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

Do you feel safe in your home?

- No
- Yes
- Chose not to answer

What feels unsafe? Can we do anything to help? *(Displays when ‘No’ is checked)*

Do you feel safe in the community?

- No
- Yes
- Chose not to answer

What feels unsafe? Can we do anything to help? *(Displays when ‘No’ is checked)*

How would you get help during an emergency?
Do the people who help you, including paid, treat you with respect?

- Always
- Most of the time
- Some of the time
- Never
- Chose not to answer

Do the people that help you, including paid, respect your privacy?

- Always
- Most of the time
- Some of the time
- Never
- Chose not to answer

Do the people that help you, including paid, do the things you want them to do?

- Always
- Most of the time
- Some of the time
- Never
- Chose not to answer

Are the people that help you, including paid, available to help you the hours that they are supposed to?

- Always
- Most of the time
- Some of the time
- Never
- Chose not to answer
Does anyone take things or money, when you don’t want them to?

- No
- Yes
- Chose not to answer

(Displayed when ‘Yes’ is checked)
What happened? Did you tell someone? How was it resolved?

Does anyone ever do or say mean things to you?

- No
- Yes
- Chose not to answer

(Displayed when ‘Yes’ is checked)
What happened? Did you tell someone? How was it resolved?

Has anyone ever hit you or hurt you?

- No
- Yes
- Chose not to answer

(Displayed when ‘Yes’ is checked)
What happened? Did you tell someone? How was it resolved?
Does anyone or has anyone ever touched you in a way that makes you feel uncomfortable?

- No
- Yes
- Chose not to answer

*(Displays when ‘Yes’ is checked)*

What happened? Did you tell someone? How was it resolved?

___________________________________________

What would you do if someone yelled at you or mistreated you?

___________________________________________

Notes/Comments:

___________________________________________

Personal Safety has been reviewed and updated?

☐ Yes
Self-Preservation

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

Does the person require 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
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 reviewed and updated?

☐ 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  ____________________________ (Displays when ‘Other’ is checked)
☐ Other  ____________________________ (Displays when ‘Other’ is checked)

Assessed Needs and Support Plan Implications

________________________________________

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

☐ Yes