

Risk/Safety section of SPG:

1. IADL/ADL's should NOT be part of the justification for risk and safety.
 - a. All adl/iadl information should be placed under that specific task
2. Diagnosis
 - a. Some examples of acceptable dx for risk and safety are Alzheimer's, Dementia, Multiple Sclerosis, Cerebral Palsy, etc
 - i. Just because a participant has these diagnosis does not mean they automatically get risk and safety, it would be only if there is also an individual need for risk/safety hours
 - b. Do NOT list Behavioral health diagnosis here as needing supervision (ie. schizophrenia, depression, etc).
 - i. Talk to your AVP if there is a ptp with BH diagnosis that you feel needs more support to discuss options
3. Risk score
 - a. High risk score in InterRAI may or may not be justification for risk/safety hours, but additional information on why there is a high risk score will be needed (ie. Risk score of 35, because participant is wandering each night and has had 4 falls in the last week and participant has no informal supports)
4. Whole point is to decrease risk and increase safety
 - a. If you can not explain how the risk to the ptp is decreased by adding hours to this section then it is likely not appropriate to put hours in this section
 - i. Participant is diagnosed with Alzheimer's, they are a wander risk and has a history of wandering when left alone. There is informal support that provides supervision overnight and assistance before and after work. Assistance for ADL/IADL's is maxed out and showing 35 hours per week of needed assistance from PAS. We know that the informal is out of the home for work for 44 hours per week (including travel time to and from their job). The participant can not safely be in the home without supervision for the 9 hours that can not fit under ADL/IADL's. In this instance we can explain how for the 9 extra hours having supervision would decrease the risk of wandering/unsafe behaviors.
5. If you are unsure about Risk/Safety then discuss with your AVP