

Safety/Self-Preservation

About this Domain (Safety/Self-Preservation)

The purpose of this domain is to assess the individual's ability in identifying and responding to potential or existing safety issues and to determine the level of support and supervision needed to reasonably assure the individual's health and safety in the community.

Self-Preservation

The individual requires a 24-hour plan of care that includes a back-up plan that reasonably assures health and safety in the community?

- No – Person accesses supports as needed
- No – Person requires some services; doesn't require a 24-Hour Plan of Care
- Yes
- Unknown

Comments: (text box)

[Selecting YES displays:]

(begin)

The 24-Hour Plan requires which of the below additional items:

- Awake supervision
- Formal behavior support

(end)

What level of supervision and instruction is required for leisure and recreation?

- Independent
- Minimal supervision (formal program not needed)
- Instruction required with expected outcome of increased independence
- Person participates with another's assistance for all portions of an activity
- Person unable to participate in activity
- Unknown

Comments: (text box)

Does the individual have the judgment and physical ability to cope, make appropriate decisions and take action in a changing environment or a potentially harmful situation?

- Independent
- Minimal supervision (verbal/physical prompts for preservation)
- Mentally unable
- Physically unable
- Both mentally and physically unable

Comments: (text box)

The person has not or may not ensure his/her own care, hygiene, nutrition or safety.

- No
- Yes

Comments: (text box)



Assessment Domains

Can this person identify their own needs? (displays only for person's age 18 and older)

- No
- Yes

Can this person direct and evaluate caregiver/PCA task accomplishments? (displays only for person's age 18 and older)

- No
- Yes

Can this person provide and/or arrange for their health and safety? (displays only for person's age 18 and older)

- No
- Yes

Additional Comments: (text box)

Personal Safety (displays only for ages 18+)

Are there any limits that have been placed on your decision-making (e.g. for financial, health, or safety reasons)?

- No
- Yes

Describe: (text box)

- Chose not to answer

How would you get help during an emergency? (text box)

How do you know when you need to make a doctor's appointment? (text box)

When would you call 911? (text box)

Do you need help in getting medical services that you're not getting now?

- No
- Yes
- Chose not to answer

[Selecting YES displays:]

(begin)

Describe any medical services the person is not getting: (text box)

(end)

Do the people that come to your home treat you with respect?

- No
- Yes
- Chose not to answer

[Selecting NO displays:]

(begin)

What feels unsafe? Can we do anything about that? (text box)

(end)

Do you feel safe in your home?

- No
- Yes
- Chose not to answer

[Selecting NO displays:]

(begin)

What feels unsafe? Can we do anything about that? (text box)

(end)

Do you feel safe in your community?

- No
- Yes
- Chose not to answer

[Selecting NO displays:]

(begin)

What feels unsafe? Can we do anything about that? (text box)

(end)

Does anyone ever do mean things to you, such as yell at you?

- No
- Yes
- Chose not to answer

[Selecting YES displays:]

(begin)

What happened? Did you report it? How was it resolved? (text box)

(end)

Does anyone take your things or money, when you don't want them to?

- No
- Yes
- Chose not to answer

[Selecting YES displays:]

(begin)

What happened? Did you report it? How was it resolved? (text box)

(end)

Does anyone ever hit you or hurt your body?

- No
- Yes
- Chose not to answer

[Selecting YES displays:]

(begin)

What happened? Did you report it? How was it resolved? (text box)

(end)

Does anyone or has anyone ever touched you in a way that makes you feel uncomfortable?

- No
- Yes
- Chose not to answer

[Selecting YES displays:]

(begin)

What happened? Did you report it? How was it resolved? (text box)

(end)

Is there anyone in particular who you are afraid of?

- No
- Yes
- Chose not to answer

[Selecting YES displays:]
(begin)

What happened? Did you report it? How was it resolved? (text box)
(end)

If there were any problems involving a caregiver yelling at you or mistreating you, what would you do?
(text box)

Have you had to go without necessities like going to the doctor, food, medication or adequate heat because you didn't have enough money?

- No
- Yes

Explain: (text box)

- Chose not to answer

Additional Comments: (text box)

Personal Safety (displays only for ages 0-17)

This section deals with concerns, circumstances or situations that may represent a health or safety issue.

Enter the person's responses below:
(text box)

Has your child had to go without necessities like going to the doctor, food, medication or adequate heat because you didn't have enough money?

- No
- Yes

Explain: (text box)

- Chose not to answer

Additional Comments: (text box)

Referrals (Safety/Self-Preservation)

Referrals Needed:

- Advocacy Services
- Protective Services
- Review of Guardianship, POA or other decision-making supports
- Service Provider
- Other

Specify: (text box)

- Other

Specify: (text box)