

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