

SAFETY/SELF PRESERVATION

About this Domain (Safety/Self Preservation)

The purpose of this domain is to assess the person'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 person's health and safety in the community.

Personal Safety (Only shows 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

Explain: _____ *(Displays when 'Yes' is checked)*

- Chose not to answer

How would you get help during an emergency?

How do you know when you need to make a doctor's appointment?

When would you call 911?

Does the person need help in getting medical services that they're not getting now?

- No
- Yes
- Chose not to answer

Describe any medical services the person is not getting: *(Displays when 'Yes' is checked)*

Do the people that come into the home treat you with respect?

- No
- Yes
- Chose not to answer

What feels unsafe? Can we do anything about that? *(Displays when 'No' is checked)*

Does the person feel safe in their home?

- No
- Yes
- Chose not to answer

What feels unsafe? Can we do anything about that? *(Displays when 'No' is checked)*

Does the person feel safe in your community?

- No
- Yes
- Chose not to answer

What feels unsafe? Can we do anything about that? *(Displays when 'No' is checked)*

Does anyone ever do mean things to the person, such as yell?

- No
- Yes
- Chose not to answer

What happened? Did you report it? How was it resolved? *(Displays when 'Yes' is checked)*

Does anyone take things or money, when the person doesn't want them to?

- No
- Yes
- Chose not to answer

What happened? Did you report it? How was it resolved? *(Displays when 'Yes' is checked)*

Has anyone ever hit the person or hurt their body?

- No
- Yes
- Chose not to answer

What happened? Did you report it? How was it resolved? *(Displays when 'Yes' is checked)*

Does anyone or has anyone ever touched the person in a way that makes them feel uncomfortable?

- No
- Yes
- Chose not to answer

What happened? Did you report it? How was it resolved? *(Displays when 'Yes' is checked)*

Is there anyone in particular the person is afraid of?

- No
- Yes
- Chose not to answer

What happened? Did you report it? How was it resolved? *(Displays when 'Yes' is checked)*

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

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: _____ *(Displays when 'Yes' is checked)*

- Chose not to answer

Notes/Comments:

Personal Safety has been reviewed and updated? *(Displays for reassessment only)*

Yes

Personal Safety *(Only shows 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:

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: _____ *(Displays when 'Yes' is checked)*

- Chose not to answer

Notes/Comments:

Personal Safety has been reviewed and updated? *(Displays for reassessment only)*

Yes

Self-Preservation

Does the person requires a 24-hour plan of care that includes a back-up plan that reasonably assures their 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

Which of the following items does the 24-Hour Plan require? *(Displays if 'Yes' is checked)*

- Awake supervision
- Formal behavior support

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

Does the person 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

This person is at risk of self-neglect?

- No
- Yes

Check all that apply: *(Displays if "Yes" is checked)*

- Alcohol and/or other drug use leading to health or safety concerns
- Behaviors that pose a threat of harm to self or others
- Dehydration or malnutrition
- Hygiene that may compromise health
- Impairment of orientation, memory, reasoning and/or judgment
- Inability to manage funds that may result in negative consequences
- Inability to manage medications or to seek medical treatment that may threaten health or safety
- Unsafe/unhealthy living conditions
- Other **Specify:** _____ *(Displays when this option is checked)*

This person is at risk of neglect, abuse or exploitation by another person?

- No
- Yes

Notes/Comments:

Self-Preservation has been assessed? *(Displays for reassessment only)*

- Yes



Referrals & Goals (Safety/Self Preservation)

Certified assessors are mandated reporters of the maltreatment of children and adults. Suspected maltreatment including: physical, sexual or emotional abuse; mental injury, financial exploitation; neglect by a caregiver or self-neglect by a vulnerable adult must be reported as required under Minnesota Statutes 626.556 and 626.557.

What is important to the individual?

Referrals Needed:

- Advocacy Services _____ *(Displays if checked)*
- Assistive Technology _____ *(Displays if checked)*
- Ombudsman _____ *(Displays if checked)*
- Primary Health Care Provider _____ *(Displays if checked)*
- Review of decision-making supports _____ *(Displays if checked)*
- Other **Specify:** _____ *(Displays when 'Other' is checked)*
- Other **Specify:** _____ *(Displays when 'Other' is checked)*

Assessed Needs and Support Plan Implications

Referrals & Goals (Safety & Self-Preservation) has been reviewed and updated?

(Displays for reassessment only)

- Yes