



INTERMITTENT RISK ASSESSMENT/EMERGENCY BACK-UP PLAN

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES

DEVELOPMENTAL DISABILITIES DIVISION

SFN 866 (6-2022)

| | |
|--|--------------|
| Consumer Name | |
| Date Risk Assessment /Emergency Back-up Plan Completed | Completed By |

Individuals to contact if primary caregiver cannot provide care due to accident or illness

| | | | |
|--------------|------------------|-------------------|----------|
| Name | | | |
| Address | City | State | ZIP Code |
| Relationship | Telephone Number | Cell Phone Number | |
| Name | | | |
| Address | City | State | ZIP Code |
| Relationship | Telephone Number | Cell Phone Number | |
| Name | | | |
| Address | City | State | ZIP Code |
| Relationship | Telephone Number | Cell Phone Number | |

Plan to assure needs are met if authorized supports are not available:

Medical Needs

| |
|----------|
| AXIS I |
| AXIS II |
| AXIS III |

| |
|--|
| Diet Restrictions <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Comments |
| Special Food |
| Preparation |
| Allergies |

| Medication | Dose | Route | Time | Type |
|------------|------|-------|------|------|
| Comments | | | | |
| Medication | Dose | Route | Time | Type |
| Comments | | | | |
| Medication | Dose | Route | Time | Type |
| Comments | | | | |
| Medication | Dose | Route | Time | Type |
| Comments | | | | |
| Medication | Dose | Route | Time | Type |
| Comments | | | | |

Supervision Needs

- Keep in your sight at all times
- You may step away for ____ minutes
- Check up on him/her often
- Can play/entertain him/her for ____ minutes

During free time/play:

Using the bathroom/bathing:

In a vehicle:

During meals:

When outdoors:

In community settings:

At wake-up or bedtime:

List specific situations that a caregiver should know about and be prepared to handle

| Situation | Explain What Might Occur | If/When it Occurs, Explain How Caregiver Will Handle the Situation |
|-----------|--------------------------|--|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |

A Safe Environment Has

| | Not a Problem | Keep Out of Reach | Keep Out of Sight | Keep Locked/ Lock Up, Do Not Have in the House | Bring/Keep With at All Times |
|--|--------------------------|--------------------------|--------------------------|--|------------------------------|
| Foods | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| List or Describe Special Items, Needs and Situations | | | | | |
| Sharp Objects | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| List or Describe Special Items, Needs and Situations | | | | | |
| Small Objects | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| List or Describe Special Items, Needs and Situations | | | | | |
| Cleaning Supplies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| List or Describe Special Items, Needs and Situations | | | | | |
| Windows/Doors | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| List or Describe Special Items, Needs and Situations | | | | | |
| Tools/Electrical | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| List or Describe Special Items, Needs and Situations | | | | | |
| Medication | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| List or Describe Special Items, Needs and Situations | | | | | |
| Cords/Strings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| List or Describe Special Items, Needs and Situations | | | | | |
| Special Equipment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| List or Describe Special Items, Needs and Situations | | | | | |
| Special Products | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| List or Describe Special Items, Needs and Situations | | | | | |

| | Not a Problem | Keep Out of Reach | Keep Out of Sight | Keep Locked/ Lock Up, Do Not Have in the House | Bring/Keep With at All Times |
|--|--------------------------|--------------------------|--------------------------|--|------------------------------|
| Pets/Animals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| List or Describe Special Items, Needs and Situations | | | | | |
| Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| List or Describe Special Items, Needs and Situations | | | | | |

Schedule And Level Of Assistance Needed

Weekday Schedule

| |
|----------------------|
| Wake Up |
| Dressing |
| Breakfast |
| Getting Ready |
| School Communication |
| After School |
| Supper |
| After Supper |
| Bedtime |
| Comments |

Weekend Schedule

| |
|----------------------|
| Wake Up |
| Dressing |
| Breakfast |
| Getting Ready |
| School Communication |
| After School |
| Supper |
| After Supper |
| Bedtime |
| Comments |

| |
|--------------------|
| Special Equipment |
| Maintenance/Repair |