



The Commonwealth of Massachusetts

Department of Developmental Services

Date Printed: 08/14/2020

Status: Approved

Individual's Name:	
Date of Meeting:	
Submitted to DDS by:	
Agency Responsible:	

Safety Assessment (Update Year)

Part I - (Evacuation)		
1.	Can this person safely evacuate independently from his/her home in two and a half minutes or in timely manner from day/work setting during an emergency?	No
2.	Does the individual need assistance or supports to facilitate a safe and timely evacuation?	Yes
3.	If yes, please describe. (e.g. verbal prompts, physical assistance, adaptive equipment). William uses a manual wheelchair and will need staff assistance to evacuate in a safe and timely manner.	
4.	Can the individual recognize a fire or other emergency that signals danger and would require evacuation?	Yes
5.	Can the individual call 911 for help?	Yes
6.	Can the individual call staff for help?	Yes
7.	Can the individual respond to a fire/evacuation alarm when asleep as well as when awake?	Yes
8.	If no, please describe assistance needed.	
9.	Is the individual ambulatory?	No
10.	If the individual is not ambulatory, can he/she transfer independently?	No
11.	If no, what type of assistance (e.g. 1 person transfer, 2 person transfer, hoist lift) is needed? William needs 1 person assist with transfer.	
12.	Does the individual need assistance walking?	N/A
13.	If yes, please describe the assistance needed, i.e. Gait-belt, walker, staff guidance etc.	
14.	Is the individual hard of hearing?	No
15.	If yes, what special adaptations are necessary to assure safe and timely evacuation?	
16.	Is the individual visually impaired?	Yes
17.	If yes, what special adaptations are necessary to assure safe and timely evacuation? William uses a prescription eye glasses and staff will provide assistance in the event of a fire evacuation.	



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18.	Are there other conditions (e.g. seizures, medications, medical diagnoses) that might effect evacuation time?	Yes
19.	If yes, please describe. William is hemiplegic and can only use the right side of his body.	
20.	Will the person cooperate when necessary?	Yes
21.	Can the individual leave his/her home or workplace through the appropriate main exit or through an alternative exit if the main exit is blocked?	No
22.	Are there any necessary environmental modifications needed by this individual?	No
23.	If yes, please describe what environmental adaptations are necessary to assure safe and timely evacuation?	



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Part II - (Community Safety Checklist)		
24.	States/shows name/address/phone number:	Yes
25.	Uses a cell phone or telephone if verbal:	Yes
26.	Carries Identification:	No
27.	Wears medical jewelry for emergency purposes:	No
28.	Stays with group:	Yes
29.	Navigates curbs, crowds etc.:	Yes
30.	Given 5 community signs can indicate their meaning (e.g. exit, restroom, do not enter, stop/ do not walk, walk):	Yes
31.	Finds ways to 3 places in neighborhood:	Yes
32.	Identifies 2 landmarks in neighborhood:	Yes
33.	Uses a crosswalk button:	Yes
34.	Looks both ways before crossing streets:	Yes
35.	Keeps inside crosswalks:	Yes
36.	Stays on sidewalks:	Yes
37.	Walks close to the edge of the street facing oncoming traffic when there are no sidewalks:	Yes
38.	Exhibits proper behavior when riding a vehicle:	Yes
39.	Fastens vehicle seat belt appropriately:	Yes
40.	Demonstrates safety skills in parking lots and driveways:	Yes
41.	Gives accurate destination to others when requested or needed:	No
42.	Identifies 2 safety measures for safe night travel (e.g. flashlight, light-colored clothing etc.):	Yes



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43.	Identifies 2 sources of help if needed (e.g. police, fireman etc.):	Yes
44.	Describe any concerns that affect independent access to the community:	



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Part III - (Home Safety Checklist)		
Please record if the individual is able to use the following		
45.	Stove/ Oven (gas/ electric):	Does Not Use
46.	Oven:	Does Not Use
47.	Garbage Disposal:	Does Not Use
48.	Microwave:	Does Not Use
49.	Toaster/Toaster Oven:	Does Not Use
50.	Electric Grill/ Fry Pan:	Does Not Use
51.	Blender:	Does Not Use
52.	Coffee Maker:	Does Not Use
53.	BBQ Grill:	Does Not Use
54.	Dishwasher:	Does Not Use
55.	Washing Machine:	Uses Safely With Supervision
56.	Dryer:	Uses Safely With Supervision
57.	Scissors/knives:	Unsafe Use
58.	Cleaning Supplies:	Does Not Use
59.	Hair Dryer:	Does Not Use
60.	Curling Iron:	Does Not Use
61.	Electric Razor:	Does Not Use
62.	Disposable Razor:	Does Not Use



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63.	Computer:	Uses Safely Without Supervision
64.	Hot Water Regulation:	Uses Safely With Supervision
65.	TV/DVD:	Uses Safely Without Supervision
66.	Snow blower/lawn mower:	Does Not Use
67.	Swimming Pool:	Uses Safely With Supervision
68.	Doors:	Uses Safely With Supervision
69.	Windows:	Does Not Use
70.	Electrical Fans:	Does Not Use
71.	A/C Units:	Does Not Use
72.	Bathtub:	Does Not Use
73.	Shower:	Uses Safely With Supervision
74.	Toilet:	Uses Safely With Supervision
75.	Electrical Outlets:	Does Not Use
76.	Stairs:	Does Not Use
77.	Candles/Matches:	Does Not Use
78.	Has a House Key:	Does Not Use
79.	Describe any other concerns that affect the individual's safety at home:	