**INDIVIDUAL SAFETY PLAN**

**CLIENT NAME**

|  |
| --- |
| **STAFF SUPERVISION FOR CHILDREN’S FOSTER HOME 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 CFH foster parent or designee will then call the Individual’s Guardian after 15 minutes.  The CFH foster parent or designee 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.)** |

|  |
| --- |
| **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 caregiver 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 foster parent: 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 CFH Foster Parent(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 residential 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_