|  |  |
| --- | --- |
| Form Completed By: | **Date:**  |
| **Participant Name**: | **DOB:** |
| Address: | Attach Participant Photo |
| Contact Number: |
| **Emergency Contact Name:**  |
| Emergency Contact Address:  |
| Emergency Contact Phone: |

**ALERTS:**

Medical Condition/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Action Plans: ⃞ Epilepsy/ Seizure ⃞ Diabetes ⃞ Asthma

 ⃞ Catheter Care ⃞ Dysphagia ⃞ Anaphylaxis (Attach plan)

 ⃞ Mental Health ⃞ Bowel ⃞ Midazolam

Medication: Yes / No (Attach Medication forms) Webster Pack: Yes/No

| **Is Risk Identified with:** | **Yes** | **No** | **Strategies to minimise identified risk** |
| --- | --- | --- | --- |
| **Communication** |  |  |  |
| Hearing / Vision  |  |  |  |
| Speech Communication (language, aids & tools) |  |  |   |
| **Cognition** |  |  |  |
| Orientation in time and place (a. knows where they are b. time of day) |  |  |  |
| Ability to follow direction and instruction |  |  |  |
| Short- term memory  |  |  |  |
| Road safety |  |  |  |
| Evacuation risk (do they need assistance?) |  |  |  |
| **Manual Handling and Mobility** |  |  |  |
| Walking unaided |  |  |  |
| Using a mobility aid (eg: wheelchair, walker) |  |  |  |
| Falls risk (uneven ground, seizures, gait, vision) |  |  |  |
| Managing stairs  |  |  |  |
| Transfers (personal care, wheelchair, vehicles, hoist)  |  |  |  |
| **Personal Care**  |  |  |  |
| Bed / chair mobility & Repositioning |  |  |  |
| Showering/ toileting/ dressing  |  |  |   |
| Mouth care |  |  |  |
| Eating / Swallowing  |  |  |  |
| Diet / Food Alerts |  |  |  |
| Skin Care |  |  |  |
| **Behaviours of Concern** |  |  |  |
| Absconding |  |  |  |
| Fire Risk (lighting fires) |  |  |  |
| Aggression to others or objects |  |  |  |
| Community-based behaviours  |  |  |   |
| Self-Harm |  |  |  |
| Substance abuse |  |  |  |
| Sexual BOC |  |  |  |
| Use of emotions to achieve goals |  |  |  |
| Is there a current Behaviour Support Plan (BSP)?  |  |  | *[If not, should there be one?]**[If yes, alert the APO]* |
| Does the BSP list Kyeema as an implementing provider? Yes or no, alert the APO |  |  |  |
| **Risk of Incidents** |  |  |  |
| Negative Impact within the Community |  |  |  |
| Creating negative publicity |  |  |  |
| Possible injury to the public  |  |  |  |
| Property damage |  |  |  |
| From the Environment:* Water
* Heat, Sun, Cold
* Proximity to roads/traffic
* Being in an unfamiliar environment
* Program Activities
* Other
 |  |  |  |
| Travelling in vehicle |  |  |  |
| Other (please state) |  |  |  |
| **Vulnerable Persons Register** |  |  |  |
| Does this participant need to be included on the Vulnerable Persons register eg.Isolated, without supports, physical dependence, cognitive impairment |  |  |  |
| **Is support being delivered in the home?** |  |  |  |
| Complete Home Risk Assessment Form CCF-19 (this includes Home Alone with sole worker risk assessment) |  |  |  |