**INDIVIDUAL SAFETY PLAN**

**CLIENT NAME**

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| **STAFF SUPERVISION FOR ADULT FOSTER HOME SETTING** |
| Can this person be left unsupervised in a residential setting? Yes □ No □  If yes, describe the supervision required for the person in a residential setting:  If no, describe the supervision required for the person in a residential setting: |
| Staff need to remain within arm’s reach (1:1) Yes □ No □ |
| Staff need to remain within visual contact Yes □ No □ |
| Staff need to remain in the area for assistance as needed Yes □ No □ |
| **MISSING PERSONS PROTOCOL** |
| After 5 minutes missing, staff will search the immediate environment.  After 7 minutes staff will notify (CASE MANGER, GUARDIAN, or OTHER) and it will then be determined by management if police non-emergency is to be called.  The AFH staff or designee will then call the Individual’s Residential provider after 15 minutes.  AFH Provider will call the Service Coordinator after 30 minutes. |
| **WATER TEMPERATURE** |
| **Is this person independent in adjusting water temperature? Yes**  □  **No □**  **CLIENT NAME can independently adjust water temperature for hand washing purposes at \_\_\_\_\_\_\_\_\_\_\_ so the temperature is set to reach a maximum of 120 degrees F.)** |

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| **EVACUATION** |
| Ability to evacuate during an emergency (i.e. fire, smoke alarm, drill)  Independent: Yes □ No ■ (If marking yes please delete items a-f)   1. Documentation of the risk to the individual’s medical, physical condition and behavioral status: **CLIENT NAME** is not able to evacuate the home independently in the event of an emergency. 2. Identification of how the individual must evacuate the home including level of support needed: **CLIENT NAME** requires staff to give them verbal/physical prompts to exit the building in under 3 minutes in the event of an emergency. 3. The routes used to evacuate the individual to a point of safety: Identify the safe meeting place and how to get there. 4. Identification of assistive devices required for evacuation: None. 5. The frequency the plan shall be practiced and reviewed by the individual and staff: Fire Drills are conducted: List frequency and where this information is documented. 6. Approval of the plan by the individual’s guardian, services coordinator, and the AFH provider(s): See ISP Signature Sheet.   A plan to encourage future participating in evacuation drills: **CLIENT NAME** receives verbal praise for participating in Fire Drills. |
| **VEHICLE SAFETY** |
| Does this person need assistance to remain safe getting in/out of vehicles or while riding in vehicles? Yes □ No □  \*If yes, please describe the level of assistance needed: |
| **HOUSEHOLD CHEMICAL SAFETY** |
| Does this person recognize the dangers of household chemicals? Yes □ No □  If no, all chemicals must be locked in the vocational setting. |
| **OTHER SAFETY ISSUES:** |
| **Protocols on file: Delete or add protocols below as indicated on the RIT**  Aspiration/Choking Protocol  Dehydration Protocol  Constipation Protocol  Seizure Protocol  Hyper/Hypoglycemia Protocol  Unreported Pain/Illness Protocol  Injury Due to Falling Protocol  Shunt Protocol  **Other Safety Risks: Delete risks below that are not indicated on the RIT.** *Each risk below should be followed by 3 things:*  *1. A brief description identifying why this is a risk (often provided in the RIT comments)*  *2. Detail of how that risk is supported?*  *3. What to do if the client is experiencing that risk (ie: documentation, Incident report to the ISP team, Call 911, etc…)***.**  **\*\*\****If the risk is supported by a document such as a PBSP or Nursing Care Plan, write see (Document name here) for**support with this risk.*  Unsafe medication management –  Complications of diabetes – *Only list here if it does not require a formal protocol*  Complications associated with (list type of tube or ostomy):  Unreported pain/illness – *Only list here if it does not require a formal protocol*  Lack of access to medical care –  Injury due to falling – *Only list here if it does not require a formal protocol*  Other serious health or medical issues –  Court-mandated protection: Someone else has a court-mandated condition or restriction against them.-  Significant risk of exploitation -  Enters into contracts that he/she may not be able to complete –  Safety and cleanliness of the residence –  Other safety issues –  Mental health –  Suicide –  Other mental health issues –  Physical aggression –  Self-injury –  Property destruction –  Leaving supervised setting -  Unsafe use of flammable materials –  Substance abuse –  Illegal Behavior –  Court-mandated restrictions –  Ingesting non-edible objects  Non-edible objects in mouth-  Refusing medical care –  Extreme food or liquid-seeking behavior –  Illegal or high risk sexual behavior –  Undesirable sexual behavior –  Harm to animals –  Use of objects as weapons -  Unsafe social behavior –  Other Behavior Issues - |
| **FINANCIAL PLAN**: Rep Payee listed here |
| **LIST ALL VARIANCES IN PLACE FOR THIS PERSON:** |
| Definition: Expiration Date: \_\_\_\_\_\_ |

Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_

Person receiving services: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_