

Unity House of Cayuga County, Inc.
Safeguards/Individual Plan of Protective Oversight

Reviewed/Revised: April 2012

Name: _____ DOB: _____

Program: _____

Effective Date: (Date of admission) _____

1. FIRE SAFETY: (answer sections a-f fully)

- a. Level of assistance:
- b. Specific Response to Fire Emergency:
- c. Training Needed:
- d. Handling of Matches/Lighters:
- e. Adaptive Equipment:
- f. Self-Evacuation Difficulties:

2. SUPERVISION LEVEL REQUIRED:

(indicate the level of supervision for each category – answer sections a-e fully)

- a. At Home: *(include ability to remain alone, if applicable, and under what conditions)*
- b. Outside:
- c. Community Activities:
(crossing street, agency vehicle, public transportation, problems with social interactions)
- d. Swimming:
- e. Money Management:

3. BEHAVIORAL (indicate if individual has a behavior plan or guidelines and state "see behavior plan/guidelines".)

4. HEALTH/MEDICAL/NUTRITION

Informed Consent for Medical Treatment: (indicate answer)

Precautions – (list only those that apply):

- a. Allergies: *(circle Yes or No , and what the allergy is and reaction, if known)*
- b. Choking Risk:
- c. Seizures: *(indicate history of seizures)*
- d. PICA:
- e. Sun Sensitivity:
- f. Diabetes Precautions:
- g. Skin Integrity:
- h. GI problems:
- i. Special Precautions/Limitations on Activities:

Medications: (indicate level of support)

Medical Aids (yes or no – list only those that apply)

- a. Glasses:
- b. Hearing Aid:
- c. Prosthesis:
- d. Catheters/Incontinence Products:
- e. Other:

Nutrition – (list only those that apply)

- a. Diet/Consistency:
- b. Food Allergies:
- c. Positioning During Meals:
- d. Special Guidelines:

Dental – (list only those that apply)

- a. Dentures/Partials/Retainers, etc:
- b. Precautions:
- c. Pre-Sedation:

5. ADDITIONAL ADAPTIVE EQUIPMENT – (indicate yes or no and all that apply)

- a. Mobility:
- b. Mobility Assistance:
- c. Shoes:
- d. Bathing: (shower chair, etc.)
- e. Sleeping: (hospital bed/Air Mattress/pads/Bed Rails)
- f. Door Alarm:
- g. Splints/Braces/Ankle, Foot Orthotics:
- h. Other (i.e. transfer aids, lifts, stair glides):

6. SELF-CARE / ACTIVITIES OF DAILY LIVING (ADL's)

- a. Eating:
- b. Bathing:
- c. Water Temperature Regulation:
- d. Dressing: Personal Hygiene:
- e. Toileting:

7. RIGHTS PROTECTION/VULNERABILITY

- a. Sexual Contact (informed consent):
- b. Protect Self From Abuse:
- c. Respect Privacy:
- d. Voting: (indicate yes or no)
- e. Attends Church: (yes or no – if yes, indicate denomination and church)