

**Policy & Procedure Manual**

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**INDIVIDUAL SUPPORT PLAN – R-I-6**

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**POLICY:**

OPTIONS recognizes the need to provide consistent support for each recipient of service. In order to do this all information related to the individual and their support needs will be documented on the Individual Support Plan (known as I.S.P.) within six months of an individual coming into service with OPTIONS northwest.

A current and accurate I.S.P. shall be maintained for each individual supported by OPTIONS. These are reviewed and updated with input from the individual and persons acting on their behalf as required and at their annual support planning meeting.

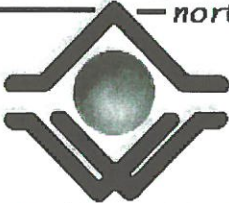
The I.S.P. will be kept in the I.S.P. binder and all staff new to the individual will review each I.S.P. prior to providing support.

**PURPOSE:**

To provide an accessible resource of pertinent, up to date information about the individual and the supports required to meet their needs and goals.

**PROCEDURE:**

1. Each I.S.P. will follow the same format (see appendix A) and will be completed and updated by the individual's Primary/Secondary Counsellor, the individual and persons acting on their behalf as required and at least annually at the individual's annual support plan meeting.
2. The I.S.P. Manual (see Appendix B) will be used when completing and updating the I.S.P. to ensure it is thorough. Any particular concern unique to the individual that may not be addressed in each area of the I.S.P. Manual can be identified and added to the I.S.P.
3. The I.S.P. will be placed in the designated blue I.S.P. binder which will be located in the same area as the casebooks. A recent photograph of the individual will be placed at the front of their binder.
4. The I.S.P. will be reviewed before and during the Annual Support Plan Meeting and during each update and summary review.



Personal Support Services

**POLICY: R-I-6**

**DEPARTMENT:** Personal Support Services

**CATEGORY:** Personal Planning and Supports

**EFFECTIVE DATE:** August 2013

**SUPERSEDES VERSION DATED:** May 2008

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5. Any changes or updates to the Individual Support Plan will be added in pencil, dated and initialed. The I.S.P. will be sent to Clerical for retyping annually and as required. The I.S.P. will be uploaded onto CIMS and the original will be placed in the individual's I.S.P. binder.

**RECOMMENDED BY:** Director, Personal Support Services

**APPENDICES:** 2

**OPERATIONAL ACCOUNTABILITY:** Administration, Personal Support Services  
Administration, Personal Support Services

**ORIGINAL POLICY DATE:** August 1994

**AUTHORIZED BY:** Executive Director

**SIGNATURE:**

**INDIVIDUAL SUPPORT PLAN (I.S.P) FOR:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Date Initiated:** \_\_\_\_\_ **Date Reviewed:** \_\_\_\_\_

**Under each heading, indicate ideas to promote choice making and independence.**

<b>INSTRUCTIONS FOR COMPLETING THIS FORM:</b>	Complete each of the following sections below giving as much detail as possible using the ISP Manual as a reference. Guidelines or support plans required will be filed in the appropriate section of the ISP binder.
<b>ALLERGIES:</b> (to complete see page 3 of I.S.P. manual)	
<b>MEDICAL/ PHYSICAL WELLBEING:</b> (to complete see page 3 of I.S.P manual) Attach Bathing/Hygiene Protocols	

**PSYCHOLOGICAL/  
EMOTIONAL  
WELLBEING:**

**(to complete see  
page 4 of I.S.P  
manual)**

Attach Behaviour  
Support Plans

**HEARING AND  
VISION:**

**(to complete see  
page 5 of I.S.P  
manual)**

**DIETARY:**

**(to complete see  
page 5 of I.S.P  
manual)**

Attach Mealtime Support  
Plans

<p><b>SLEEPING PATTERNS:</b></p> <p>o complete see page 6 of I.S.P manual)</p>	
<p><b>LIFTS/ TRANSFERS/ REPOSITIONING</b></p> <p>(to complete see page 6 of I.S.P manual)</p>	
<p><b>MOBILITY:</b></p> <p>o complete see page 7 of I.S.P manual)</p>	
<p><b>RELIGIOUS/ CULTURAL SUPPORT NETWORK :</b></p> <p>(to complete see page 7 of I.S.P manual)</p>	

<p><b>MEDICAL SUPPORT NETWORK:</b> (to complete see page 8 of I.S.P manual)</p>	
<p><b>CONSENT AND TREATMENT DECISION SUPPORT NETWORK:</b> (to complete see page 8 of I.S.P manual)</p>	
<p><b>NATURAL SUPPORT NETWORK:</b> (to complete see page 8 of I.S.P manual) Attach Network Support Plan</p>	
<p><b>FINANCIAL SUPPORT NETWORK:</b> (to complete see page 8 of I.S.P manual)</p>	
<p><b>INTERESTS AND ACTIVITIES IN THE HOME:</b> (to complete see page 9 of I.S.P manual)</p>	

<p><b>INTERESTS AND ACTIVITIES IN THE COMMUNITY:</b></p> <p>(to complete see page 9 of I.S.P manual)</p>	
<p><b>EMPLOYMENT AND VOLUNTEER ACTIVITIES:</b></p> <p>(to complete see page 9 of I.S.P manual)</p>	
<p><b>SKILLS AND ABILITIES:</b></p> <p>(to complete see page 10 of I.S.P manual)</p>	
<p><b>EDUCATION AND INTELLECTUAL CAPABILITIES:</b></p> <p>(to complete see page 10 of I.S.P manual)</p>	
<p><b>COMMUNICATION:</b></p> <p>(to complete see page 10 of I.S.P manual)</p> <p>Attach Communication Dictionary</p>	

<p><b>RISK ASSESSMENT/ MANAGEMENT:</b></p> <p><b>(to complete see page 11 of I.S.P manual)</b></p> <p>Attach Risk Assessment and Plans developed</p>	
<p><b>RIGHTS ASSESSMENT/ MANAGEMENT:</b></p> <p><b>(to complete see page 11 of I.S.P manual)</b></p> <p>Attach Rights Assessment and Plans developed</p>	
<p><b>SPECIAL CONSIDERATIONS:</b></p> <p><b>(to complete see page 11 of I.S.P manual)</b></p> <p>Attach Hot Weather Precautions Assessment Form</p>	



# **INDIVIDUAL SUPPORT PLAN MANUAL**

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## **SECTION I CREATING THE PERSONAL PROFILE**

### **1.0 Development:**

The I.S.P. will be developed by the Primary Counsellor/Secondary Counsellor, with input from the support team, new recipient of service, and persons acting on their behalf within six months of admission. In order to ensure the I.S.P. is thoroughly completed, identified questions in this manual should be used as a guide when completing each section. Under each heading also indicate ideas to promote choice making and independence of the individual.

### **2.0 Function:**

The I.S.P. is a complete picture of supports required and requested by each recipient of service in all areas of their life. All staff new to the individual will review their I.S.P. prior to providing supports in order to ensure consistency.

### **3.0 Updating:**

The I.S.P. will continually be updated as required. Any changes or updates to the support plan will be added in pencil, dated and initialed. The I.S.P. will be sent for retyping annually and as required. The I.S.P. will be uploaded onto CIMS and the original will be placed in the individual's I.S.P. Binder.

## **SECTION II COMPLETING EACH SECTION OF THE I.S.P.**

### **1.0 Allergies:**

- Do I have any allergies to medication, food, or environmental elements? (e.g., mold, dust, perfumes, grass, trees etc.)
- What does my allergic reaction look like and what should you do if this happens?

### **2.0 Medical/Physical Wellbeing:**

- Place my completed Bathing/Hygiene Protocol Form in this section of my ISP Binder.
- Are there any specific instructions related to how I take my medication?
- Do I have chronic health conditions? If yes please describe and attach any plans.
- Does staff require any specific training or information related to my health? If yes please describe and attach any plans for training/information.
- Do I have any recent physical complaints & medical conditions? If yes, please describe and attach any plans.
- Do I have any communicable diseases?
- Do I get too hot or too cold?

- Do I like a bath or a shower and at what temperature?
- Have I had any serious injuries, and/or hospitalizations in the past?
- What support do I require with my menses? (i.e. cramping, heavy periods, etc.) What products so I use?
- Do I smoke cigarettes? If yes, how often?
- Is there any other health history or medical information or health preferences that I would like to share?
- Do I have any skin breakdown, bed sores, rashes, dry patches, scalp lesions? How are they treated?
- Do I have problems with my toes or fingernails? How is it treated?
- Do I have corns, calluses, athlete's foot, bunions or any other foot problems? What treatment is required? Do I require special footwear?
- Do I have brittle bones? What treatment and precautions are followed?
- Do I get muscle spasms? How is this treated?
- Do I experience pain anywhere else in my body? How is this treated?
- Do I have seizures? What do they look like? Approximately how often? Do I have an aura before the seizure? How are they treated? If a doctor has recommended a seizure protocol on the doctor's orders indicate that here.
- Do I have any tics, or twitches? How are they treated?
- Do I get dry, irritated, infected or painful eyes? How is this treated?
- Am I prone to ear infections, colds, chest infections, bladder infection? How do I tell you and what is the treatment?
- Do I have asthma, get wheezy, produce mucous, require suctioning? If there is a plan in place to manage this, indicate that here and attach.
- Do I have constipation, diarrhea? Am I incontinent of urine and/or stool? Do I wear a disposal brief? What product and size? Do I have a bowel routine? Do I have abnormal looking stools because of medications? (i.e. iron)
- Do I have problems being over or under weight?

### **3.0 Psychological/Emotional Wellbeing:**

- Briefly describe my relevant social, developmental, behavioural and family history.
- What does a fulfilled life look like to me?
- What does a good day look like for me?
- Do I have any mental health support needs?
- Do I have issues with physical intimacy?
- Do I prefer a quiet environment with minimal distractions?
- How do you know if I am in pain?
- Do I have phobias? (i.e. bugs, heights)
- Do loud noises bother me?
- Do I like crowds or quiet places?
- What supports are available to me when I am in emotional crisis? (e.g., crisis response, counseling, police)
- Do I have a favourite roommate or someone I would prefer not to be with?

- What coping strategies work best for me when I am: angry, sad, frustrated, afraid etc.? Please explain how you can help me.
- What does it look like when I am really upset or angry? (e.g., I will yell and scream, I throw things when I feel upset, I will walk away, etc.)
- What coping strategies do I already have?
- What coping strategies could you help me learn?
- Do I have any supports in the community to help me learn new coping strategies?
- Do I have positive behavioural support strategies or guidelines? Please note here and attach.
- When there is a change in my mood or behaviour please try.....
- Do I have any restrictions when it comes to my emotional well-being? (ie: nontraditional communication, medication, depression)
- Do I have PECS or another device available to me so I can communicate my feelings?
- What helps me to feel safe at home or in the community?
- What can you do to help me become more independent with my psychological health?
- What resources are available to me?
- What resources do I need to maintain balance in my life?
- Is there too much or not enough stimulation in my environment? How would I let you know?
- How often do I drink alcohol or use drugs? Does my current use of alcohol or drugs cause problems in any area of my life?
- Does my current use of prescription medication cause problems in any area of my life?
- Have I ever been in treatment for a problem with, or resulting from, use of alcohol, drugs, or prescription medication? Please describe what type of treatment, was provided and when.
- How can you help me have more control and choices in my life?

#### 4.0 **Hearing and Vision:**

- Am I hearing impaired?
- Do I use any adaptive aids for hearing? (e.g., hearing aid, caption decoder, amplification system, oral/sign/translation, flashing or visual alarms, etc.)
- Am I blind? Do I wear glasses? Contact lenses?
- Do I have any diseases of the eyes? (i.e. glaucoma or cataracts)

#### 5.0 **Dietary:**

- Am I a high choke risk? If so indicate here if I have a choke risk plan, feeding protocol or guidelines and attach.
- Do I have any food sensitivities? What does a reaction look like?
- Do I have an epipen?



- Do staff require specific training or information related to my nutrition? Please describe and attach any plans for training/information.
- What foods do I like/dislike?
- Do I have any dietary restrictions? (i.e. diabetic, renal, gluten free) and if there is a plan in place indicate that here and attach.
- What consistency should my food and fluids be?
- What temperature do I like my foods and fluids to be at?
- Do I need to be in a specific position during meals?
- During meals where is the place I like to sit? (i.e. specific spot at the table)
- This is how I like staff to assist me with meals... (i.e. sit facing me)
- Do I have a mealtime support plan in place? Indicate here and attach.
- Do I need any adaptive aids that I use when I eat? (i.e. plate, special spoon, special cup, plate guard)
- How can you help me with healthy food and fluid choices?
- Do I see a dietician?

## **6.0 Sleeping Patterns:**

- When do I like to go to bed?
- What type of support do I need when I go to bed?
- Do I have a bed time routine? What is it?
- Are there any safety concerns when I am in bed? Please note here if a plan is in place and attach.
- Do I have a sleep chart? Please note here and attach.
- Do I get up during the night? If yes, how often?
- Do I have any medications that I need to take during the night or to help me sleep?
- Do I like to sleep with a light on, television on, music, noise machine or other?
- How can I promote my independence at bed time?
- What time do I like to get up? Do I like to sleep in?
- Do I need any physical adjustments to my bedroom or adaptations so that I can be more independent?
- Do I like curtains open or closed?
- Do I need a snack or drink before bed?
- Do I have a special pillow, blanket or other preferred item?
- Do I like to have the door to my room open or closed?
- Do I get my days and nights mixed up?

## **7.0 Lifts/Transfers/Repositioning:**

- Do I have contractures? How often should I be turned? What equipment is used to do this? What is used to keep me on my left, back and right side?.
- Are there any issues with lifting, transferring or repositioning me? What support do you provide?
- Can I use a transfer belt?

- Can I pivot with help from staff?
- Can I turn myself or do staff need to reposition me?
- Do I need a wispa lift and sling to transfer to bed, chair or tub?

## **8.0 Mobility:**

- Do I have any limitations or restrictions on my physical activities?
- Do I require any mobility devices? (e.g., braces, prosthesis, cane, scooter, wheel chair, voice activated controls, custom made shoes, etc.)
- Are there care and/or repair instructions for my mobility device? If yes mention here and attach guidelines/instructions to my plan
- Adaptations to motor vehicles, home, at work?
- Can I propel my own wheelchair or do I require support from staff?
- Am I able to lift, carry, move objects independently or with assistance?
- Do I require assistance reaching, grasping, or handling objects?
- Do I have any physical coordination issues which I need support for?
- Do I require any type of mobility support?
- Do I have a hard time with uneven ground?
- Can I take a taxi or bus by myself?
- Do I use HAGI? Do I require accessible taxi or van?
- Do I require OT and who does this? Is there a plan in place and if so attach.

## **9.0 Religious/Cultural Support Network:**

- If I don't go to church would I like to? Where would I like to go?
- If I go to church where do I go?
- How often do I go to church?
- What do I like about church?
- What support do I need when I go to church?
- Do I have a favourite place to sit?
- Do they have a youth/adult group that I might like to be part of?
- Do they have any courses that I would like to attend?
- Do I like to be counseled in church? Privately or with support?
- How do I usually get there?
- Are there any retreats that I might like to be a part of?
- How can you promote my independence going to or at church?
- Is there someone at church that I would like to be paired up with?
- Do I have access to culturally relevant materials, activities, programs, and community supports?

### **10.0 Medical Support Network:**

- Indicate names and contact information of all health care professionals who provide support to me and include their profession; Family Physician, Specialist, Psychiatrist, Psychologist, Visiting Nurse, Nurse Practitioner, Counselor, Chiropractor, Dentist, Occupational Therapist, Dietician, Ophthalmologist, Speech Pathologist.
- Are there any regularly scheduled appointments with any of the above?

### **11.0 Consent and Treatment Decision Support Network:**

- Indicate what decisions I am able to make on my own related to my health.
- List the names of those individuals who assist me to make decisions related to my health and indicate the type and amount of support I require.

### **12.0 Natural Support Network:**

- Who are the family members involved in my life?
- Identify each person with their relationship, contact information and a brief summary of their involvement with me. (i.e. Jane Smith-Mother - I like to phone once a week. I go to my mother's house on weekends and holidays for visits)
- Who are my friends? Identify each person with what they provide for me. (i.e. Joe West – Friend – Meet every Tuesday for coffee at Tim Horton's on River Street at 1p.m.)
- Are there any neighbours or people in my community that I interact with? (i.e. Sam – Lives next door and will come over for coffee)
- What support do I require to continue with these relationships?

### **13.0 Financial Support Network:**

- What education do I need to support me with my budget and money?
- Identify the level of support I have requested or require to manage my day-to-day finances.
- What do I like to use my petty cash for?
- Please explain how I budget my money and keep track of my finances.
- What supports do I need when I make purchases?
- What support do I need when I do my banking?
- Who makes my financial decisions? (e.g. PGT, family or other)
- Can I do my own banking?
- Where do I do my banking?
- What day of the week do I normally do my banking?
- How can I promote my independence with my finances?
- Is there something that I am saving up for? (e.g. trip, computer, ipod, etc.)



#### **14.0 Interests and Activities in the Home:**

- Do I have a favorite spot to sit in the living room? Kitchen? Do I have a favourite chair?
- Identify the activities I enjoy being involved in at home.
- What kind of shows do I like/not like?
- What types of music do I like?
- What crafts do I like to do and what kind of support do I need to participate?
- Do I like to help with menu planning, meal preparation? What level of support do I need?
- Do I like to help with any household tasks? (i.e. dust my room)
- How can you help me become more actively involved in activities in the home?

#### **15.0 Interests and Activities in the Community:**

- When I go out into the community what are activities I enjoy and at what level do I participate?
- What type and level of support do I need? (i.e. I like hockey and like to go to a game but don't like going to outside games because I get cold and uncomfortable. I like going to a game in an arena with a blanket on my lap. I also enjoy going watching hockey on T.V)

#### **16.0 Employment and Volunteer Activities:**

- Describe my employment/volunteer history. Please include the tasks completed, the organization(s) involved, and when I was employed.
- What type of support do I need to get or keep a job?
- Do I require and/or have employment coaching? Who is involved?
- How do I get to my job or volunteer activity? What do I need to bring with me? (i.e. lunch) What do I do when I get there? Is there a dress code or uniform required? Do I bring medication with me? Do I have medication or seizure protocols that should go with me for others who may support me? Indicate here if there is a plan in place and attach.

Example:

- Mondays - Northwood Foods 10:00 a.m. - 12:00 p.m.
  - Takes city bus and catches bus at corner of Sherwood and Valley at 8:30 a.m. and returns around 1:00 p.m.
  - Supported by Avenue II
  - Needs bus pass and coffee money
  - Stock shelves
  - Dress casual but neat
  - Takes noon medication with him
  - Has coffee with Avenue II staff first and works 10:00 til 12:00
  - Gets paid with store gift certificates

- If I am not working or volunteering at this time and would like to how can you help me?

### **17.0 Skills and Ability:**

- What are my gifts and talents?
- What do people who know and care about me say about my strengths?
- How do I contribute to friends, family, and my community?
- How do I make choices in my life? (ie: I make choices by you giving me 2-4 things to choose from)
- What am I able to do on my own? What do I like to do on my own? List some of the things that I can do and the level of support I require that are not identified in other sections of my ISP.
- How can you promote my independence?
- What skills would I like to learn? Who would facilitate learning new skills?
- Can I prioritize my list of potential skills to learn?

### **18.0 Education and Intellectual Capabilities:**

- Describe my educational history?
- Am I enrolled in school? Would I like to attend school?
- What support do I need for my schooling?
- What are my learning styles? I learn by doing... I learn by seeing... I learn by hearing?
- Do I benefit from repetition?
- Am I able to give responses verbally? Do I use a voice communication device?
- Do I use a computer? iPad?
- What is my memory like?
- Am I able to concentrate for long periods of time?
- Am I able to read and write?
- Do I need help to break down skills to simpler tasks?
- How do I reward myself for learning something new?
- Do I seek out new opportunities/interests?
- Am I a passive learner? Do I wait for others to tell me what I should learn?
- Am I motivated and do I set goals?
- Can I express my learning needs to get the appropriate level of support?
- How do I problem solve?
- Do I require any adaptive aids to help my learning?

### **19.0 Communication:**

- How do I communicate with others? (can I read /write, speak, sign language-American Sign Language, Signing Exact English, gestures, body language, facial expressions, use Braille, PECS, communication boards)

- Describe supports I need for communication.
- How do you know that I understand what is being said to me?
- Do I have pictures that show different emotions that I use to express mine?
- How can you best communicate with me? (i.e. do you need to be in a certain position for me to see/hear you? Can you use pictures for me to communicate my choices or feelings?)
- **Ensure I have a completed communication dictionary attached to my individual support plan and indicate this in the communication section.**

#### **20.0 Risk Assessment/Management:**

- Do I have a current risk management plan in place? Please make a note and attach. To complete the risk assessment/management process see Risk Assessment/Management Policy R-I-10.

#### **21.0 Rights Assessment/Management:**

- Do I have any rights restrictions in place? Please make a note and attach any rights restriction support plans. To complete the rights assessment/management process see Risk Assessment/Management Policy R-I-10.

#### **22.0 Special Considerations:**

- Place my completed Hot Weather Precautions Assessment Form in this section of my ISP Binder.
- Do I have any current legal issues or problems?
- Do I need legal advice?
- Do I need support with voting? (Understanding my rights, registering or voting)
- Have I ever gone out and not returned home? Do I have a protocol if I go missing?
- Do I require or have any other guidelines/strategies/plans in place that have not been noted in any other section of the I.S.P.?
- Do I sometimes engage in risky behaviour and if yes explain?

