



## CDCS HEALTH & SAFETY PLAN FOR

Date:

This Plan was completed by:

Relationship to the individual: Support planner &

### 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. This also serves as the Risk Management Plan.
6. **Please review with all staff.**

## HEALTH AND SAFETY PLAN

At Risk	Not at Risk	Personal & Community Safety Assessment & Plan	Describe Concerns and Safety Plan to Address Concern
		1. Would know if foods are safe to eat or prepared properly?	
		2. Would know to dress suitably for the environment/ weather?	
		3. Informs caregiver before leaving without supervision?	
		4. Would recognize painful stimuli and immediately withdraws from painful stimuli (heat, flames, 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, would know/ be able to find a responsible person for help?	
		9. Knows name, address, and phone number & can present this information when asked?	

<b>At Risk</b>	<b>Not at Risk</b>	<b>Personal &amp; Community Safety Assessment &amp; Plan</b>	<b>Describe Concerns and Safety Plan to Address Concern</b>
		10. Responds correctly to warning devices sighted or sounded 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:	

At Risk	Not at Risk	Health Safety Assessment Plan	Describe Concerns and Safety Plan to Address Concern
		18. Demonstrates balance, Coordination or mobility?	

		<b>19. Can chew and swallow?</b>	
		<b>20. Takes medication with harmful side-effects?</b>	
		<b>21. Can take medication independently?</b>	
		<b>22. Has allergies, sensory impairments, or seizures?</b>	
		<b>23. Cooperates with special diets or special food preparation?</b>	
		<b>24. Has a medical diagnosis(es) which poses risks to the person?</b> (Per ADA, some diagnoses place people in a protected class which must be kept confidential.)	
		<b>25. Cooperates with health care procedures or medical treatments?</b>	
		<b>26. Seeks treatment for continuing medical needs?</b>	

		27. Cares for or seeks treatment for emergency medical needs?	
		28. Eating non-nutritive substances (non-food items), PICA	

At Risk	Not at Risk	Behavior Safety Assessment Plan	Describe Concerns and Safety Plan to Address Concern
		29. Injurious to self	
		30. Aggressive, physical	
		31. Aggressive, verbal /gestural	

		32. Property destruction	
		33. Runs Away, elopes	
		34. Breaks laws	
		35. Temper outbursts	
		36. Other:	

At Risk	Not at Risk	Financial Safety Assessment and Plan	Describe Concerns and Safety Plan to Address Concern
		37. Purchase or sells items for reasonable amounts of money?	
		38. Has sufficient money when making or ordering purchases?	
		39. Carries and stores money or valuables safely?	
		40. Budgets and manages financial resources safely, including: Checking & savings acct Bill paying Welfare or payroll checks Necessary purchases such as clothing or activities	
		41. Other:	



At Risk	Not at Risk	Sexual Safety Assessment and Plan	Describe Concerns and Safety Plan to Address Concern
		42. Displays affection appropriately?	
		43. Discusses personal issues discretely?	
		44. Understands and uses birth control?	
		45. Takes precautions and knows how to prevent sexually transmitted diseases?	
		46. Discriminately engages in sexual behavior with consenting adults?	
		47. Other:	

## HEALTH AND SAFETY PLAN



At Risk	Not at Risk	Abuse Assessment and Plan	Describe Concerns and Safety Plan to Address Concern
		48. Is vulnerable to physical abuse?	
		49. Is vulnerable to self-abuse?	
		50. Is vulnerable to verbal abuse?	
		51. Is vulnerable to financial exploitation?	
		52. Is vulnerable to sexual abuse?	

# Approvals:

I participated in the creation of this plan and cannot identify any other areas of risk at this time. Person:

_____ Parent/ Guardian/ Responsible Party	_____ Date	_____ Relationship
_____ Case Manager	_____ Date	_____ County/ Agency
_____ Planner	_____ Date	A Spark of Inspiration ----- Agency
_____ Other	_____ Date	_____ Relationship