Relative strength/stamina
  - iv. Medical/health conditions
  - v. Behaviour(s), e.g., hitting, kicking, scratching, biting, head banging
  - vi. Preferred target(s) for behaviour
  - vii. Frequency, duration, and intensity of behaviour
  - viii. Likelihood of escalation due to physical intervention/restraint

Physical characteristics/abilities of the staff member:

- i. Training and experience
- ii. Size (height and weight)
- iii. Relative strength/stamina
- iv. Medical/health conditions
- v. Pregnancy
- vi. Other relevant factors

#### 6.11.5. School and Classroom Safety Audit

As part of the ongoing Management of Risk of Injury Process, the principal should conduct a classroom and school safety audit specific to the student's needs. Potential risks to the student's own safety or to others in the general school environment and

playground need to be identified and precautionary procedures established.

In addition to the items included on Guideline for Classroom Audits, Form 699P, an initial safety checklist specific to students with risk of injury to self and/or others should be used to ensure that:

- Emergency procedures have been established in accordance with ILP, IEP, and Safety Plan
- Access to the school emergency communication system is available
- A two-way communication system (for staff in direct contact/sight line with the student)
- Emergency procedures for moving the class away from student/situation of risk (or when possible escort student from class) have been established
- Transitions to and from the classroom have been established and practised
- In-class movement procedures have been established
- Movement between staff and student (furniture placement) has been established
- A quiet area has been established
- clear routines for material/equipment use have been established
- Equipment has been secured (e.g., computer hardware)
- Safe learning materials are available (e.g., safety compass, safety scissors)
- Washroom access and supervision has been established
- A safety audit of the playground has been done and supervision has been arranged
- School arrival and departure procedures (e.g., busing) have been established

#### **6.12. Physical Intervention Protocol**

It is the position of the Board that physical intervention must be used only in those situations where a student's behaviour presents a clear and imminent risk of injury to the student and/or others (See PR.560 E.2: When Physical Force Becomes Physical Mistreatment.)

The Board recognizes that if a student is physically restrained, the student will usually struggle more forcefully to escape. Any use of

physical restraint/containment presents a potential risk of injury to both the student and staff, and to continue to physically restrain/contain the student until they calm only increases the potential for injury. Therefore, it is the position of the Board that physical intervention/ restraint/containment must not be used until the student becomes calm. Rather, the student should be contained and released as quickly as possible (i.e., contained only until the risk of injury is no longer imminent, rather than restrained/contained until the student becomes calm).

The Board uses the term Contain and Release, rather than “restrain,” in the Physical Intervention Protocol for the Board (except where the term “restraint” is used in the legislation or statutes).

#### 6.12.1. Legislation and the Use of Physical Intervention with Students

The *Education Act* does not directly address the issue of physical intervention. However, Section 265(1) (a) of the Education Act gives principals the mandate to maintain proper order and discipline in the school. Section 264(1) (e) mandates teachers to maintain, under the direction of the principal, proper order and discipline in the teacher’s classroom, while on duty in the school, and on the school grounds. If the security of the school or the safety of its students requires physical intervention with a student, Board employees have the authority and responsibility to take reasonable steps.

Two other pieces of legislation speak directly to the use of physical intervention:

- **Section 43 of the Criminal Code states:** “Every school teacher, parent, or person standing in the place of a parent is justified in using force by way of correction toward a pupil or child, as the case may be, who is under his care, if the force does not exceed what is reasonable under the circumstances.”

On January 30, 2004, the Supreme Court of Canada upheld Section 43 of the Criminal Code but placed specific limits on the use of force. Included among the specific limits was that the use of corporal punishment by teachers is not acceptable. However, the Court did explain that Section 43 would continue to protect a teacher who uses reasonable force to restrain a student in appropriate circumstances (i.e., threat of self-injury or injury to others). The reasonable force should be such that its intent is neither to harm nor degrade the student/child. The person restraining the student/child by means of force must seek to avoid pain and harm and must

never include cruel, inhumane, or degrading treatment, nor use force in anger or to punish the student/child.

**Regulation 70, General, under the Child and Family Services Act** outlines the responsibilities and requirements of youth residences regarding the use of physical restraint. While Regulation 70 does not apply directly to school boards, it does create a standard against which boards may be measured.

Relevant articles in Regulation 70 include the following:

- Restraints may be applied only to prevent imminent physical injury to the child or others:
  - never as a punishment
  - only where less intrusive means have been considered
- Those applying planned restraints must be trained, and:
  - may use only those holds for which they have been trained
  - must use the least amount of force necessary to restrict the child's ability to move
  - must monitor the child's condition while the child is being restrained
- Those applying restraints, must stop the restraint when:
  - there is no clear and imminent risk of injury to self or others
  - the restraint could cause injury to the child
- Those applying restraints must debrief after a restraint has been applied and as part of the ongoing Management of Risk of Injury Process.
- Those applying restraints must document and report each occasion of restraint to the parent/guardian/caregiver and administrator.

### **Ontario College of Teachers**

Professional standards of the Ontario College of Teachers indicate that there are clear limits on the use of force by teachers with respect to the discipline of students. Regulation 437/97: Professional Misconduct, includes "abusing a student physically, sexually,

verbally, psychologically, or emotionally” as professional misconduct. (See Reg. 437/97 S.1 (7).)

### **6.12.2 Making the Decision to Physically Intervene**

The Board expects staff to use positive, non-physical intervention strategies to prevent a student’s behaviour from escalating to the point where the behaviour is unsafe. For exceptional students, these strategies may be part of the student’s IEP and Safety Plan. The IEP describes the objectives and strategies to be used to help the student increase positive and appropriate behaviours, and decrease behaviours that interfere with learning, self-control, and social interaction.

In situations where positive and non-physical intervention strategies have been unsuccessful in helping the student to maintain self-control and the student’s behaviour has become a risk of injury to self or others. Staff will need to make a decision as to whether or not to physically intervene and/or obtain assistance. In making a decision regarding physical intervention, the following factors must be considered:

- the level of immediate risk
- the safety of the other students (e.g., Can staff move the other students to safety without physically intervening?)
- the safety of the staff member (e.g., Can the staff member move away from the student, rather than physically intervening with them?)
- the student’s previous history
- the staff/student relationship
- staff training and experience
- the physical characteristics and/or abilities of the staff member/student (e.g., age, size, health factors)
- the availability of support
- the nature of the physical environment
- whether the use of physical intervention techniques will elevate the level of risk

**Note:** Contain and Release may be used in the event of property damage only when the behaviours are likely to result in injury to the student or others.

**If the decision is made to physically intervene, staff must be aware of the following:**



- Contain and Release techniques must be used, and not techniques where the student is restrained until calm.
- Contain and Release holding techniques are never to be used as a form of punishment for non-compliance.
- Contain and Release holding techniques are never to be threatened, nor used as a means of discipline.

Calling 911 for professional assistance may be a necessary in an emergency situation, and must be given first consideration where the behaviour(s) and physical attributes of the exceptional student present a significant risk of serious injury to self and/or others, such that contain-and-release techniques cannot be safely used.

Physical intervention is the last resort within a hierarchy of intervention strategies outlined in the Safety Plan, in consultation with parent/guardians. As part of the ongoing Management of Risk of Injury Process, the principal may have already discussed with local police the potential for these situations to arise and under what circumstances the police will be called (see [PR698: Police–School Board Protocol](#)).

### **6.13. Use of Physical Intervention**

#### **6.13.1. Planned Physical Intervention Protocol**

Physical intervention may be a necessary component of a Safety Plan for a student where known behaviours present a safety risk to the student or others. Physical intervention is the last resort within a hierarchy of intervention strategies outlined in the Safety Plan. The Safety Plan must clearly state the purpose of physical intervention and the conditions of its use. The plan is developed by school staff in consultation with, but not limited to, the following:

- The student (if appropriate)
- Parents/guardians/caregivers (signature indicates awareness, not necessarily permission)
- Special Education personnel
- Safe Interventions Trainer
- Caring and Safe Schools Personnel (as required)
- Professional Support Services staff (as required)
- Joint Health and Safety Committee Member (as required)
- Community agency personnel (as required)

Only trained staff should participate in a planned intervention.

The details involved in the use of planned physical intervention with a student are identified in the student's Safety Plan. The Post Incident Contain and Release Protocol Guideline (Form 699N) should be completed.

6.13.2.A Safety Plan that includes planned physical intervention will outline the following details/procedures:

- Indicators that the student's behaviour presents an imminent safety risk and that physical intervention is required
- Who will assist in containing the student
- A contingency plan for staff absences
- Contain and Release holding techniques to be used
- Safety/protective equipment needed
- How the student's condition will be monitored
- Monitoring of person(s) doing the Contain and Release
- How it will be determined when to discontinue the physical intervention
- Assessment of any injuries and appropriate action
- Designation of who will follow up and support the student
- Reassurance and follow-up support procedures for the student
- Communication with school administration
- Communication with parents/guardians
- The debrief and follow-up support process for staff involved
- The follow-up support process for staff and students who witnessed the incident
- If the incident results in staff injury the Employee's Report of a Workplace Violent Incident (Form 699C) as well as the Employee's Report of Accident/Injury Form (Form 699D) must be completed
- If the incident results in student injury the Insurance and Risk Management Department should be contacted.
- Completion of an entry in the student's ABC Data Recording Chart and Violent Incident forms, as appropriate.
- Evaluation/review procedures for:
  - staff response to the situation

- effectiveness of the Safety Plan
- further planning with ILP, IEP modification, as appropriate and necessary

Note: If the intervention strategies detailed in an ILP, IEP or Safety Plan do not result in a decrease of the behaviours requiring physical intervention, re-evaluate the strategies to ensure they are personalized and culturally relevant.

### 6.13.3. Unplanned Physical Intervention Protocol

Occasionally, an exceptional student who does not have a current history of behaviour that presents a risk of self-injury or injury to others may lose control and attempt to injure others or themselves. Physical intervention with the student for safety purposes may become necessary. If at all possible, staff members who have been formally trained in physical intervention methods should be called upon. Trained staff will follow the applicable procedures noted above in the Safety Plan details.

Where trained staff members are not available, staff judgment will govern responses. The critical factors in determining staff action will be:

- a. the level of immediate risk of injury
- b. the physical characteristics/abilities of the staff and student

In the event of an unplanned physical intervention, some of the same steps used in the Planned Intervention Protocol may be followed.

Calling 9-1-1 for professional assistance by police and/or emergency medical services is always an option in an emergency situation. (Refer to the Police–School Board Protocol.)

Following the incident, the principal must take the following steps:

1. Call the student's parents/guardians/caregivers.
2. Determine whether the behaviour is a one-time event or is likely to occur again.
3. If there is a reasonable possibility that the previously unexpected behaviour will occur again, consider the following:
  - A review of any ILP or IEP for the student.
  - Consultation with Board Special Education, Support Service, and Caring and Safe Schools personnel.
  - Development of an ongoing Management of Risk of

#### Injury Process.

- Community agency support referral or consultation.
- Staff training and equipment needs.
- Consider a safety plan for the student.
- Complete the Employee's Notification of Risk of Injury and Safety Plan (Form 699A).

4. Complete the Use of Unplanned Physical Intervention Report (Form 699O) to document the incident and to discuss at a School Support Team meeting for follow-up as needed.

#### 6.13.4. Student Injury during Physical Intervention

In all physical intervention situations, planned or unplanned, where the student has sustained an injury (including scratches, marks, contusions, bruises) or the child complains of an injury, notify:

- emergency medical services, if required
- the school administration
- the parents/guardian/caregivers

Details of the physical intervention techniques used and of the injury to the student, in addition to the specific details of the incident, will be included in the Violent Incident Form for Special Education Students.

Should a student allege physical mistreatment by a Board employee or volunteer, refer to PR.560, Abuse and Neglect of Students. The Toronto District School Board is committed to ensuring the safety of all staff and students.

## 7. EVALUATION

This Procedure will be reviewed as required, but at a minimum every four (4) years after the effective date.

## 8. APPENDICES

- N/A

## 9. REFERENCE DOCUMENTS

### Policies:

- Caring and Safe Schools Policy (P051)
- Student Health Support Policy (P092)
- Workplace Violence Prevention Policy (P072)

**Procedures:**

- Abuse and Neglect of Students (PR560)
- Police–School Board Protocol (PR698)
- Programs for Students on Long-term Suspensions and Expulsions (PR586)
- Refusal to Admit Procedure (PR724)
- Reporting and Responding to Racism and Hate Incidents Involving or Impacting Students in Schools (PR728)

**Related Forms:**

- Form 699A - Employee Notification of Risk of Injury and Safety Plan
- Form 699B - Violent Incident Form for Students with Special Education Needs (IPRC'd)
- Form 699C - Employee Report of Workplace Incident Report - Online:
- Form 699D - TDSB Employee's Report of Accident/Injury
- Form 699E – Health and Safety Concern/Near Miss Form and Instructions
- Form 699F – Occupational Health and Safety Reporting Forms
- Form 699G – Mandatory Behaviour Management Systems Training
- Form 699H – ABC Data Recording Chart
- Form 699I – Management of Risk and Injury Summary
- Form 699J(i) - Use of Unplanned Physical Intervention Summary
- Form 699J(ii) – Guideline for Classroom Audits
- Form 699K (i) - Transfer/Promotion/Placement of a Student with Risk of Injury Behaviours to Self and/or Others
- Form 699K (ii) – Behaviour Analysis Tool
  
- Form 699L – Principal's Plan of Action Checklist
  
- Form 699M – Post Incident/Physical Restraint Protocol Guideline
- Form 699N – Use of Unplanned Physical Restraint Summary
- Form 699O – Guideline for Classroom Audits
- Form 699P– Transfer/Promotion/Placement of a Student with Risk of Injury Behaviour Protocol
- Form 699Q – TDSB Supervisor's Accident / Incident Investigation Report (SAIR) online form
  
- Form 699R – Supervisor's Workplace Violent Incident Investigation Report (SWVIIR) online form
  
- Form 699S – Separate Spaces in TDSB schools

**Legislation:**

- *Criminal Code of Canada*
- *Education Act*
- *Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)*
- O. Regulation 474/00: Access to School Premises
- *Occupational Health and Safety Act* as amended by Bill 168 (Violence and Harassment in the Workplace)
- *Youth Criminal Justice Act*

**Other Documents:**

- PPM 156 Supporting Transitions for Students with Special Education Needs, (Issued 2013 effective Sept. 2014)
- PPM 145: Progressive Discipline and Promoting Positive Behaviour (October 2007),
- PPM 144: Bullying Prevention and Intervention
- PPM 142: School Board Programs for Expelled Students
- PPM 141: School Board Programs For Students on Long-Term Suspension
- PPM 140: Incorporating Methods of Applied Behaviour Analysis (ABA) into Programs for Students with Autism Spectrum Disorders (ASD), May, 2007
- PPM 128: Code of Conduct,
- PPM 120 Reporting Violent Incident to Ministry of Education (May 2011)
- PPM 8 Identification of and Program Planning for Students with Learning Disabilities, August 26, 2014
- Ministry of Education - [Learning for All: A Guide to Effective Assessment and Instruction for All Students, Kindergarten to Grade 12](#)

## Employee Notification of Risk of Injury and Safety Plan

Under the Occupational Health and Safety Act (OHSA), the Board is required to take every precaution reasonable for the protection of workers. It is the TDSB procedure that principals must ensure that all employees who have contact with students who are known to have a history of risk of injury to self or others are informed of that risk. This notification is required for all staff members who provide instruction and support to the student(s) and have the right to know what behaviours can be expected and through experience, qualifications, and training, how to apply the appropriate strategies to ensure the safety of student(s) and staff .

Accordingly, principals will document that all employees who have contact with students who may be at risk of injury to themselves or others are informed and provided with related information. Principals will record the name of the student, the date when information related to the risk of injury was shared with the employee, and the name of the employees informed. This documentation will be kept in the principal's office and is considered confidential.

The principal must share, in confidence, the relevant information related to risk of injury behaviours that may include a Behaviour Support Plan, and an IEP, should the student have one. The Safety Plan for the student must also be reviewed with staff. This includes occasional staff (e.g., occasional teachers and occasional support staff) and professional support services staff. The shared information will include, but is not limited to, the following:

- strengths of the student and positive reinforcers;
- specific strategies in place to prevent occurrences of risk of injury behaviour;
- the nature and frequency of possible risk of injury behaviour;
- predisposing and/or precipitating factors;
- expected employee responses and safety procedures to be followed (Safety Plan);
- Incident reporting and ABC chart analysis;
- procedures for notifying parents/guardians;
- reporting procedures.

The attached form must be used to document Notification of Risk of Injury and Safety Plan.

## Employee Notification of Risk of Injury and Safety Plan

School:	Principal:
Name of Student:	Name of Staff:
Brief description of risk of injury behaviour:	

### Notification Record

Please **ensure** that the staff member has been informed and instructed in each of the following by having the staff member date and initial each item to confirm that each of the following has taken place and when:

- risk of injury with respect to the above student \_\_\_\_\_  

Date /Initial
- nature of the behaviour that may present a risk of injury \_\_\_\_\_  

Date /Initial
- intervention strategies that are in place to prevent injury to staff and/or students (Safety Plan)  


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Date /Initial
- expected employee response if this behaviour occurs (Safety Plan) \_\_\_\_\_  

Date /Initial
- incident-reporting procedures \_\_\_\_\_  

Date /Initial
- received information and training on this PR.699 \_\_\_\_\_  

Date /Initial
- mandatory training as outlined in this procedure \_\_\_\_\_  

Date /Initial

**Staff signature below indicates that all bullets have been provided with the information and instruction as indicated above.**

Date	Staff Position/Role	Staff Signature

***CONFIDENTIAL RECORD TO BE KEPT BY PRINCIPAL***





**MINISTRY OF EDUCATION  
VIOLENT INCIDENT FORM FOR STUDENTS WITH  
SPECIAL EDUCATION NEEDS (IPRC'D)**

**To be completed by the school Principal and kept in the OSR (whether or not the incident resulted in suspension/expulsion) and a copy to be sent to the appropriate Centrally Assigned Principal of Special Education.**

Note: If a violent incident resulted in staff injury, the TDSB form Employee's Report of Accident/Injury must also be completed.

**Name of Student:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Date of Last IPRC:** \_\_\_\_\_ **Exceptionality:** \_\_\_\_\_ **Placement:** \_\_\_\_\_

**A. DESCRIPTION OF INCIDENT:** (include description of any physical restraint required – use additional page(s), if necessary)

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**B. POLICE CONTACT**

[  No Police Contact ]

1. Date of Contact	2. Date of Police Investigation	3. Investigating Officer

**C. SCHOOL BOARD RESPONSE**

- Suspension: Length of Suspension: \_\_\_\_\_ days > Re-entry Case Conference Scheduled / Date: \_\_\_\_\_
- Expulsion: \_\_\_\_\_
- Other: \_\_\_\_\_

**D. PREVENTION/PROTECTION ACTION RECOMMENDATIONS:**

Action	Responsibility	Completed By
Review appropriate documents (e.g., Behaviour Management Plan, IEP, and/or Safety Plan)		
Initiate Management of Risk Review Process		
Family/Student Community Agency Support Referral		
Staff Training/In-service		
Protective Wear/Equipment		
Modification to Current Protective Wear/Equipment		
Modification to Classroom/School Environment		
Other		

\_\_\_\_\_  
Date of inclusion in OSR      Principal's/designate's signature

Please refer to the [OSR Guidelines document](#) for direction on the removal of this form from the OSR.

**Complete and submit the Employee's Report of Accident/Injury (ERAI) within 48 business hours to the Disability Claim Administration Office:**

Fax to 416-393-8533

or

Scan and email to [DCMsubmissions@tdsb.on.ca](mailto:DCMsubmissions@tdsb.on.ca)

**First Aid** (*A minor injury was sustained that required attention by a Certified First Aider or was self-administered/monitored*)

Examples:

- Employee was struck in the head by a soccer ball during supervision duty on the playground and applied ice to the area.
- Employee slipped on wet floor and twisted her ankle; a first aider examined her ankle for signs of swelling.

**Health Care** (*Employee sought medical attention which includes an MD, Chiropractor, Physiotherapist, Dentist, Hospital Emergency, etc.*)

Example:

- Employee cut her finger while using the paper cutter and went to the Hospital Emergency Department for stitches.

**Lost Time** (*Time lost is any time **following the day of injury** – absence on the day of injury is not Lost Time*)

Example:

- Employee injured her knee after slipping and falling on ice covered blacktop in the parking lot. She was absent for 2 days.

### General Instructions

- If you don't have computer access and are writing information – do not use light coloured ink pens or light pencil.
- Complete the form as thoroughly as possible to avoid follow-up questions.
- This form is meant to report incidents that **involve the employee. It can be completed by the employee or the employee's supervisor.**
- Do not provide full name of a student – only use initials to identify students for confidentiality.
- If an employee is absent from work and/or unable to complete the ERAI, the supervisor must complete the form and contact the employee to collect information regarding the incident. Do not wait for the employee to return to work in order to complete the form.

### Special Notes

Classification of Incident (First Aid, Health Care, Lost Time)

- Indicate the classification of the incident – read the definition before choosing only **one**.
- If there is a change (i.e. the report was submitted as First Aid and employee went to the doctor later), inform your Principal/VP/Manager/Supervisor immediately and they will notify the Disability Case Administration Office with an email and/or a revised ERAI.

Signatures

- The Principal/VP/Manager/Supervisor must sign and date to acknowledge they have been notified of incident.
- The employee's signature is to indicate that they have received a copy of the report – it is not necessary to wait for this signature before submitting to the Disability Claim Administration Office.

**Reminder:** This Employee's Report of Accident/Injury (ERAI) form is only for TDSB staff. For students, parents, or volunteers, refer to the Incident Reporting Centre. [http://tdsbweb/\\_site/ViewItem.asp?siteid=10656&menuid=43324&pageid=36415](http://tdsbweb/_site/ViewItem.asp?siteid=10656&menuid=43324&pageid=36415).

Please print in black ink

Employee Information					
Last Name:		First Name:		Employee Number:	
Address (number, street, apt., suite, unit):				Phone Number:	
City/Town:		Province:	Postal Code:		Alternate/Cell Phone:
Person Completing This Form (if other than injured worker):		Occupation		School/Dept.:	Date (dd/mm/yy)

Employment Information					
Job Title: (if you have concurrent assignments, please list all)		Work Location/School Name:			
1.		1.			
2.		2.			
Learning Centre/Area:		Regular Hours of Work:	Support:	Teaching:	
		From:	To:	<input type="checkbox"/> Perm <input type="checkbox"/> Casual <input type="checkbox"/> Acting <input type="checkbox"/> Other	<input type="checkbox"/> Perm <input type="checkbox"/> Occasional <input type="checkbox"/> LTO <input type="checkbox"/> Other
Supervisor/Principal's Name & Title:		Union/Employee Group(s): (i.e. ETFO/OSSTF, Unit A/B/C/D/E, Schedule II)			

Accident/Illness Dates & Details			
1. Date and hour of accident/awareness of illness		2. Date and hour reported to supervisor	
dd mm yy Time		dd mm yy Time	
3. Area of Injury (Body Part) – Please check all that apply			
<input type="checkbox"/> Head <input type="checkbox"/> Face <input type="checkbox"/> Eye(s) <input type="checkbox"/> Ear(s) <input type="checkbox"/> Other: _____		<input type="checkbox"/> Teeth <input type="checkbox"/> Neck <input type="checkbox"/> Chest <input type="checkbox"/> Upper back <input type="checkbox"/> Lower back <input type="checkbox"/> Abdomen <input type="checkbox"/> Pelvis	
<input type="checkbox"/> Shoulder <input type="checkbox"/> Arm <input type="checkbox"/> Elbow <input type="checkbox"/> Forearm		<input type="checkbox"/> Wrist <input type="checkbox"/> Hand <input type="checkbox"/> Finger(s)	
<input type="checkbox"/> Hip <input type="checkbox"/> Thigh <input type="checkbox"/> Knee <input type="checkbox"/> Lower Leg		<input type="checkbox"/> Ankle <input type="checkbox"/> Foot <input type="checkbox"/> Toe(s)	
		Are you: <input type="checkbox"/> Left Handed <input type="checkbox"/> Right Handed	
Type of Injury: <input type="checkbox"/> Cut <input type="checkbox"/> Scratch <input type="checkbox"/> Bruise <input type="checkbox"/> Strain/Sprain <input type="checkbox"/> Pinch <input type="checkbox"/> Burn <input type="checkbox"/> Puncture wound <input type="checkbox"/> Allergic Reaction <input type="checkbox"/> Other: _____			
4. Did the accident/illness happen on TDSB property or other?		Specify where it happened (classroom, shop floor, parking lot, etc.)	
<input type="checkbox"/> TDSB <input type="checkbox"/> Other			
5. Have you hurt this area(s) of your body before?			
6. Have you had any prior related accidents/injuries? If yes, please provide details (i.e. date, description, etc.)			
7. If you had a sudden type of accident/illness, describe your injury and what happened to cause it (e.g. hurt lower back while lifting a 50 pound box, sprained left ankle when I slipped on a wet floor, used a new cleaner and immediately got a rash). Please indicate the size, weights and names of any objects involved.			
or			
If you had a gradual onset type of injury, describe your injury, the work that you do, and what caused your injury/condition.			

(please attach additional sheets if needed)

Please print in black ink

**Accident/Illness Dates & Details (cont.)**

**8. If you did not report this injury/condition right away, please tell us why.**

**9. If there were any witnesses to your accident, or if you mentioned your pain or problems to your supervisor or any of your co-workers, please provide their names & positions.**

Name	Position
1.	
2.	

**First Aid**

*A minor injury was sustained that required attention by a Certified First Aider **or** was self-administered/monitored for further injury.*

**Did you get first aid or care at work?**

Yes  No

**If yes, when:**

dd mm yy

**And by whom (name):**

**Describe First Aid:** (e.g. applied ice, bandage, etc.)

- Certified First Aider  
 Co-worker  
 Self-Administered

**Health Care Information**

*Employee sought medical attention which includes an MD, Chiropractor, Physiotherapist, Dentist, Hospital Emergency, etc.*

**1. Did you receive health care for this injury/illness?**

Yes (if yes, provide details below)  No

**2. Where did you go for health care, for your injury, outside of work? (check all that apply)**

		Facility/Hospital (Name, Address & Phone Number)	Date of Visit
<input type="checkbox"/> On-Site Health Care	<input type="checkbox"/> Ambulance		
<input type="checkbox"/> Clinic	<input type="checkbox"/> Admitted to Hospital		
<input type="checkbox"/> Emergency Dept.	<input type="checkbox"/> Health Professional Office (Doctor/Dentist/Chiro/PT)	Name of Health Care Professional:	dd   mm   yy

**3. Did you talk to your health professional about going back to regular or modified work?**

Yes  No **If yes, were you given any work limitations?**  Yes  No

**4. Did you tell your supervisor you went for medical treatment?**

Yes  No **If no, please report it right away.**

**If yes, when?** dd mm yy **and to whom?** Name: Position:

**Lost Time**

*Time lost following the day of injury (time lost on the day of injury is not included)*

**1. After the day of accident/illness:**

- I returned to work my regular job and did not lose any time or pay.  
 I returned to modified duties and did not lose any time or pay.  
 I lost time and/or pay (e.g. regular pay, took a sick or unpaid day)

**Date you first lost time and/or pay:**

dd mm yy

**2. If you lost time, have you returned to work?**

Yes  No

**If yes → Date of your return to work:**

dd mm yy

regular work  modified work

**If no → Did you discuss return to work with your supervisor?**

Yes  No

Employee (Print Name)	Employee's Signature	Date (dd/mm/yy):
Supervisor/Principal (Print Name)	Supervisor/Principal's Signature	Date (dd/mm/yy):



## HEALTH AND SAFETY CONCERN/NEAR MISS INCIDENT FORM

CONCERN  
 NEAR MISS

**Instructions are on the reverse side.**

<b>Worker's Name:</b>	<b>Work Site:</b>
<b>Worker's Union Affiliation:</b>	<b>Supervisor's Name:</b>
<b>DATE</b> this form was submitted to the Supervisor:	

### The Worker's Concern

Describe the Concern/Near Miss Incident, its background and suggestions for resolution. Retain a copy of this page before submitting to the Supervisor.

Attach additional pages as needed.

### The Supervisor's Response

**Date** the Concern/Near Miss Incident Form was received by the Supervisor:

The Supervisor shall respond with action taken in the space below within 5 business days of receipt of this Form. Copies of this completed form, including the response, are to be immediately forwarded to the Health and Safety Office at 17 Fairmeadow Ave., Suite 203 or by fax 416-397-3215.

Attach additional pages as needed.

<b>Date</b> of Supervisor's response:	<b>Supervisor's signature:</b>
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## HEALTH AND SAFETY CONCERN/NEAR MISS INCIDENT FORM INSTRUCTIONS

**Date** of receipt of response by worker:

A **Concern** is defined as a potential or existing hazard which presents risk to the Health or Safety of individuals in the workplace.

A **Near Miss Incident** is defined as an event or condition, which, under slightly different circumstances could have resulted in harm to people.

All employees are encouraged to bring to the attention of their immediate supervisor, either directly or through their union representative, any Occupational Health and Safety (OH&S) Concerns/Near Miss Incidents as per the Occupational Health and Safety Act section 28 (1) (c) and (d).

The worker will complete the Form, describing the Concern/Near Miss Incident, its background, and suggestions for resolution. The worker will retain a copy of the Form and then submit the Form to his/her immediate Supervisor.

The Supervisor shall respond to the Concern/Near Miss Incident, including the action taken, as indicated on the form within 5 days of receipt of the Concern/Near Miss Incident Form. Copies of the Form, including the response, are to be immediately forwarded by the Supervisor to the Health & Safety Office at 17 Fairmeadow Ave, Suite 203.

If, five days after submitting this Concern/Near Miss Incident Form, the worker has not received a response from the Supervisor, the worker will send, by inter-office mail or fax (416-397-3215), a copy of the Form to the appropriate union /federation JHSC member as listed on the site's Health and Safety Bulletin Board. The mailing address for all Joint Health & Safety Committee members is 17 Fairmeadow Ave, Suite 205.

Following consultation with the Regional Health & Safety Officer, a designated member of JHSC may investigate Concerns/Near Miss Incidents to ensure that the requirements of the OH&S Act and Regulations are carried out.

## Antecedent Behaviour Consequence (ABC) DATA RECORDING CHART

An ABC Data Recording Chart is used to collect information about behaviours that are occurring within a student's environment. An ABC Data Recording Chart is used to organize information over several observations by recording the target behaviour(s) observed and the events that precede and follow the behaviour. Observing and recording ABC data assists the team in identifying trends or patterns around a specific behaviour and forming a hypothesis statement that assists in determining appropriate intervention strategies and in evaluating the success of intervention. It is critical to understand the function of the behaviour (or why a behaviour occurs) to offer strategies tailored to individual needs. ABC Data Recording Charts are an integral part of this process. It is also an important tool in communicating with parents/guardians, community agency support services, school administration, and TDSB services.

An ABC Recording Data Chart can be used to track any type of behaviour—from mild, inappropriate behaviours such as social skills (e.g., interrupting others) to more severe inappropriate behaviours that may lead to a risk of injury to self and/or others and may require physical intervention by staff.

An ABC Data Chart contains seven sections:

### Time of the Incident:

- Date/Time the incident occurred
- Time

### Location:

- Where the incident occurred

### People/Person Involved:

- Name of staff member(s) involved or present and completing and recording in the ABC Chart.

### Antecedent/Trigger:

- Record what was happening *immediately* prior to the student demonstrating the behaviour and what occurrence(s) triggered the behaviour.

### Behaviour:

- Record the details of the behaviour (e.g., a description of what the student did)

### Consequence or Outcome of the Behaviour:

- Record what events and/or actions happened *immediately* after the behaviour
- This may be a positive or negative outcome

### Comments:

- Fill out, if applicable.

### **Behaviour Analysis Tool (Form 699Kii)**

After collecting ABC data, the Behaviour Analysis Tool (699Kii) should be used to look for trends and determine the potential function of a challenging behaviour as well as strategies for prevention, teaching, and response.

## ABC Data Recording Chart

Student First Name/Last Initial:

Staff Name:

Time	Location	People/Person Involved	<b>ANTECEDENT</b> What happened <i>immediately</i> before the behaviour	<b>BEHAVIOUR</b> Describe what happened...	<b>CONSEQUENCE</b> What events and/or actions happened <i>immediately</i> after the behaviour	Comments



**RE: Non-Violent Crisis Intervention Prevention Training (NCI)**

The Occupational Health & Safety Department is providing yearly Non-Violent Crisis Intervention (NCI) training for staff working with identified students, whose behaviours present significant and established risk of injury to themselves and /or others. The focus is to provide strategies to staff to prevent possible violent situations with students.

This is a full day course offering specially designed prevention and intervention strategies tailored to specific staff and student needs.

**The following categories of training for Non-Violent Crisis Intervention (NCI) training will be provided:**

- **Bi annual mandatory training** is provided for Special Education staff who are named as part of the intervention team as per the safety plan for students who have behaviours that present significant and established risk of injury to self and/or others. It is recommended that all staff working with the same student(s) train together as a team. Training will take place during school hours and, where necessary, funding for occasional staff will be provided.

**In order to identify staff that require MANDATORY training and to tailor training to specific student needs, copies of the individual student's current Safety Plan must be emailed to [mirella.degiovanni@tdsb.on.ca](mailto:mirella.degiovanni@tdsb.on.ca) or [Anne.ValcarcelDaniels@tdsb.on.ca](mailto:Anne.ValcarcelDaniels@tdsb.on.ca) prior to training.**

- **NCI Training** will also be available for staff members who are not working with the students whose behaviours present a significant and established risk of injury to themselves and/or other students. Occasional teacher coverage will be the responsibility of the school.

**Please Note:** Sign up registration for training can be done by participants on myPATH. Staff will receive a training confirmation on myPATH.

## Management of Risk of Injury Meeting Summary

This document is to be used to summarize the Management of Risk of Injury meeting and should be placed in the OSR only. If the student is relocating, please ensure that the receiving Principal receives a copy.

Current TDSB student    Entry from another board    Entry from ECPP or Suspension Program    Beginning school for first time

<b>Student's Surname</b>	<b>First Name</b>	<b>Student Number</b>
		<b>Date of Birth</b>

<b>School Name</b>	<b>Grade</b>	<b>Placement</b>

<b>School Attendance Status:</b>	<input type="checkbox"/> Attending	<input type="checkbox"/> Suspended (Re-entry date: _____ )	<input type="checkbox"/> Expelled (Re-entry date: _____ )
	<input type="checkbox"/> Re-entered (Date: _____ )	<input type="checkbox"/> Relocating (Name of program/school: _____ )	

<b>Ongoing Consultation</b>	
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<b>Names/Title:</b>	
---------------------	--

<b>Reason for Consultation:</b> (Provide information about injurious behaviours to self and/or others in a respectful manner maintaining student's dignity).

<b>Summary and Next Steps:</b> (Describe information gathered, decisions reached, strategies the adults will implement to ensure student success. persons responsible and future plans for student.)

\_\_\_\_\_

Principal's Signature

\_\_\_\_\_

Date

Section A: Student Information			
Student Name:		Date of Birth:	Grade:
Current School:	Telephone:	Trillium Number:	Student OEN:
Principal:	Program:		Setting:
Exceptionality 1:	Exceptionality 2:	Exceptionality 3:	
Reason for Development of Safety Plan:			

This form is completed for all students whose behaviour presents a significant risk of injury to self and/or others and/or where physical intervention may be required.

All information in the **Safety Plan is strictly confidential** and is to be used for the sole purpose of ensuring the safety of the student, staff and/or others. Only employees of the Toronto District School Board (with the exception of external personnel who transport students) whom the Principal has listed on this form may have access to the information.

Section B: How to Summon for Immediate Assistance

**Section C: Safety Plan Development and Intervention Team**  
 (Team members responsible for monitoring student's condition during intervention)

TDSB Staff Member	Position	CPI - Trained	Intervention Team

Non TDSB Personnel	Position	CPI - Trained	Intervention Team

Risk to Self	Risk to Others

**Description of Specific Behaviour(s):**

--

**Safety/Protective Equipment (if applicable):**


**Known Triggers (Known factors that will increase the probability of inappropriate behaviour):**

--

**Indicators of Escalation (Physical signs/cues that the student is about to engage in inappropriate behaviour)**

--

**Section E: Strategies for avoiding Physical Injury  
(e.g., non-physical intervention/strategies to be used):**

Do	Don't

**Section F: Emergency and Intervention Strategies:  
(Note: contain-and-release methods, rather than restrain until calm methods must be used)**

**Physical intervention techniques/strategies to be used:  
(e.g., specify nature of support, when requested, and how it will be requested)**

--

Request Additional Support (including calling 911): (also specify nature of support, when requested, and how it will be requested)	Contingency Plan for Staff Absence:

**Section G: Follow-up Use of Physical Intervention**

Responsibility for assessment of Injury:	Procedure to be followed in case of injury:

**Reassurance and follow-up support for student and staff involved:**  
(Describe methods to be used)

--

**Responsibility for communication with administration and outside agencies as appropriate:**

--

**Responsibility for communication with Parents/Guardian:**

--

**Debriefing and review procedures for staff:**

--

**Documents to be completed:**

<input type="checkbox"/> Violent Incident Form	<input type="checkbox"/> ABC Data Recording Chart
<input type="checkbox"/> Employee's Report of Accident/Injury (if required for staff injury)	<input type="checkbox"/> Incident – Insurance Reporting (if required for student injury)

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# STUDENT SAFETY PLAN

This form is completed for all students whose behaviour presents a significant risk of injury to self and/or others and where physical intervention may or may not be required.

All information in the **Safety Plan is strictly confidential** and is to be used for the sole purpose of ensuring the safety of the student, staff and/or others. Only employees of the Toronto District School Board (with the exception of external personnel who transport students) whom the Principal has listed on this form may have access to the information.

A Safety Plan is the individual crisis-response plan that is implemented by staff in situations where prevention and non-physical strategies/methods detailed in the student's IEP have been unsuccessful in preventing **behaviour** that presents an **immediate risk of injury to self or others**. The intention is to write this plan for situations where the behaviour is current, intense and documented in violence incidence reports and not for "one-time" occurrences. Where that is the case, a Safety Plan must be written.

The Safety Plan is required when the prevention and non-physical strategies/methods that may be detailed in the student's IEP have not been successful in deterring **behavior** that presents an **immediate (and on-going) risk of injury to self or others**.

## What are the 6 basic components of the Safety Plan?

Section A: Student Demographic Information

Section B: Immediate Assistance

Section C: Safety Plan development Team

Section D: Description of the observable behavior/s that present risk of physical injury to self and/or others

Section E: Strategies for avoiding risk of physical injury

Section F: Emergency and Intervention Strategies

Section G: Follow-up to use of physical Intervention

## WHO IS INVOLVED IN THE DEVELOPMENT?

- All school staff who have direct involvement with the student
- The school administrators
- Parent/Guardian/Caregiver should be included in development of the Safety Plan and **must be aware** of any potential use of physical intervention that may be needed, however parent/guardian/caregiver **permission is not required**
- Where ever possible students should be included in the development of the Safety Plan as it relates to ongoing development and implementation of strategies

## What a Safety Plan is NOT:

- a medical intervention plan
- necessarily written for every student in a Behaviour ISP
- a substitute for an IEP

## Functional Behavioural Assessment (a brief overview)

Functional Behaviour Assessment is a systematic method of assessment for obtaining information about the purposes (functions) a challenging behaviour serves for a student. Results are used to guide the design of an intervention for decreasing challenging behaviour and increasing appropriate behaviour. If a formal Functional Behaviour Assessment is required, teachers should consult with Professional Support Services personnel. Based on the Functional Behaviour Assessment, a Behavioural Support Plan (BSP) may be developed to identify effective alternative behaviours and strategies for reducing, or replacing, challenging behaviours.

### What is a Functional Behavioural Assessment?

- It is an approach to addressing behaviour problems that looks at both the likely causes of behaviour and at the characteristics or symptoms of the behaviour.
- It attempts to answer the questions: Why is *this* person engaging in *this* behaviour, in *this* setting, at *this* time, e.g., to escape, avoid, or get something?
- It attempts to identify the biological, social, affective, and environmental factors that initiate, sustain, or end the behaviour in question.
- It focuses on identifying patterns of behaviour, rather than individual occurrences.
- It recognizes that the functions of behaviour are not usually considered inappropriate. Rather, it is the behaviour of the student to satisfy the function that is the problem.
- The goal of intervention, then, is to fulfill the student's need with an appropriate alternative that serves the same function as the inappropriate behaviour.

### A Functional Behavioural Assessment is not:

- a specific form or single test/instrument
- a one-time event
- a record of consequences

### Key outcomes of a Functional Behaviour Assessment:

- Description of the problem behaviour(s) – clearly and reliably defined
- Identification of situations most commonly and least commonly associated with the problem behaviour(s)
- Understanding of the function(s)/purpose(s) of the problem behaviour

### Who conducts a Functional Behavioural Assessment?

- Should be a team, rather than a single person – need more than one perspective
- Should include persons from a variety of environments in which the student interacts
- Ability to work in a collaborative and problem-solving context

### Conducting a Functional Behavioural Assessment

- ❑ Review all available information, assessments, IEPs, Safety Plans, parent/guardian input, etc.
- ❑ Identify all behaviours of concern
  - e.g., risk of injury behaviour to self or others, running away, etc.
- ❑ Operationally define each problem behaviour in measurable/observable terms

- e.g., David pokes other students with his ruler, pencil, etc., two or three times a day.
- If a behaviour occurs as part of a chain, identify all behaviours
- e.g., David first says “you’re annoying,” then pokes the student, then laughs.
- Track behaviours for a period of time (at least one full week, preferably two) to identify:
- Antecedent – what was happening before the behaviour occurred?
    - Slow triggers (setting events) e.g., a.m. or p.m., particular day, missed meal, changes in schedule – more distant in time, but increase the probability that the problem behaviour will occur
    - Fast triggers, e.g., specific request, specific people, specific task, behaviour of others
  - Behaviour – what did the student do?
    - Operationally define the behaviour.
    - Frequency – how often does this happen? when?
    - Duration – how long does the behaviour last?
    - Intensity – how severe is the behaviour?
  - Consequence – what happened after the behaviour?
    - What did the student get, avoid, or escape?
    - How did the student react, how did others react?
- Information that can be obtained from a Functional Behavioural Assessment:
- When and where does the behaviour occur?
  - Does the behaviour occur in all settings?
  - Has the behaviour improved or deteriorated?
  - What strategies have been effective/ineffective?
  - Under what conditions does the student do well?
  - During what times or what activities is the student more/most successful, less/least successful?
  - Are varied instructional approaches used in various settings?
  - Are there specific staff who are more/less successful with the student?
  - Does the student have the skills or ability to respond appropriately?
  - Does the behaviour serve a purpose for the student?
  - Are there home, medical, or other external/internal factors?
- Assess or analyze this information to develop interventions:
- By identifying antecedents (both slow and fast triggers), can you change them or intervene to prevent/diffuse behaviour before it occurs?
  - Which aspect of the behaviour do you want to reduce?
  - Can you provide or teach an alternative behaviour to meet the same function?
  - Will changing the consequence for the student change the behaviour?





XXX School  
Address and phone numbers  
XXXX, Principal

Date XXXX

Re: Student

Address

Dear Parent/Guardian/Caregiver/Student:

As a follow up to our conversation on DATE, I am writing to provide you with further information on STUDENT NAME'S safety plan.

As discussed, a Safety Plan is a plan developed for a student whose behaviour is known to pose an ongoing risk of injury to themselves and/or to others. It can serve as a crisis-response plan that outlines the roles and responsibilities of staff in supporting and assisting in managing specific behaviours. The development of the safety plan involves all staff that work on an ongoing basis with STUDENT NAME, as well as parents/guardians/caregivers and the representatives from community agencies working with the student and/or family. Students who are 16 years of age or older are included in the consultation process.

Your input is crucial to the development of STUDENT'S Safety Plan. I invite you to provide information that can help to develop the plan by completing the Safety Plan Consultation Form that follows on page 2 of this letter.

If STUDENT NAME has worked with or is currently working with relevant community or agency personnel and you would like them to provide input into the safety plan, please complete the attached consent form. Permission is required from parents/guardians/caregivers or students 16 years of age or older before we can contact them.

Please reach out to STUDENT NAME'S classroom teacher if you would like to discuss the safety plan and/or if you require additional assistance (e.g., translation, a sign language interpreter).

Thank you,

Principal

**Student Safety Plan  
PARENT/GUARDIAN/CAREGIVER/STUDENT CONSULTATION FORM**

Completion of this consultation form will assist school teams in the development of a Safety Plan for **STUDENT**. All information in the Safety Plan is strictly confidential.

Student's First Name

Student's Last Name

<b>Area</b>	<b>Parent/Guardian/Caregiver/Student Input</b>
<b>DESCRIPTION OF SPECIFIC BEHAVIOUR and/or RISK OF INJURY BEHAVIOUR TO SELF AND/OR OTHERS</b>	
<b>KNOWN TRIGGERS</b> (known factors that will increase the probability of specific behaviours):	
<b>INDICATORS OF ESCALATION</b> (physical signs/cues that the student is going to display specific behaviours outlined above):	
<b>STRATEGIES FOR AVOIDING RISK OF PHYSICAL INJURY</b>	
<b>NON-PHYSICAL RESPONSES, NON-PHYSICAL INTERVENTION/STRATEGIES THAT CAN BE USED:</b>	
<b>DO:</b>	<b>DON'T:</b>

## Behaviour Analysis Tool

<b>Student's First Name and Last Initial:</b>	<b>Grade:</b>
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After collecting ABC data, use this tool to look for trends and determine the potential **function of a challenging behaviour** as well as **strategies for prevention, teaching, and response**.

### Part 1 – Analysis

Using the data from the student's ABC charts, focus on **one** observable behaviour.

Objectively describe the behaviour below (e.g., *the student leaves the classroom without permission; the student hits the table with an open palm or closed fist; any instance, or attempt, where the student uses their head to make contact against another surface including, but not limited to the table, wall, chair, floor, etc.*).

--

#### **Measurement (Baseline):**

How many times does this behaviour occur in an hour/day/week (frequency)? And/or, how long does this behaviour last (duration)?

--

#### **Time of the day when the behaviour is:**

Most likely to occur	Least likely to occur
----------------------	-----------------------

#### **Specific activities/subjects/locations when the behaviour is:**

Most likely to occur	Least likely to occur
----------------------	-----------------------

#### **Individuals with whom the behaviour is:** *(please use role of individual or initials of students)*

Most likely to occur	Least likely to occur
----------------------	-----------------------

1. Indicate the specific **antecedents** that were observed before the target behaviour. Check all that apply. Please indicate the most frequent.

- Transition: \_\_\_\_\_
- Denied access to item/activity: \_\_\_\_\_
- Instruction/task given: \_\_\_\_\_
- Change/interruption in routine or environment: \_\_\_\_\_
- No engagement: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

Most Frequent \_\_\_\_\_

2. Indicate the **consequence(s)** to the student's behaviour (i.e., what happened after the target behaviour). Check all that apply. Please indicate the most frequent.

- Instruction/task changed, delayed, or removed: \_\_\_\_\_
- Staff/peer provided attention: \_\_\_\_\_
- Gained access to item/activity: \_\_\_\_\_
- Student removed: \_\_\_\_\_
- No action/ignore: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

Most Frequent \_\_\_\_\_

3. Based on the frequently identified consequences, determine the potential **function(s)** of the identified behaviour. To help determine the potential function of the identified behaviours, answer the following:

- a) What is the student getting as a result of engaging in this behaviour?
- b) What is the student avoiding/escaping from when they engage in this behaviour?

Check all that apply. Please indicate the most frequent.

- |   |   |
|---|---|
| <input type="checkbox"/> Attention (e.g., adult, peer)        | <input type="checkbox"/> Sensory (e.g., noise, lights, crowded areas) |
| <input type="checkbox"/> Tangible (e.g., objects, food, etc.) | <input type="checkbox"/> Escape/avoidance (e.g., task, place)         |

Most Frequent \_\_\_\_\_

**Summary Statement** (based on analysis above):

(e.g., When presented with an instruction, the student will often hit the table to escape the task.)

**When** (antecedent/s), \_\_\_\_\_ ,

(student's name) \_\_\_\_\_ will often

(behaviour) \_\_\_\_\_

to  **get and/or**  **avoid/escape**

(consequence/s) \_\_\_\_\_.

**Part 2: Developing Positive Behaviour Supports**

**Prevention:**

What **preventative strategies** will you put in place to decrease the likelihood that the student will engage in the challenging behaviour? Make sure to consider the function of the behaviour (i.e., what the student is trying to get and/or avoid/escape).

### Teaching Replacement Behaviour:

What **replacement behaviour or skill(s)** does the student need to learn in order to meet their needs (function) in a socially appropriate manner? Write a specific, **measurable** and observable **goal**.

What **teaching strategies** will you use to assist the student in meeting these expectations?

How will you provide **reinforcement**? Consider what reinforcers will be delivered and the frequency of delivery.

### Response:

If/when the student engages in the challenging behaviour, what will be the adult **response**?

### Part 3: Monitoring Progress

If the teaching strategies outlined above are effective, you should notice a decrease in the challenging behaviour (e.g., duration, or frequency).

Continue to **track and record** the behaviour. Examples of tracking could include tally marks on a paper or using a clicker, stopwatch, electronic device, calendars, etc.

If the teaching strategies outlined above do not decrease the challenging behaviour, school staff should consult with Professional Support Services personnel.

If applicable, consider incorporating these positive behaviour supports and strategies into the student's program plans (e.g., IEP or ILP).

## PR699 Management for Risk of Injury Behaviours: Principals' Checklist

**Principals may use the following checklist to ensure they have completed all mandatory steps to support students with risk of injury behaviours. This checklist is not inclusive of all steps. Please ensure full review of PR699.**

- Become familiar with PR 699 and other relevant TDSB policies and procedures, documentation, legislation and issues of confidentiality related to the student.
- Consult with parents/guardians/caregivers on an ongoing basis and where appropriate, consult with and/or inform the Superintendent of Education
- Ensure that all school staff are provided information and instruction on this procedure for their work with this student.
- Facilitate the sharing of information on risk- of- injury behaviours and methods to reduce triggers.
- Initiate, as often as necessary, Management Process for Risk of Injury and include in-school and Board staff as appropriate.
- Facilitate a school and classroom safety audit specific to the student.
- Ensure that the ABC Data Recording Chart (Form 699H) is being used regularly to note setting events, triggers and interventions, so that programming can be adjusted accordingly.
- If applicable, ensure the IEP, including regular behaviour accommodations and interventions that reflect progressive discipline, has been updated and implemented (including ongoing review & evaluation).
- Ensure that the Safety Plan, which includes appropriate emergency interventions to prevent /reduce the risk of injury is developed and implemented.
- Ensure that Safety Plan emergency interventions focus on non-physical interventions and, if it includes physical interventions, does so as a last resort.
- Ensure that all staff who work with the students on a regular basis are notified of any risk of injury; the nature of the behaviour that could present a risk of injury; the emergency intervention strategies in place to prevent injury; (i.e., have been involved in the development of the Safety Plan, as appropriate) (Form 699J).
- Ensure that the staff-working with the student on a regular basis, as well as occasional staff, are properly informed and trained, and have the necessary/applicable safety and protective equipment. Ensure the Safety Plan is located in a confidential accessible location in the school office (e.g., Safety Plan binder).
- Become familiar with required reporting and record-keeping procedures when a risk of injury behaviour or physical intervention occurs, a Safety Plan is written.
- Ensure ongoing review of specific circumstances and methods, as necessary, where planned physical intervention has occurred.
- Consult with professional support staff regarding relevant community agencies that are able to offer support.
- Ensure regular review and evaluation of student's progress through InSchool Support Team meetings.

## Post Incident/ Contain and Release Protocol Guideline

Guideline of procedures to be considered following an incident/contain and release. Where appropriate, the procedures listed below should be followed.	
Injuries assessed and appropriate medical intervention accessed	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
School Administration contacted	Yes <input type="checkbox"/> No <input type="checkbox"/>
Parents/Guardians contacted	Yes <input type="checkbox"/> No <input type="checkbox"/>
Staff debriefed	Yes <input type="checkbox"/> No <input type="checkbox"/>
Follow-up support provided to staff	Yes <input type="checkbox"/> No <input type="checkbox"/>
Follow-up support provided to student	Yes <input type="checkbox"/> No <input type="checkbox"/>
Follow-up support provided to victim	Yes <input type="checkbox"/> No <input type="checkbox"/>
Employee's Report of Workplace Violent Incident Form completed on-line	Yes <input type="checkbox"/> No <input type="checkbox"/>
SAP Incident Insurance Report of Accident Form (for student injury)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Completion of entry into ABC Chart (for planned or occasional restraints)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Safety plans reviewed and amended as required	Yes <input type="checkbox"/> No <input type="checkbox"/>
If injury, completion/submission of TDSB Employee's Report of Accident Injury Form	Yes <input type="checkbox"/> No <input type="checkbox"/>
Caring and Safe Schools informed	Yes <input type="checkbox"/> No <input type="checkbox"/>
Superintendent of Education informed	Yes <input type="checkbox"/> No <input type="checkbox"/>
Case conference scheduled	Yes <input type="checkbox"/> No <input type="checkbox"/>
Completed a Management of Risk of Injury Summary	Yes <input type="checkbox"/> No <input type="checkbox"/>
Staff training requested	Yes <input type="checkbox"/> No <input type="checkbox"/>



## Use of Unplanned Physical Intervention Summary

School:	
Gender Identity:	Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary _____
Date of Birth:	Day: _____      Month: _____      Year: _____
Exceptionality:	
Placement:	

STAFF USING PHYSICAL INTERVENTION (CONTAIN AND RELEASE)	
Position(s):	
Trained in Nonviolent Crisis Prevention Intervention:	Yes <input type="checkbox"/> No <input type="checkbox"/>

Date of incident: \_\_\_\_\_

Reason for using contain and release:

**IMPORTANT:** Principals must also follow Post Incident/ Contain and Release Protocol Guideline (699M).

\_\_\_\_\_  
Principal's Name/Signature

\_\_\_\_\_  
Date Report Completed

**Please submit to the appropriate Centrally Assigned Principal of Special Education**

## GUIDELINE FOR CLASSROOM AUDITS

The classroom environment can change according to how the teacher adapts to the strengths and needs of the students. The audit process is therefore ongoing and should be seen as a shared responsibility between the principal and the teacher. Below is an itemized checklist as a consideration to support maintaining a safe classroom environment.

All spaces are considered classrooms. Complete the audit on the regular classroom first, then other locations. This is a guide only; it is not an exhaustive list.

ITEM/LOCATION	LOOK FOR	YES	NO
<i>(Suggested examples)</i>			
<b>Regular Classroom</b>			
Audiovisual Equipment	Securely fixed with proper fittings		
Combustible Materials	No more than 20% of walls and doors covered with artwork, posters, paper, etc.		
Electrical Equipment	Extension cords, etc., safely stored		
Electrical Outlets	Cover plates and switches secured and undamaged		
Emergency Procedures	Posted, clear, staff trained		
Exit Door Path	Is it a clear path through furniture?		
Exits and Signs	Visible, illuminated (where required)		
Floor Tiles and Carpeting	Securely fastened to reduce trip hazard		
Floors	Clean, dry, uncluttered, non-skid		
Furniture	In good condition – no broken pieces		
Hazard Warning Signs	Posted, visible where necessary		
Items with Lids	Lids secured (e.g., pianos, toy boxes)		
Level of Supervision	As required and appropriate		
Level of Supervision during recess/breaks	As required and appropriate		
Safety Rules	Posted, clear, and understood		
Sharp or Pointed Objects	Replaced with plastic items or secured properly (Scissors, compasses, rulers with metal edge, etc.)		
Shelving	Are the units firmly and safely affixed?		
Teacher's Desk	No dangerous items. All sharp objects secured		
Top of Wall Storage	Limited to light-weight objects		
Waste Container	In good, safe condition		
Windows	Open easily and according to design		
<b>Portable Classroom</b>			
Exterior Siding, Soffits, etc.	In good condition – no pieces hanging off		
Hand Railings	Installed and in good repair		
Intercom	Communication with main building in good operating condition		
Snow and Ice	Removed and cleared from pathways and stairs		

Steps and Porch	In good repair and not slippery		
<b>Science Room</b>			
Chemical Containers	All lids closed and secured		
Chemicals	Clearly labeled		
Eyewash Stations	Available and functioning		
Fire Extinguisher	Available and functioning		
Flammable Materials	Secured in approved storage cabinets		
Gas Cylinders	Secured to prevent falling		
Protective Equipment	Available and used (e.g., goggles, aprons, gloves)		
Scalpels	Safely stored and use monitored closely		
<b>Technology Centre</b>			
Climbing Devices	Operational and safely secured		
Exhaust Systems	Fully operational		
Eyewash Facilities	Available and working properly		
Flammable Materials	Secured in approved storage cabinets		
Floors	Clean, uncluttered, and free of slip hazards		
Power Tools	Secured, safely stored and have approved guards		
Protective Equipment	Available and properly used		
Sharp Objects	Properly secured and their use monitored		
Solvents	Properly secured and their use monitored		
Tool Storage	Objects safely organized with heaviest objects located on bottom of shelving		
<b>Visual Arts Centres</b>			
Acid Spill Kits	Available and used properly		
Oily and Solvent Rags	Metal safety cans provided and used		
Same as Technology	Review applicable items above		
Scissors/Xacto Knives	Safely stored and use monitored		
<b>Design and Technology Spaces</b>			
Appliances	Secured in good working order and used properly		
Fire Extinguisher	Available and secured		
Food Surfaces	Properly maintained and disinfected		
Sharp Objects	Are secured and used in a safe manner		
<b>Physical Education Rooms</b>			
Fixed Equipment	Ropes, climbing racks, etc., secured and inspected regularly		
Floor Sockets	Are secure and flush with floor		

Skipping Ropes, Frisbees	Properly stored		
Sporting Equipment	Safely secured and maintained		
Storage Area for Posts, etc.	Are suitably and safely stored		
Storage Areas	Properly maintained and safe		
<b>Library and Computer Rooms</b>			
Bookshelves	Properly secured to floor and/or walls		
Bookshelves	Have clear paths for exits		
Computer Cables	Secured to prevent injury		
Computer Monitors	Secured to prevent injury		
Power Bars	Secured to prevent injury		
<b>Auditoriums and Cafeteriums</b>			
Fixed Seats	In good condition and safe		
Steps in Auditorium	In good condition – no hazards		
Tables and Chairs	Arranged to provide clear aisles for emergency		
<b>Other Classrooms</b>			

## Transfer/Promotion/Placement of a Student with Risk of Injury Behaviours to Self and/or Others

1. Principal of the Sending and Receiving School must become familiar with PR 699 and other relevant TDSB policies and procedures, documentation, legislation and issues of confidentiality related to the student.
2. Consult with parents/guardians/caregivers of the student through the transfer/promotion/ placement process.
3. When transferring/promoting or placing a student with a risk of injury to self and/or others to which the student is being sent, it is crucial that the principal of the sending school alert the principal of the receiving school *before* the student arrives at the new school. Additionally, the OSR, along with recent ABC logs, safety plans, and/or IEP, should also be couriered to the receiving school's principal *prior* to the student's arrival.
4. When a parent/guardian/caregiver requests that a student be demitted from a school with an Intensive Support Program that meets the special education needs of the student, and seeks to enroll the student in a school without such a program, the student shall not be permitted to attend the receiving school until that school has received the OSR.
5. In all cases, the principal of the receiving school shall ensure that staff who may be in contact with the student are appropriately informed of the risk of injury and involved in the revision/development of the safety plan of the transferred student.
6. In all cases, the parents/guardians/caregivers of the student shall be advised of the protocol.

## Separate Spaces in TDSB Schools

- All staff should be familiar with the various definitions of separate spaces including:
  - Sensory Rooms
  - Snoezelen Rooms
  - Calming Spaces/Rooms, including informal spaces (i.e., empty classroom)
  - Gross Motor Rooms
- Superintendents of Education must be aware of these spaces, their intent and usage.
- Schools must communicate to Superintendents of Education their intent to develop a separate space, beyond the immediate classroom, that will be used in a proactive and positive manner.
- No separate spaces will be developed without the consent of the Superintendent.
- Appropriate documentation will be developed and maintained as required. Documentation may include Individual Education Plans including ABC Charts, Behaviour Support Plans, Safety Plans, recording/tracking sheets.
- Students must always be supervised by staff when using a separate space.

## Key Messages

### Separate Spaces in Schools

#### What are these types of spaces?

Separate Spaces in TDSB Schools refers to spaces that must be intentionally used as part of the academic program developed for students. All staff should be familiar with the intended uses and function of the various types of separate spaces including: Sensory Rooms; Snoezelen Rooms; Gross Motor Rooms.

#### Definitions

**Sensory Rooms** provide students with soothing and stimulating environments. A student participates in a Sensory Room environment as part of their programming. The spaces are specially designed to deliver stimuli to various senses, using lighting effects, color, sounds, music, scents, etc. The combination of different materials are explored using tactile and other senses.

**Snoezelen® Rooms** are supervised, multisensory environments developed under trademark according to specific criteria. The term is often used incorrectly to describe a sensory room.

**Calming Spaces and Rooms** are supervised separate rooms or areas within a classroom used by a student who has made the choice to go to this room or area or freely choose to go when prompted by an adult. Calming spaces/rooms are locations that are used proactively and positively. The spaces/rooms often have beanbag chairs, mats, couches, and preferred activities. Students may leave this room or area and return to the classroom at any time. Calming spaces/rooms are not intended as seclusion spaces/rooms that are used for isolation, lack of compliance or other disciplinary purposes.

## Key Messages

### Separate Spaces in Schools

**Gross Motor Rooms** are supervised specially designated spaces that allow a range of gross motor activities for students as indicated in the IEP. These rooms often contain specialized gross motor equipment. Safe use of these rooms and the equipment requires input from Occupational/Physical Therapy Department.



## **Key Messages**

### **Separate Spaces in Schools**

# **Managing the Use of Calming and Sensory Rooms**

#### **When should a calming or sensory room be used?**

- A calming room/space or sensory room may be appropriate for some students as one strategy that supports their ability to process sensory input and/or to de-escalate increasing agitation.
- The development of a separate calming or sensory room outside of the immediate classroom must be discussed with your Superintendent of Education.
- Input and strategies, including the use of any specialized equipment from Professional Support Services Staff should be accessed with parental consent.
- The use of the calming room/space or sensory room must be included in the student's IEP and/or Safety Plan, if applicable.

#### **How do students get to the room?**

- A student must choose to go voluntarily or respond positively to a verbal suggestion, gesture, picture cue to access the room/space.
- Students should be allowed to leave the room/space at any time.

#### **How are students supervised while in room?**

- Students must be supervised at all times by a staff member, (i.e., in a clear line of sight with staff), while in the calming room/space.
- Rooms must never be locked.
- If the door is closed, the student must be accompanied or in a constant clear line of sight at all times by staff.
- Staff should be trained in the use of any specialized equipment and students should be supervised in its appropriate use at all times.
- Support staff may not be alone with any student for more than 30 minutes.

#### **How should the frequency and duration of visits to the room/space be monitored?**

- The use of the calming room/space or sensory room is planned based on the individual needs of the student and the strategies listed in the IEP and/or Safety Plan.
- Staff must keep a record of individual student use of the room.

#### **How is the use of the room communicated to parents?**

- Parents would be informed about the calming room/space or sensory room through the IEP and/or the Safety Plan.
- When a separate calming room or sensory room outside of the immediate classroom is used, but has not been planned for in the IEP and/or Safety Plan, the parent/guardian must be notified following the use of the room.
- In the case of unplanned use, the IEP and/or Safety Plan should be reviewed, as appropriate.
- All use of calming room/space or sensory rooms must be documented.

#### **How is the use of the calming room/space communicated to staff, including appropriate training?**

- All staff should receive professional learning in the area of positive behaviour supports.
- The use of calming room/spaces and sensory rooms should be reviewed with all staff in school at an annual staff meeting.
- Ongoing review of the use of these spaces should occur with new staff and/or when new students are going to be accessing the calming room/space or sensory room.
- There should be yearly discussion regarding the purpose, use and policies around these spaces.