

**Metro Support Services**  
**SAFETY ASSESSMENT AND PLAN**

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

<b>A. KNOWLEDGE AND LEVEL OF INDEPENDENCE WITH MEDICATION</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
1. Knows names of medication taken			
2. Knows what medications are taken for			
3. Identifies dosages taken, route and correct times to take medication			
4. Identifies appropriate prescription container for each medication			
5. Can explain side effects of medication			
6. Reports side effects of medication			
7. Reports when dosage is not effective--too much or too little			
8. States/demonstrates what to do if dosage is missed			
9. Explains the risks of not taking medication			
10. Knows how to take medications properly (interactions w/ food, etc.)			
11. Chooses correct medication container at the correct time			
12. Dispenses medication from container (can open container)			
13. Counts or measures correct amount of medication from container			
14. Fills seven-day planner from prescription bottles without any assistance			
15. Takes medication at appropriate times--does not skip dosages			
16. Informs provider when medication supply is down to five days			
17. Reads medication bottle label to identify information for reordering			
18. Reorders medication without provider assistance			
19. Takes medications on outings/day program/ visits with family as needed			
20. Medication is stored safely (separate from other meds., refrigerated if needed)			
21. Can purchase over the counter medications as needed			

<b>B. BATHING SUPERVISION NEEDS</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
1. Can regulate water temperature without assistance			
2. Can bathe/shower without supervision (no seizure, mobility, safety or medical concerns)			
3. Can bathe/shower without assistance			
4. Can access bath/shower independently			
5. Can communicate if the water temperature is not comfortable (too hot/cold)			

<b>C. GENERAL SAFETY</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
1. Has list of contact and emergency numbers posted by phone (including poison control)			
2. Can describe what an emergency is			
3. Can demonstrate use of emergency contact information			
4. Provides or says name, address, phone number			
5. Has identification with current address and emergency number			
6. Carries identification with current address and emergency number			
7. Demonstrates ability to dial 911 for assistance when necessary			
8. Describes appropriate vs. inappropriate use of 911			
9. Can access nearest neighbor or phone in case of emergency			
10. Has emergency evacuation plan in home			

<b>D. FIRE SAFETY KNOWLEDGE AND SKILLS</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
1. Demonstrates how to contain stove-top fire			
2. Identifies most flammable liquids (i.e. cleaning products)			

3. Stores flammable liquids properly--away from heat, not with food			
4. Demonstrates what to do if clothes are on fire (stop, drop and roll)			
5. Has working smoke detector and back-up batteries (if hearing impaired--flashing alarm)			
6. Explains what to do if alarm sounds			
7. Responds to smoke alarm, smell of smoke or warning from others			
8. Has fire extinguisher in accessible place			
9. Demonstrates how to use fire extinguisher			
10. Demonstrates when to use fire extinguisher			
11. Demonstrates how to avoid starting fires (no smoking in bed, turn off stove, etc.)			
12. Describes when to evacuate			
13. Demonstrates ability and willingness to evacuate in event of fire			
14. Describes or demonstrates evacuation routes			
15. Knows to leave home to call for help in the event of a fire			
16. Knows not to re-enter home until told it is safe			
17. Demonstrates ability to crawl on floor if there is smoke			
18. Describes how to alert others in the event of danger			
19. Demonstrates how to check door before opening and knows not to open if hot			
20. Demonstrates how to block space under door if unable to escape			
21. Knows not to use elevator in event of fire			
22. Is able to call 911 from outside home and give correct information			
23. Has knowledge and ability to close but not lock door when leaving home			
24. Knows and is able to shout for help when applicable			

<b>E. MISSING PERSONS/COMMUNITY USE</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
1. Calls if late or unable to make appointment			
2. Tells staff/provider when going out			
3. Can identify what it would mean to be lost			
4. Describes what to do if lost--call staff, asks police, etc. for help, shows I.D.			
5. Able to call cab			
6. Able to use public transportation			
7. Can identify street and community signs			
8. Is able to safely cross intersections			

<b>F. HEALTH AND MEDICAL</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
1. Has primary physician and dentist			
2. Can contact physician and dentist when needed			
3. Can schedule appointments as needed			
4. Can transport self to appointments			
5. Recognizes common health hazards (i.e. smoking, drinking, drug use, unprotected sex)			
6. Participates in routine health/exercise program			

<b>G. FIRST AID/ILLNESS/ACCIDENTS</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
1. Describes use of 1st Aid for minor illness/injuries: colds, upset stomach, etc.			
2. Alerts staff/provider to health problems			
3. Wears/carries emergency medical identification as needed (i.e. seizures, diabetes)			
4. Can identify signs and symptoms of illness needing care (i.e. cold, broken bones)			
5. Determines if ill enough to require medical care			
6. Knows own allergies and describes/demonstrates what to do for them			
7. Locates 1st Aid kit, identifies contents and their purpose			

8. Knows how to treat minor illnesses/injuries (abrasions, colds, cough, etc.)			
9. Describes/demonstrates when to take over the counter medications (aspirin, etc.)			
10. Knows how much over the counter medication to take for minor illnesses			
11. Knows what to do in the event of a serious illness			
12. Knows what to do in the event of an accident			

<b>H. SEVERE WEATHER/NATURAL DISASTERS</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
1. Identifies community warning system and describes/demonstrates what to do			
2. Describes what to do in the event of high winds or tornado (stay indoors away from windows, listen to TV or radio, goes to shelter)			
3. Describes what to do in the event of a flood (high ground)			
4. Describes what to do in heat wave (drink fluids, stay out of sun)			
5. Describes what to do in the event of lightning (don't use phone, stay inside)			
6. Describes what to do for extreme cold weather			
7. Describes what to do in blizzard conditions			
8. Describes what to do in hail storm			
9. Describes what to do if utilities are out			
10. Describes what to do in the event of an earthquake			
11. Knows where designated "safe" areas are for emergency evacuations (see plan)			

<b>I. ASSAULTS/INTRUDERS</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
1. Keeps doors and windows to home locked			
2. Opens door only to known people			
3. Describes how to identify potential intruder			
4. Describes/demonstrates how to respond to intruder: yell for help, call 911 etc			
5. Is cautious with strangers--doesn't give out personal info., accept rides, etc.			
6. Knows basic self-defense tactics--yelling "Back Off!", running away, etc.			

<b>J. PERSONAL SAFETY/SEXUALITY</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
1. Understands consequences of unprotected sex (HIV, STDs, pregnancy)			
2. Knows how to say "no" and/or prevent unwanted sexual advances (not inviting strangers in, pushing person away, sticking to "no")			
3. Demonstrates ability to access condoms and birth control			
4. Demonstrates understanding of inappropriate or threatening sexual behavior			
5. Demonstrates/understands appropriate public/private sexual behavior			
6. Does not associate with people or engage in situations which will jeopardize personal safety			
7. Demonstrates an interest in sexual activity			
8. Has a history of sexual abuse/exploitation			
9. Knows how to avoid sexual abuse/exploitation			
10. Can describe when personal safety is in jeopardy			
11. Knows not to show money to others			
12. Avoids high risk activities and areas (i.e. late night walks, bars)			

<b>K. HOUSEHOLD SAFETY</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
1. HUD checklist completed?			
2. Has working flashlight and back-up batteries			
3. Home is kept clear of clutter and safety hazards			
4. Home is stocked with 3-4 days worth of nonperishable food and water			
5. Has extra blankets			
6. Bathtub has non-slip surfaces (mat or stickers)			
7. Uses electricity safely, not too many appliances in one outlet			

8. Unplugs/turns off appliances when not in use			
9. Uses stove/oven safely			
10. Uses cooking utensils safely			
11. Uses household appliances safely			
12. Uses and stores household products safely (proper use, stores separately from food)			
13. Describes how to identify gas leak (smells like rotten eggs)			
14. Knows to evacuate home if gas odor noticed			
15. Can identify household maintenance needs			
16. Knows who to call for repairs or problems in the household			
17. Can identify poisonous household products			
18. Disposes of trash properly			

<b>L. MISTREATMENT/ABUSE/NEGLECT/EXPLOITATION (MANE)</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
1. Is able to identify physical, verbal or other types of abuse and neglect			
2. Can identify if being exploited (being taken advantage of)			
3. Is able to say no to exploitation			
4. Is able to report assault, abuse, exploitation			
5. Is willing to report assault, abuse or exploitation			
6. Knows who and when to report assault, abuse or exploitation			
7. Inventory is current with possessions including serial numbers and model numbers			

<b>M. DIET &amp; NUTRITION</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
1. Describes the components of a well-balanced meal			
2. Plans well-balanced meals			
3. Prepares well-balanced meals			
4. Describes relationship between food, exercise and weight			
5. Follows a plan for healthy eating habits and exercise			
6. Demonstrates ability to monitor own weight			
7. Identifies and disposes of spoiled food			
8. Stores food properly (refrigerate as needed, away from hazardous materials, medications)			
9. Demonstrates ability to properly prepare foods (clean/cook thoroughly)			
10. Demonstrates proper hygiene when preparing food			