**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 ProtocolDehydration ProtocolConstipation ProtocolSeizure ProtocolHyper/Hypoglycemia ProtocolUnreported Pain/Illness ProtocolInjury Due to Falling ProtocolShunt 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 objectsNon-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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_