**Template for Individual Student Safety Plan (ISSP)   
for the use of planned use of physical restraint, mechanical restraint or containment.**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| School name | | |  | | | | |
| Student name | | |  | | | | |
| Date of birth |  | | Roll class |  | | Date |  |
| **RELEVANT CONSIDERATIONS OF STUDENT’S NEEDS AND CIRCUMSTANCES** | | | | | | | |
| *Discuss any personal history factors e.g. is the student in out of home care? Have they suffered a bereavement? Are there recent changes in family circumstances?* | | | | | | | |
| *Does the student have any known medical/health conditions or a disability? E.g. asthma, epilepsy?*  *Please give details and provide relevant information.* | | | | | | | |
| *List any medications prescribed for and taken by the student on a regular basis.* | | | | | | | |
| *Has the student experienced a history of medical emergencies for any reason? Please describe.*  *Has the student had any recent illness? Please describe.*  *Has the student had a recent fracture? Please describe.* | | | | | | | |
| *How does the student communicate?* | | | | | | | |
| *Are there any cultural factors to consider? Please describe.* | | | | | | | |
| **Proactive Planning** | | | | | | | |
| Staff should ensure that all of the positive and proactive strategies have been implemented for the student.  Please tick to indicate these have been completed. | | * Staff have recently completed a Functional Behaviour Assessment for the student. * The student has a current Individual Behaviour Support Plan (IBSP). * The student’s IBSP has been communicated to relevant staff. * Relevant staff have attended training in positive behaviour support. * The student (where appropriate) and their parents have been consulted about the IBSP and signed by the parent (where possible). | | | | | |
| **WHEN THE STUDENT EXHIBITS SIGNS OF ESCALATION** | | **STAFF MUST REFER TO AND IMPLEMENT AN INDIVIDUAL BEHAVIOUR SUPPORT PLAN BEFORE USING ANY RESTRICTIVE PRACTICE** | | | | | |
| **IDENTIFY POTENTIAL RISK INDICATORS** | | The potential risk indicators are the behaviours the student exhibits when their behaviour is escalating and may start to present an immediate risk to other people or the student themselves. | | | | | |
| Identification of increasing risk: List at least four observable indicators that risk is increasing as a result of escalating behaviour. | | 1.  2.  3.  4. | | | | | |
| **IDENTIFY POTENTIAL ADVERSE OUTCOMES** | | If the student does not respond to the positive and proactive interventions outlined in their Individual Behaviour Support Plan, the risk will escalate. | | | | | |
| What are the potential outcomes if the risk is not managed?  Who will be impacted by the risk outcomes? | | 1.  2.  3.  4. | | | | | |
| **IDENTIFY RISK MANAGEMENT INTERVENTIONS** | | What are the strategies that will be implemented to manage risk when positive and proactive strategies have been tried and have failed to reduce risk. These are the last resort strategies (usually restrictive) and must only be used when all other positive and proactive approaches have failed to reduce risk. | | | | | |
| Detail the strategy or strategies that will be used to respond to escalating risk in the order they should be phased in, least restrictive first.  If the strategies include specific physical restraint techniques/mechanical restraint explain clearly which techniques are to be employed. | |  | | | | | |
| **Additional notes and relevant advice** | | | | | | | |
|  | | | | | | | |
| Name of staff member(s) who prepared plan | | | | |  | | |
| Signature of staff member(s) and date | | | | |  | | |
| Name of principal | | | | |  | | |
| Signature of principal and date | | | | |  | | |
| Date the plan will be reviewed *(at least once per semester)* | | | | |  | | |
| Signature of parent and date (where possible) | | | | |  | | |
| **Attach to Individual Behaviour Support Plan and**  **upload a signed copy into the individual student’s OneSchool *Support* record.** | | | | | | | |

**NB: This plan is only enacted after all other positive and proactive strategies have been tried and have failed to reduce risk and behavioural escalation. This is a plan of last resort to reduce foreseeable risk to the student and other people, there being no other reasonable action that will reduce the risk.**

**The Principal should ensure a record is made in OneSchool if the student’s parent declines or is unable to sign the Individual Student Safety Plan.**