

HEALTH & SAFETY PLAN

Name: _____

Date: _____

This Plan was completed by: _____

Relationship to the individual: _____

INSTRUCTIONS FOR COMPLETING THE HEALTH AND SAFETY PLAN

- 1. Use this form to describe the needs of your family member.**
- 2. For each item check if your family member is at risk of harm or is vulnerable.**
- 3. Describe your concerns or tell why your family member is at risk.**
- 4. Complete a plan for each risk/vulnerability checked. Describe what staff should do.**
- 5. You should have one plan for all caregivers.**
- 6. Please review with all staff.**

Yes	No	Personal & Community Safety Assessment & Plan	Describe Concerns	Safety Plan
		1. Eats only edible, properly prepared foods or beverages?		
		2. Dresses suitably for the environment and weather?		
		3. Informs caregiver before leaving without supervision?		
		4. Immediately withdraws from painful stimuli (heat, flame, etc.?)		
		5. Takes reasonable precautions with strangers?		
		6. Practices street safety skills?		
		7. Travels safely while in vehicles (uses seat belts, etc.?)		
		8. If lost, seeks help from a responsible person?		
		9. Knows name, address and phone number and can present this information when asked?		
		10. Responds correctly to warning devices sighted or sounds to identify dangerous conditions or situations (barricade, tornado, siren, fire alarm, etc?)		
		11. Safely remains alone?		
		12. Uses caution when in settings with water (pools, lakes, rivers, etc.)		
		13. Avoids dangerous machinery?		
		14. Avoids dangerous conditions or situations (social, sexual, or environmental?)		
		15. Avoids abusive use of tobacco, alcohol, or drugs?		

		16. Follows directions in dangerous circumstances?		
		17. Other:		

Yes	No	Health Safety Assessment Plan	Describe Concerns	Safety Plan
		1. Demonstrates balance, coordination, or mobility?		
		2. Can chew and swallow?		
		3. Takes medication with harmful side-effects?		
		4. Can take medication independently?		
		5. Has allergies, sensory impairments, or seizures		
		6. Cooperates with special diets or special food preparation?		
		7. Has medical diagnosis(es) that poses risks to the person? <i>(ADA, some diagnoses place people in a protected class which must be kept confidential.)</i>		
		8. Cooperates with health care procedures or medical treatments?		
		9. Seeks treatment for continuing medical needs?		
		10. Cares for or seeks treatment for emergency medical needs?		
		11. Other:		
		12. Other:		

Yes	No	Financial Safety Assessment and Plan	Describe Concerns	Safety Plan
		1. Purchases or sells items for reasonable amounts of money?		
		2. Has sufficient money when making or ordering purchases?		
		3. Carries and stores money or valuables safely?		
		4. Budgets and manages financial resources safely, including: Checking & savings acct. Bill paying, Welfare/payroll checks Makes necessary purchases such as clothing or activities		
		5. Other:		

Yes	No	Sexual Safety Assessment and Plan	Describe Concerns	Safety Plan
		1. Displays affection appropriately?		
		2. Discusses personal issues discretely?		
		3. Understands and uses birth control?		
		4. Takes precautions and knows how to prevent sexually transmitted diseases?		
		5. Discriminately engages in sexual behavior with consenting adults?		
		6. Other:		

Yes	No	Abuse Assessment and Plan	Describe Concerns	Safety Plan
		1. Is vulnerable to physical abuse?		
		2. Is vulnerable to self-abuse?		
		3. Is vulnerable to verbal abuse?		
		4. Is vulnerable to financial exploitation?		
		5. Is vulnerable to sexual abuse?		
		6. Other:		