	PROTECTIVE EQUIPMENT AND AFF SAFETY PLAN
Student:	Date of PPE and Staff Safety Plan Development:
mployee Name:	Employee Signature: (plan received)
ssessor:	Assessor Signature:
Behaviour leading to risk of Injury:	Specific Behaviours:
Physical Aggression	L Scratching L Biting
Self-Abuse	L Grabbing L Pinching
Putting self in danger	
Other: Please Identify	U Other: Please Identify U Punching
ituations when risk of injury is possible a	nd as such Personal Protective equipment (PPE) Issued list:
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Transitions	ileting
Transitions	
Transitions Transitions	/m
Transitions To Mealtimes/Breaktimes Gradies Supply Teacher or EA Vi	/m
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Original – Educational Assistant Binder, 1 Copy - EA Facilitator 11/2011