

SAFETY PLAN

Student: _____

Date of Birth (MM/DD/YYYY): _____

School: _____

Date Created (MM/DD/YYYY): _____

Date Updated (MM/DD/YYYY): _____

TRIGGERS	BEHAVIOURS SYMPTOMS	PREVENTIVE STRATEGIES	INTERVENTIONS

This resource was developed by the Pediatric Committee of PHA Canada. Some of the information has been adapted, with permission, from materials created by PHA USA

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SAFETY PLAN

Student: Jane Doe

Date of Birth (MM/DD/YYYY): 01/01/2010

School: Maple Leaf School

Date Created (MM/DD/YYYY): 08/14/2023

Date Updated (MM/DD/YYYY): _____

TRIGGERS	BEHAVIOURS SYMPTOMS	PREVENTIVE STRATEGIES	INTERVENTIONS
Feeling unwell	Near fainting Shortness of breath	Allow rest Offer water to drink	If faints, call 911 for immediate medical services. Notify parents: 1. Call mom – (xxx) xxx-xxxx 2. Call dad – (xxx) xxx-xxxx
Overexertion	Faints Shortness of breath Progression of fatigue Dizziness Chest pain	Provide safe environment Avoid hitting head on ground Offer water to drink	If faints, call 911 for immediate medical services. Notify parents: 1. Call mom – (xxx) xxx-xxxx 2. Call dad – (xxx) xxx-xxxx
Sudden blow to chest		Keep calm, provide relaxation and support	Call office and support staff Notify parents: 1. Call mom – (xxx) xxx-xxxx 2. Call dad – (xxx) xxx-xxxx
Physical activity	Shortness of breath Inability to keep up with peers	Allow rest upon request Avoid encouragement to push beyond limits	Provide alternate activity with less strain
Extreme weather conditions	Shivering Decreased energy Blue lips/fingers	Keep in environments between -10 and 25 degrees Celsius	Remain indoors, either in class, library, or main office or with teaching staff as per school protocol

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