

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Risk Plan Test**

**Participant’s HIPPA Name:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Training Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Check all that apply:**

**Risk Addressed:**  Allergies  Dining  Fall  Mobility  Seizure  Other: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Adaptive Equipment/Medical Device Used to Address Risk:**  Gait Belt  Helmet  Walker

Wheelchair  VNS  Pacemaker  Other: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supports and Interventions:**  Cut up food  Avoid triggers  Encourage healthy choices  Armchair

Monitor environment for hazards  Other: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Other: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Symptoms to Monitor:**  Coughing  Fatigue  Constipation  Difficulty Breathing  Rash

Dizziness  Change in Stability  Anaphylaxis  Weakness  Nausea  Any Change of Condition

Aspiration  Other: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Other: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Who to Notify:**  Program Manager  Nurse and/or Health and Safety Tech

**When to Call 911:**  Loss of Consciousness  Difficulty Swallowing  Difficulty Breathing  
 Rapidly Worsening Symptoms  Emergency Intervention Needed

Other: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Other: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What to Do if 911 Is Called:**  Remain with the participant at the hospital until relieved  Stay with participant until EMTs arrive  Complete incident report by end of shift  Continue emergency intervention as trained

Other: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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