

A GUIDE TO COMPLETING MY SUPPORT PLAN

Support plans are to be developed and maintained for all individuals receiving agency-delivered services and/or residing in a home share placement funded by Community Living disABILITY Services (CLDS). Service providers are to follow the established guidelines and standards when developing and maintaining a support plan in order to ensure all plans have the information or protocols necessary to maintain the health and safety of an individual, mitigate risk and ensure assessed needs of an individual are being met.

This guide corresponds to the CLDS My Support Plan Template. While service providers may already have or wish to develop their own template, all support plans must be complete with adequate information to meet departmental guidelines established in this policy and guide.

A support plan defines what is important to know and do in order to support an individual in leading a life which is personally satisfying, secure and productive. The information in a support plan identifies how supports need to be provided day-to-day and is crucial to ensure that assessed needs of an individual are met. Supports must reflect the assessed needs of the individual in order to maintain or enhance a good life and to support health and safety. As support needs may change at any given time, it is important that the support plan is updated as changes occur.

A support plan must contain the following components:

- What is important “to” the individual;
 - o information regarding the individual’s strengths, interests, routines and preferences
 - o how a supporter can assist in the way an individual prefers
 - o specifics about what works and does not work for an individual
- What is important “for” the individual to remain safe and healthy;
 - o critical information required to support the individual’s health
 - o critical information required to support the individual’s personal care and finances
 - o critical information required to support the individual’s independence and safety

Not all sections in this template will be relevant to an individual.

MY INFORMATION

This introductory section describes an individual’s general demographics, their support network and contact information. This information should be gathered from applicable sources such as a referral package, interviews with the individual and their support network and historical information.

GETTING TO KNOW ME

This section describes what is important **to** a person, which includes those things in life which help an individual to be satisfied, content, comforted, fulfilled and happy. This section should include information about an individual’s personal strengths, interests, rituals or routines, things to do and places to go and people to be with or relationships. Some of this information may be discussed as part of a person-centred plan or gathered from interviews with the individual and their support network.

As you get to know an individual and as they continue to grow and learn, this section should be updated.

My Strengths, Interests and Preferences

- Describe the individual’s strengths/needs, personality traits and attributes, hobbies, activities, etc. How do we support them to be successful with these hobbies and activities?

- If the individual has specific activities, subjects, situations, etc. that they do not like, describe. How do we support them to navigate these situations?

Daily Routine

What does a good day look like? Describe the individual's daily routine. *For example: what time does the individual wake, does the individual wake on his/her own or require waking up, how does the individual get ready in the morning, when does the individual leave for work/day program/school, what does the individual do in his/her downtime, etc.*

Important People to Me

- Include people who are important to the individual (including natural supports such as family and friends, community supports and paid supports), what the individual likes to do with them and how often.
- Describe whether the individual has any visits out of the home with family and/or friends.
- How can supports encourage these relationships and build on these networks?

My Communication Skills

- Include information about the individual's verbal or nonverbal behaviours that they use to communicate needs, wants, likes/dislikes, pain/discomfort, etc.
- Include all information regarding assistive technology or communication devices, if applicable.
- If the individual's primary language is not English, include documentation noting the need for language assistance and any resources utilized.

IMPORTANT INFORMATION ABOUT MY HEALTH

This section describes information that is important **for** an individual's health and medical needs to be maintained and supported. It is essential to identify all health issues, conditions, medical history, medications, risks and related supports. There are a number of resources that should be considered when completing this section including, but not limited to, formal assessments by medical professionals, consultations, an individual's Supports Intensity Scale (SIS) assessment, family/medical history, etc.

As an individual's support needs change, their support plan must be updated to reflect the change. If any additional plans or protocols are required to support the health of the individual, they must be included with the support plan and be kept up-to-date.

Medical Professionals

- Include information for all relevant medical professionals involved with an individual.
- Include any additional medical professionals not listed.

My Health Profile

- Include a brief description of all medical, psychiatric and physical diagnoses that an individual has and the impact on an individual's life and functioning that these diagnoses may have.
- How can the individual be supported to manage their own health? (e.g., scheduling their own appointments, knowing what medications they are on and what they are for)
- Describe any current high risk lifestyle choices or behaviours that may have an impact on an individual's health.

- Describe any supports provided to address these behaviours and impacts. If more planning is required surrounding this, please describe in the “Challenges to Supports” section.

My Medical History

- Include any medical history that may not be present at the current time, but is still relevant for supports to know such as: past physical illnesses (e.g., past surgeries, significant injuries, etc.), past mental illnesses, traumatic experiences or lifestyle stressors.

Medications I Take

- If an individual takes any regularly prescribed medications:
 - o Describe the medication, dose, route and reason for use.
 - o Describe how the medication is packaged and stored.
 - o Describe any side effects that may occur and actions required if they do occur.
 - o List the prescribing physician and how often the medication is reviewed.
 - o Does the individual self-administer the medication? If yes – what does this look like? Is the individual independent, does the individual require reminders, prompts, or instructions? (**Note:** for the purpose of Residential Care Licensing, self-administering means the resident takes the medication on their own, can store the medication in their room and do not need to have staff observe them while they take it).
 - o If the individual does not self-administer medication, is there specific training required to administer the medication? Who is authorized to provide this training (e.g., agency staff or a regulated health care provider)? Who is trained to administer the medication?
 - o Is there a plan to build skills and assist the individual to learn self-administer?
 - o Explain the course of action if there is a medication error. **NOTE: If there is a medication error, you must: 1) Contact the pharmacy/poison control centre and follow directions; and 2) Submit an Incident Report to Residential Care Licensing and the CSW.**
 - o **If administration is required, a Medical Administration Record (MAR) must be on file.**
- If an individual takes any medications “as needed” or as a “PRN”:
 - o Describe the medication, dose, route and reason for use.
 - o Describe how the medication is packaged and stored.
 - o List the prescribing physician and how often the medication is reviewed.
 - o Does the individual self-administer the medication? If yes – what does this look like? Is the individual independent, does the individual require reminders, prompts, or instructions?
 - o If the individual does not self-administer medication, who does? Is there specific training required to administer the medication?
 - o **If a PRN is being used in response to a specific behaviour, it must be recommended by the individual’s physician or psychiatrist and consent is required from the individual and/or SDM.**
 - o **If a PRN Protocol is required, it must be on file.**
- Does any medication require regular blood work? If yes, explain.
- Include situations in which not to use medication, precautions when taking the medication, when to call the physician and any parameters for use. Note: this information is typically provided by the pharmacy or prescribing physician.

Medical Protocols

- **If any additional plans or protocols are required to support the health of the individual, they must be included with the support plan and be kept up-to-date.**
- For example: seizure protocol, PRN protocol, EpiPen protocol, etc.

Delegated Nursing Tasks:

- There are circumstances where it is necessary to delegate tasks to unregulated care providers in order to provide access to care. Delegation is the extension of authority by a nurse or other regulated professional to an unregulated care provider who does not have the authority to perform the task as an assignment through their scope of employment. **Delegation is always individual-specific and the task cannot be further delegated or transferred to another individual.**
- Nurses may delegate tasks outside of the unregulated care provider's scope of employment as long as the following principles are met:
 - o The employer supports the delegation of the task.
 - o The task would not normally be performed by an individual or their family member as part of self-care.
 - o The task has defined limits and does not require the nursing process.
 - o The need for the task, how to complete the task and possible outcomes from completing the task have been identified and documented for the individual.
 - o The nurse provides client-specific teaching to the unregulated care provider until the nurse is satisfied that the unregulated care provider is competent to perform the task in the context of the task, individual and environment.
 - o The nurse ensures that support and consultation is available during the performance of the task.
 - o The nurse provides periodic monitoring and evaluation of the unregulated care provider's competence.
 - o The nurse terminates the delegation if a change in status or the unregulated care provider's competence indicates that the delegation is no longer appropriate or acceptable.
- Examples of delegated tasks **may** include:
 - o oral suctioning (in front of mouth only)
 - o assisting with urinary catheters and/or providing catheter care, assisting with tube feeding and/or providing tube feeding care
- In these cases, a registered nurse must develop a health care plan/nurse delegation plan. **The plan must:**
 - o identify the nursing task to be delegated, list the equipment needed, describe each step needed to complete the task, review the expected outcomes of the task, review the possible risk adverse reaction(s) to the task, specify a clear emergency plan, identify the staff persons approved to perform this task;
 - o allow individuals the opportunity to practice the task and remain competent;
 - o be signed by the delegating nurse and each delegate staff person completing the task;
 - o be kept up to date, with a date for review; and
 - o be kept with the support plan.
- Examples of tasks that **may not** be delegated include:
 - o tracheostomy care and/or suctioning
 - o ventilator care

Allergies/Allergic Reactions

- Include allergies to food, insect bites or stings, seasonal, animal, latex, medications, etc.
- Include description and severity of reaction.
- Include any sensitivities or adverse reactions, with description and severity.
- Explain the course of action if an allergic reaction occurs.
- **If the individual uses an EpiPen, a PRN protocol must be included.**

IMPORTANT INFORMATION FOR MY PERSONAL CARE AND FINANCES

This section describes information that is important **for** an individual's personal care to be maintained and supported. An individual's personal preferences, independence and dignity should always be encouraged and considered when providing support. There are a number of resources that should be considered when completing this section, including, but not limited to, a referral package, a person-centred plan, an individual's SIS Assessment, formal assessments by medical professionals, consultations, etc. It is important to capture **all** necessary information in order to support the health and safety of CLDS participants.

While an individual's choice and dignity are always respected and preserved, there are rare instances where protocols for safety and supervision do not align with the individual's preferences, but are required to prevent serious harm. Where this is the case, the risk of harm should be clearly identified, as well as the safeguard required to mitigate this risk. The individual should be included in the plan to the extent possible and every attempt should be made to explain to the individual why the safeguard is required to mitigate serious harm.

As an individual's support needs change, their support plan must be updated to reflect the change.

If any additional plans or protocols are required to support the personal care of the individual, they must be included with the support plan and be kept up-to-date.

Physical Capabilities and Mobility

- Describe the individual's level of mobility. What impact does mobility have on the individual's life? How do staff support the individual's mobility?
- When providing support, is the intended outcome to maintain, increase or decrease function?
- Is the individual at risk of falls? How do supports respond and prevent falls?
- Does the individual use a cane, walker or wheelchair? If yes, complete 'equipment requirements'.
- Does the individual require repositioning in bed? If yes, must explain needs in detail.
- Does the individual require assistance with transfers or lifts?
 - o Reference the Occupational or Physical Therapy assessment and explain the type of transfer or lift required. *For example: 1-person, 2-person, etc.*
 - o Is specialized training required to complete the necessary transfer or lift? Who is trained and how is training provided? **Note:** training for lifts and transfers should be person-specific.
- **Any relevant assessments or plans related to mobility must be included with the support plan.**

Equipment Requirements

- Describe any requirements for equipment the individual may have – cane, walker, wheelchair, lifts, etc.
- Is specialized training required to operate the equipment? Who provides the training and how? Who is trained?
- If known, where is the equipment from? Is it rented or owned? Does it need to be serviced? If yes, how often and by who?
- List equipment and corresponding serial numbers.

Physical Therapy and Occupational Therapy

- Include any occupational therapy or physical therapy assessments with corresponding dates. Include a brief description of the assessment. What is the goal of therapy?
- Is follow-up or reassessment required and when?
- **Any relevant assessments must be included with the support plan.**

Eating, Diet, and Nutrition

- Describe the individual's food preferences and eating habits.
- Does the individual participate in meal planning or preparation? Explain.
- Does the individual have swallowing or choking concerns that would require a minced diet or food to be cut in bite-sized pieces? If yes, must explain needs in detail.
 - o In cases of swallowing or choking concerns, an assessment must be completed and kept on file.
- List any positioning requirements during/after meals.
- Does the individual require a specific diet? *For example, diabetic/controlled carbohydrate, high protein, controlled sodium, gluten-free, casein-free, etc.*
 - o What impact would there be on an individual if the diet is not maintained?
- Does the individual have aversions to certain textures or colors of food?
- Does the individual require nutritional supplements or meal replacements?
- Is a dietician involved? Describe and include any relevant plans or assessments.
- Does the individual require a feeding tube? If yes, see section on delegated nursing tasks above.
 - o **Manitoba Home Nutrition Program must be involved with an individual where use of a feeding tube is required.**
- **If a specific plan relating to eating or meals is required, it MUST be included with plan. For example: dietician assessments, swallowing assessments, etc.**

Bathing

- Describe the individual's preferences with bathing and routine. *For example: does the individual prefer showers or baths? What time of the day does the individual like to bathe?*
- How often does the individual bathe?
- Does the individual bathe independently or require assistance and supervision? Describe.

- How is support provided? *For example: no support required, reminders, verbal assistance, help in and out of the tub, hands-on help washing hair or body, etc.*
- How is supervision provided? *For example: no supervision required, staff outside of bathroom door, staff supervision inside of bathroom, etc.*
- Are any safety precautions required while bathing? *For example: temperature of water, slippery floors, etc.*
- Does the individual require any special equipment while bathing? Describe in detail. *For example: bath seat, lift, etc.*
- **If supervision while bathing is required, support must be provided in a manner that preserves dignity, respect and choice, but considers safety first and foremost.**

Toileting

- Describe the individual's preferences with toileting and routine.
 - o How is support provided? How is privacy encouraged? *For example: reminders, verbal assistance, help on/off the toilet.*
- If an individual uses incontinence products, describe: frequency of changes, specific products used.
 - o How is support provided?
 - o How is privacy encouraged? Describe supports towards independence.

Other Personal Care Routines

- Describe the individual's preferences with personal care routines such as: deodorant use, washing hands, nail care, shaving, etc.
- How is support provided? *For example: no support required, verbal assistance/reminders, hands-on help, etc.*

Dressing

- Describe the individual's preferences with dressing and routine. How are choices supported?
- How is support provided? *For example: no support required, reminders, suggestions for appropriate options, verbal assistance, hands-on help with dressing, help with shoes, etc.*
- Describe any clothing restrictions or preferences related to sensory concerns, materials, etc.

Oral Care

- Describe the individual's preferences with oral care and routine. Include specific products used.
- How is support provided? *For example: no support required, reminders, verbal assistance, hands-on help with brushing and flossing or denture care, etc.*
- Is any specialized dental care required? *For example: anesthetic required.*

Skin Care

- Describe the individual's skin care preferences and routine.
- How is support provided? *For example: no support required, reminders, verbal assistance, hands-on help with using lotions or ointments, etc.*

- Does the individual have any additional skin care needs? *For example: dry skin, rashes, skin breakdown, skin picking habits, skin sensitivities, etc.*
- If specific products, lotions or ointments are required, ensure they are listed in medications section.
- **If a relevant assessment and/or PRN protocol is required for skin care, it must be included with the plan.**
- Does the individual require specialized foot care? Describe care provided and frequency.

Sleep

- Describe the individual's sleeping routine and patterns.
- Does the individual experience sleep disturbances? *For example: insomnia, sleepwalking, sleep terrors, etc.*
- Does the individual have sleep apnea or other sleep breathing disorders?
 - o Is the use of equipment required? Describe.
 - o All relevant assessments must be included with the plan.
- Does the individual experience sleep anxiety or display resistance to bed time?
- How does poor sleep impact the individual's mood, behaviours and health?
- Is there a need for overnight monitoring, turning or product changes? Describe.

Financial

- Describe the individual's financial management practices and routines.
- What is the individual's source of income? *For example: employment earnings, EIA, family funds, inheritance/trust fund, etc.*
- How is support with finances provided? *For example: no support required, supports keep bank card or cash in safe place, individual has no access to bank card or cash, etc.*
- **All information must be consistent with the individual's Personal Financial Plan. The financial plan must be up-to-date and on file with the support plan.**

SUPPORTING MY SAFETY AND INDEPENDENCE

This section describes information that is important **for** an individual's safety to be maintained and supported. An individual's personal preferences, independence and dignity should always be encouraged and considered when providing support. Some of this information will be discussed as part of a person-centred plan, collected in a SIS assessment or contained in other assessments, including risk assessments, psychiatric/psychological assessments and other professional documentation. Not all sections will be relevant to each individual. It is important to capture **all** necessary information in order to support the health and safety of CLDS participants.

While an individual's choice and dignity are always respected and preserved, there are rare instances where protocols for safety and supervision do not align with the individual's preferences, but are required to prevent serious harm. Where this is the case, the risk of harm should be clearly identified, as well as the safeguard required to mitigate this risk. The individual should be included in the plan to the extent possible and every attempt should be made to explain to the individual why the safeguard is required. When providing support in the home and community, safety is always a priority.

As an individual's support needs change, their support plan must be updated to reflect the change. If any additional plans or protocols are required to support the safety and independence of the individual, they must be included with the support plan and be kept up-to-date.

Supporting My Independence at Home

- Describe the individual's level of independence at home. What activities require support and how is support provided?
- Indicate if the individual can be home without staff and for how long.
- Is there a plan in place to prepare the individual towards increased independence?
- **If an Individualized Support Plan (home alone plan) is required, it must be included with the support plan and on the file.**

Supporting My Independence in the Community

- Describe the individual's participation in the community. How are supports provided to participate fully in the community?
- Describe any excursions or activities in the community – both independently and/or accompanied by staff, family/support network.
- What is the plan to encourage and increase independence?
- **If a community access plan is required, it must be included with the support plan and on the file.**
- Does the individual have a history of wandering or getting lost? What proactive measures are in place to prevent this from happening? If lost, how would the individual respond? How do supports respond?
- If lost or in trouble in the community, how does the individual problem solve, seek help and access community supports?
 - o What safeguards are in place to assist an individual in the community? *For example: does the individual have a cell phone, how would the individual access help, etc.*
- Does the individual have a history of unexplained absences from the home resulting in the need for service provider or police intervention? How do supports respond?
 - o **Where an individual has a demonstrated history of leaving the home without explanation, a Missing Persons Protocol must be completed and kept with the support plan.**
 - o **Where an individual's whereabouts are uncharacteristically unknown, supports are to contact emergency services.**
- Describe the individual's method of transportation when travelling to school, day program or employment. *For example: program van, staff vehicle, public transit, handi-transit, etc.*
 - o How are supports provided?
- Describe the individual's method of transportation when travelling in the community. *For example: walking, staff vehicle, public transit, handi-transit, etc.*
 - o How are supports provided?
- Does the individual require support transferring to/from transportation? If yes, is equipment required? Describe.

Challenges to Supports

- Positive Behavioural Support
 - How can supports recognize behaviour escalation and intervene safely? What strategies are used to encourage de-escalation?
 - Does the individual present with oppositional behaviour, high anxiety or other high arousal behaviours? Are there triggers or setting events to these behaviours?
 - How is support provided? Describe preventative and/or reactive interventions used.
 - How do supports encourage development of coping strategies?
 - **In the event an individual's behaviours are escalating to harm, staff should be trained and comfortable with Non Violent Crisis Intervention (NCI) principles and techniques.**
- Harm to self
 - Does the individual have a history of self harm, is the individual engaging in or is there evidence of, self harm? Are there triggers or setting events to these behaviours?
 - Does the individual engage in high risk activities that have a potential for harm to self or an impact on health?
 - How is support provided? How can supports minimize harm?
 - Describe preventative and/or reactive interventions used. How do supports debrief with the individual following de-escalation?
- Harm to others
 - Does the individual present with aggressive/harmful behaviour? Does the behaviour tend to escalate quickly and/or unpredictably? Does the individual verbalize intent? Has the individual caused physical harm to others in the past?
 - How can supports recognize behaviour escalation and intervene safely? Are there triggers or setting events to these behaviours?
 - Describe preventative and/or reactive interventions used. How do supports debrief with the individual following de-escalation?
 - **Note: Physical intervention should only be considered when there is no safer alternative and the risks of not intervening are greater than the risks of physical intervention. In the event physical interventions are used, staff must be well trained and competent and a Behaviour Support Plan and/or Restrictive Practices/Restraint Plan must be developed in collaboration with the CSW.**
- Damage to property
 - Has the individual damaged or attempted to damage property in the past? Does the behaviour escalate quickly and/or unpredictably?
 - How can supports recognize behaviour escalation and intervene safely? Are there triggers or setting events to these behaviours?
 - Describe preventative and/or reactive interventions used. How do supports debrief with the individual following de-escalation?
- Victimization or exploitation
 - Has the individual been victimized or exploited in the past? How does the individual protect themselves from victimization or exploitation? Does the individual lack insight into possible dangers of situations? How has the individual been able to get help in the past?
 - How is support provided? How can supports minimize harm?

- Describe strategies or interventions used.
- **If a behaviour support plan, restrictive practices/restraint plan, or harm reduction plan is required, it must be included with the support plan and on the file. Always consult with a CSW if such a plan is required.**

In Case of Emergency

- How would the individual respond to an emergency? How does the individual respond to drills? How is support provided?
- Does the individual require support in evacuating the home or taking shelter in the event of an emergency? Is there a specific plan for this individual for evacuation or response to emergency?
- What risks have been identified by a Residential Care Licensing Risk Assessment and what other risks may an individual have should the need arise to evacuate the home or take shelter?