

Orientation Toolkit for the *Brant Safety Plan Protocol*

Protocol available at: www.contactbrant.net - Information for Professionals tab

1. Purpose of the Protocol

Provide a process to support crisis/emergency response, and community services working together on behalf of children, youth and adults who experience persistent crisis; promote regular use of the *Individual Safety Plan* to improve service coordination and reduce risks for individuals who experience persistent crisis; and increase the effectiveness of response by stakeholders to escalating and crisis situations through use of the *Individual Safety Plan*.

2. Background/Framework

The Children and Youth Services Committee brought a group of community stakeholders together to draft revisions to the *Brant Community Crisis Protocol (2013)*, which included the name change of the Protocol to the *Community Safety Plan Protocol* to better reflect its intent.

Emergency and community services often interact with children, youth and adults who experience persistent crisis. Development of an *Individual Safety Plan* that can be shared, with consent, with key stakeholders, for each of these individuals is a means to support a consistent response that is most effective for each individual.

An *Individual Safety Plan* identifies behaviours that may indicate that a person is beginning to escalate in a pre-crisis phase, or exhibiting behaviours at a crisis phase, as well as behaviours in a post-crisis phase. The *Individual Safety Plan* also identifies, in concise format, what are helpful as well as not helpful interventions to try to de-escalate and stabilize the situation. The description of interventions is meant to be useful for a consistent approach by emergency and crisis responders, as well as for the individual's informal and formal support systems.

3. Key Information in the Protocol

- a. Guiding Principles
- b. Expectations for orientation of staff
- c. Developing the *Individual Safety Plan*.
The *Individual Safety Plan* should include responses that are known to redirect the person as well as responses that are known to further escalate the person.
- d. Consent to share the *Individual Safety Plan* with appropriate stakeholders.
- e. Crisis and Response Services.
- f. *Individual Safety Plan* template including *Consent* form.

For more information on the *Brant Community Safety Plan Protocol*, call
Contact Brant 519-758-8228

INDIVIDUAL SAFETY PLAN

Please complete electronically to ensure legibility; one individual per Safety Plan.

Name:	DOB: <i>(Month/Day/Year)</i>
Address:	Date Completed:
<p>Client Alert: <i>Be brief and concise.</i></p> <p><u>Strategies to use in a crisis situation; list 2 – 3 points:</u></p> <ul style="list-style-type: none"> • • • <p><u>Key things NOT to do in a crisis situation; list 2 – 3 points:</u></p> <ul style="list-style-type: none"> • • • 	
Risk Factors: <i>Check all appropriate identified risks.</i>	
<input type="checkbox"/> Alcohol - abuse <input type="checkbox"/> Antisocial/Negative Behaviour <input type="checkbox"/> Antisocial/Negative Behaviour (within home) <input type="checkbox"/> Basic Needs: unable to meet own basic needs <input type="checkbox"/> Criminal involvement; includes assault <input type="checkbox"/> Drugs – abuse <input type="checkbox"/> Housing: no access to appropriate housing <input type="checkbox"/> Other:	<input type="checkbox"/> Mental Health: diagnosed MH problem <input type="checkbox"/> Mental Health: suspected MH problem <input type="checkbox"/> Negative Peers: associates with negative peers <input type="checkbox"/> Parenting: parent/child conflict <input type="checkbox"/> Physical Violence (perpetrator) <input type="checkbox"/> Suicide: current suicide risk <input type="checkbox"/> Threat (behaviours) to Public Health & Safety <input type="checkbox"/> Other:
Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes - <i>Details:</i> <ul style="list-style-type: none"> • • 	Known Diagnoses: <i>(medical and psychiatric)</i> <ul style="list-style-type: none"> • •
Identify any other key information <i>(e.g., Community Treatment Orders, Threat/Risk Assessment completed, etc.)</i> <ul style="list-style-type: none"> • 	
Individual's Phone:	Health Card #:
Parent/Guardian/Next of Kin:	Parent/Guardian/Next of Kin Phone:
Case Manager:	Agency: Phone:
Family Physician:	Phone:
Psychiatrist:	Phone:
Pediatrician:	Phone:

Complete all sections in point form. Be brief and concise.

LEVEL 1 - PRE-CRISIS / BEGINNING ESCALATION PHASE

Behaviours that indicate a problem is surfacing	Interventions – What to do	What is NOT helpful
<ul style="list-style-type: none"> • • • 	<ul style="list-style-type: none"> • • • 	<ul style="list-style-type: none"> • • •

LEVEL 2 - CRISIS PHASE

Behaviours that warrant emergency response	Interventions – What to do	What is NOT helpful
<ul style="list-style-type: none"> • • • 	<ul style="list-style-type: none"> • • • 	<ul style="list-style-type: none"> • • •

LEVEL 3 – POST CRISIS PHASE

Behaviours that indicate crisis has subsided	Interventions – What to do	What is NOT helpful
<ul style="list-style-type: none"> • • • 	<ul style="list-style-type: none"> • • • 	<ul style="list-style-type: none"> • • •

I agree with this Safety Plan:	
Individual/Guardian Name:	Individual/Guardian Signature:
Individual/Guardian Name:	Individual/Guardian Signature:
Plan Written by: <i>(Staff Name and Agency)</i>	Staff Signature confirming shared with above:
Date Signed:	Due Date for Annual Review:

Note: Attach current medication list to this Safety Plan.

Provide a copy to:

- The individual/guardian
- With consent, deliver to St. Leonard's Integrated Crisis Services, 225 Fairview Drive, Brantford

Consent to Share the Individual Safety Plan

I give my consent to share this *Individual Safety Plan* for the purpose of identifying the preferred consistent response in times of escalating crisis, or crisis, with the following service providers:

	√	Initial for Consent
<p>Integrated Crisis Services (Provided by: St. Leonard's Community Services with Woodview Mental Health and Autism Services, Brant Community Healthcare System, and Alzheimer's Society Brant). I understand Integrated Crisis Services keeps a copy of this Safety Plan on file at St. Leonard's Community Services and will provide this Safety Plan to involved emergency responders that may include: Brantford Police Services, Brant OPP, and/or Brant Community Healthcare System (Brantford General Hospital).</p>	√	
Brant Family and Children's Services		
Brant Haldimand Norfolk Catholic District School Board		
Brantwood Community Services		
Canadian Mental Health Association		
Community Living Brant		
Contact Brant		
Family Counselling Centre of Brant		
Grand Erie District School Board		
Lansdowne Children's Centre		
Nova Vita Domestic Violence Services		
Sexual Assault Centre of Brant		
St. Leonard's Community Services		
Woodview Mental Health and Autism Services		
Other:		
Individual/Guardian:	Date:	
Individual/Guardian:	Date:	
Signature of Staff reviewing this Consent with individual/family:	Date:	