DBHDS, Division of Developmental Services
Annual Risk Awareness Tool (RAT)

Individual's Name: _____ **ISP Dates**: _____ to _____
Last Annual Risk Awareness Tool (RAT) Completed: _____
Last SIS Completed: _____ **SIS Score**: _____ **Level**: _____ **Tier**: _____
Enhanced Case Management (ECM): ◯ YES ◯ NO

To complete this form as intended, read and follow the accompanying instructions. Additionally, for more detailed information regarding the Risk Awareness Tool, including educational resources, please see the 'Risk Awareness Tool Instruction and Training Materials'.

SECTION A-Pressure Injury

Pressure Injury (decubitus ulcer) *describes injuries to skin and underlying tissue resulting from prolonged pressure on the skin.*

		Yes	No
Step 1:	The person has been diagnosed by a medical professional with a **pressure injury** (decubitus ulcer) in this past year.	◯	◯
	If YES is checked above is there a plan for support? If yes, the plan for support and/or prevention must be included in the ISP. ***If YES is checked, skip Steps 2-5 and proceed to Section B - if NO is checked, complete Steps 2-5 below before proceeding to Section B.***	◯	◯
Step 2:	If the person does not meet criteria in Step 1 (above), consider if these common indicators for **pressure injury** (decubitus ulcer) occurred in the past year. (Check all that apply.): ☐ Regularly spends a majority of each day in a bed or chair, or wheelchair ☐ Has experienced sensitive or fragile skin prone to injury or skin breakdown ☐ Has experienced an unexplained weight loss ☐ Has been unable to change body position independently ☐ Has experienced any incontinence (bowel or bladder) ☐ Has diagnosis of diabetes ☐ Has the presence of any wound or skin breakdown ☐ Has presence of swelling of ankles or feet		
Step 3:	Based on the above selected risk indicators, a referral to a qualified healthcare professional is needed to evaluate and help develop a plan to reduce the risk of **pressure injury (decubitus ulcer)**. ***If no risk indicators were selected, go to Section B.***		
Step 4:	What qualified healthcare professional has been identified to help? _____		
Step 5:	Who will contact them? _____ Target Date: _____		

SECTION B-Aspiration Pneumonia

Aspiration pneumonia *is inflammation of the lungs and airways to the lungs (bronchial tubes) from breathing in foreign material. Aspiration pneumonia occurs when foreign materials (usually food, liquids, vomit or fluids from the mouth) are breathed into the lungs or airways leading to the lungs.*

		Yes	No
Step 1:	**I.** The person has been diagnosed by a medical professional with **aspiration pneumonia** in the past year. If yes, the plan for support and/or prevention of aspiration pneumonia must be included in the ISP.	◯	◯

	II. The person has been diagnosed by a medical professional with **dysphagia** in the past year. ➡ The person has been diagnosed by a medical professional with **aspiration pneumonia** (aspiration pneumonia) in this past year. ***If YES is checked above is there a plan for support?*** If yes, the plan for support and/or prevention must be included in the ISP. ***If YES is checked, skip Steps 2-5 and proceed to Section C - if NO is checked, complete Steps 2-5 below before proceeding to Section C.***	Yes ◯ Yes ◯	No ◯ No ◯
Step 2:	If the person does not meet the criteria in Step 1 (above), consider if these common indicators for **aspiration pneumonia** occurred in the past year. (Check all that apply.): ☐ Has a diagnosis of GERD ☐ Has a diagnosis of Hiatal Hernia, Gastroparesis, Peptic Ulcer, Crohns Disease, Irritate Bowel Syndrome, Irregular Cleft Palate ☐ Has required assistance to be fed (food or liquid) ☐ Has experienced a choking episode ☐ Regularly coughs while eating ☐ Has a feeding tube (G Tube, J Tube, NG Tube) ☐ Is missing the majority or all of their teeth ☐ Is often lethargic or falls asleep in the daytime ☐ Has eating habits that could lead to choking (e.g. stuffing mouth, eating too quickly, jumping in seat) ☐ Has an altered textured diet or drink modifications (e.g. bite size, pureed, thickened liquids) ☐ Has a diagnosis of any neurologic disorder (eg. Cerebral Palsy, Stroke, Dementia , Alzheimer's Disease)		
Step 3:	Based on the above selected risk indicators, a referral to a qualified healthcare professional is needed to evaluate and help develop a plan to reduce the risk of **aspiration pneumonia**. ***If no risk indicators were selected, go to Section C.***		
Step 4:	What qualified healthcare professional has been identified to help? ☐		
Step 5:	Who will contact them? ☐ Target Date: ☐		

SECTION C-Fall with Injury

	*A **Fall with Injury*** is an event which results in a person coming to rest inadvertently on the ground or floor or other lower level that results in an injury.		
Step 1:	**I.** The person has been diagnosed by a medical professional with an **injury from a fall** in this past year. **II.** The person has been diagnosed by a medical professional with **a seizure disorder** indicating the risk of a **fall with injury** in this past year. ➡ ***If YES is checked above is there a plan for support?*** If yes, the plan for support and/or prevention must be included in the ISP. ***If YES is checked, skip Steps 2-5 and proceed to Section D- if NO is checked, complete Steps 2-5 below before proceeding to Section D.***	Yes ◯ Yes ◯ Yes ◯	No ◯ No ◯ No ◯

Step 2: If the person does not meet the criteria in Step 1 (above), consider if these common indicators for **fall with injury** occurred in the past year. (Check all that apply.)

- ☐ Has a diagnosis of arthritis
- ☐ Takes more than 4 medications (daily or PRN / prescription or OTC)
- ☐ Utilizes walking aids and / or other Durable Medical Equipment
- ☐ Has difficulty lifting / carrying more than 10 lbs.
- ☐ Is diagnosed with a heart condition
- ☐ Experiences back pain
- ☐ Experiences any incontinence (bowel or bladder)
- ☐ Experiences unexpected weakness or fatigue when walking

Step 3: Based on the above selected risk indicators, a referral to a qualified healthcare professional is needed to evaluate and help develop a plan to reduce the risk of a **fall with injury**. ***If no risk indicators were selected, go to Section D.***

Step 4: What qualified healthcare professional has been identified to help? _____

Step 5: Who will contact them? _____ Target Date: _____

SECTION D-Dehydration

Dehydration *is an abnormal loss of water from the body, especially from illness or physical exertion.*

Step 1: The person has been diagnosed by a medical professional with **dehydration** in this past year. Yes ◯ No ◯

If YES is checked above is there a plan for support? ➡ Yes ◯ No ◯
If yes, the plan for support and/or prevention must be included in the ISP.
If YES is checked, skip Steps 2-5 and proceed to Section E - if NO is checked, complete Steps 2-5 below before proceeding to Section E.

Step 2: If the person does not meet criteria in A (above), consider if these common indicators for **dehydration** occurred in the past year. (Check all that apply.)

- ☐ Refuses to drink water
- ☐ Requires assistance to be fed (food or liquid)
- ☐ Has experienced diarrhea
- ☐ Has experienced unexplained weight loss
- ☐ Has experienced dry mouth
- ☐ Has experienced strong smelling or darkened urine
- ☐ Is prescribed laxatives or enemas (daily or PRN / prescription or OTC)
- ☐ Has experienced vomiting
- ☐ Is prescribed routine diuretic medication

Step 3: Based on the above risk indicators, a referral to a qualified healthcare professional is needed to evaluate and help develop a plan to reduce the **risk of dehydration.** ***If no risk indicators were selected, go to Section E.***

Step 4: What qualified healthcare professional has been identified to help? _____

Step 5: Who will contact them? _____ Target Date: _____

SECTION E-Bowel Obstruction

Bowel Obstruction *is a partial or complete blockage of the bowel so that the contents of the intestine cannot pass through it.*

Step 1:

		Yes	No
I.	The person has been diagnosed by a medical professional with a ***bowel obstruction*** in this past year. If yes, the plan for support and/or prevention must be included in the ISP.	◯	◯
II.	The person has been diagnosed by a medical professional with **constipation** indicating the risk of a ***bowel obstruction*** in this past year. ➡	◯	◯
	If YES is checked above is there a plan for support? If yes, the plan for support and/or prevention must be included in the ISP. ***If YES is checked, skip Steps 2-5 and proceed to Section F- if NO is checked, complete Steps 2-5 below before proceeding to Section F.***	◯	◯

Step 2: If the person does not meet the criteria in Step 1 (above), consider if these common indicators for **bowel obstruction** occurred in the past year. (Check all that apply.)

- ☐ Is prescribed laxatives or enemas (routine or PRN)
- ☐ Refuses to drink water
- ☐ Requires assistance to be fed (food or liquid)
- ☐ Is prescribed psychiatric and / or narcotic medications (routine or PRN)
- ☐ Has limited mobility
- ☐ Has diagnosis of neuromuscular disorder (Cerebral Palsy, Spina Bifida, Muscular Dystrophy)
- ☐ Has diagnosis of pica

Step 3: Based on the above risk indicators, a referral to a qualified healthcare professional is needed to evaluate and help develop a plan to reduce the **risk of bowel obstruction.** ***If no risk indicators were selected, go to Section F.***

Step 4: What qualified healthcare professional has been identified to help? _____

Step 5: Who will contact them? _____ Target Date: _____

SECTION F-Sepsis

Sepsis *is the body's overwhelming and life-threatening response to an infection which can lead to tissue damage, organ failure, and death.*

Step 1:

	Yes	No
The person has been diagnosed by a medical professional with **sepsis** in this past year.	◯	◯
If YES is checked above is there a plan for support? ➡ If yes, the plan for support and / or prevention must be included in the ISP. ***If YES is checked, skip Steps 2-5 and proceed to Section G - if NO is checked, complete Steps 2-5 below before proceeding to Section G.***	◯	◯

Step 2: If the person does not meet the criteria in Step 1 (above), consider if these common indicators for **Sepsis** occurred in the past year. (Check all that apply.)

- ☐ Has been diagnosed with one or more of these illnesses: Diabetes, Chronic Obstructive Pulmonary Disease (COPD), Cirrhosis, Chronic kidney disease, Congestive Heart Failure (CHF) and Cancer.
- ☐ Has had more than one infection treated with antibiotics
- ☐ Has had hospitalization that lasted greater than 48 hours
- ☐ Has had any open wound or diagnosis of cellulitis
- ☐ Has been diagnosed with a urinary tract infection (UTI)
- ☐ Has experienced any pressure injury (decubitus ulcer)

Step 3: Based on the above risk indicators, a referral to a qualified healthcare professional is needed to evaluate and help develop a plan to reduce the **sepsis.** ***If no risk indicators were selected, go to Section G.***

Step 4: What qualified healthcare professional has been identified to help? _____

Step 5: Who will contact them? _____ Target Date: _____

SECTION G-Seizure

Step 1: ***Seizures*** *(Epilepsy) a neurological brain disorder where the nerve cells in the brain are overactive and abnormal. These are caused by a sudden overload of electrical activity in the brain.*

		Yes	No
I.	The person has been diagnosed by a medical professional with a ***seizure disorder*** in this past year. If yes, the plan for support and/or prevention must be included in the ISP. ➡	◯	◯
II.	The person has been diagnosed by a medical professional with **seizure** indicating the risk of a ***seizure disorder*** in this past year.	◯	◯

If YES is checked above is there a plan for support? Yes ◯ No ◯

If yes, the plan for support and / or prevention must be included in the ISP.

If YES is checked, skip Steps 2-5 and proceed to Section H- if NO is checked, complete Steps 2-5 below before proceeding to Section H.

Step 2: If the criteria in Step 1 (above) are not met, consider if these common indicators for **seizures** occurred in the past year. (Check all that apply.)

- ☐ Has experienced a change in routine anti-epileptic medications (AEM)
- ☐ Has missed or refused routine anti-epileptic medications (AEM)
- ☐ Has been diagnosed with dehydration
- ☐ Has been diagnosed with one or more of the following: Autism Spectrum Disorder, Cerebral Palsy, Dementia, Alzheimer's, Muscular Dystrophy, Obstructive Sleep Apnea, and Traumatic Brain Injury.
- ☐ Has been diagnosed with Obstructive Sleep Apnea

Step 3: Based on the above risk indicators, a referral to a qualified healthcare professional is needed to evaluate and help develop a plan to reduce the **seizure.** ***If no risk indicators were selected, go to Section H.***

Step 4: What qualified healthcare professional has been identified to help? _____

Step 5: Who will contact them? _____ Target Date: _____

Section H-Community Safety Risks		**YES**	**NO**
A.	***Law Enforcement Involvement:*** *Has the person engaged in or attempted to assault and/or injure others; property destruction due to fire setting and/or arson; and/or sexual aggression and has been* ***CONVICTED,*** *through the criminal justice system, of a crime related to these risks?* ➡	◯	◯
If YES, to question A. above, then answer questions 1-4 below. **If NO, to question A. above skip to B.**			
	1. Does the person's community safety risk to others require a specially controlled home environment, direct supervision at home, and/or direct supervision in the community?	◯	◯
	2. Does the person have a documented restriction(s) in place, related to these risks, through a legal requirement or order?	◯	◯
	3. Does the person have a behavior support plan or behavioral guidelines in place, related to these risks?	◯	◯
	4. If answered "No" to #3 above, has the person been referred to therapeutic consultation for assessment and treatment recommendations?		
		YES	**NO**
B.	***Non-Law Enforcement Involvement:*** *Has the person engaged in or attempted to assault and/or injure others; property destruction due to fire setting and/or arson; and/or sexual aggression and has* ***NOT BEEN CONVICTED*** *of a crime related to these risks, but displays the same community safety risk as a person found guilty through the criminal justice system?* ➡	◯	◯
If YES, to question B. above answer questions 1-4 below. **If NO, to question B. above skip to Section I.**			
	1. Does the person's severe community safety risk to others require a specially controlled home environment, direct supervision at home, and/or direct supervision in the community?	◯	◯
	2. Does the person have documented restrictions in place related to these risks, within the ISP Process?	◯	◯
	3. Does the person have a behavior support plan or behavioral guidelines in place, related to these risks?	◯	◯
	4. If answered "No" to #3 above, has the person been referred to therapeutic consultation for assessment and treatment recommendations?	◯	◯
Section I-Self-harm		**YES**	**NO**
A.	***Self – harm:*** *Does the person displays self-injury; pica; physical self-harm and/or suicide attempts which seriously threaten their own health and/or safety?* ➡	◯	◯
If YES, to question A. above, answer questions 1 - 3 below. **If NO, to question A. above, skip to Section J.**			
	1. Does the person's risk of injury to self currently require direct supervision during all waking hours?	◯	◯

	2. Does the person have a behavior support plan or behavioral guidelines, in place, related to the risks secondary to self-harm?	◯	◯
	3. If answered "No" to #2 above, has the person been referred to therapeutic consultation for assessment and treatment recommendations?	◯	◯
Section J-Elopement		**YES**	**NO**
A.	***Elopement:*** *Does the person leave supervised areas without permission; fail to return from visits or outings; if lives unsupervised, goes missing for extended periods; or ignores community property boundaries that may threaten their safety and/or risk confrontation with local law enforcement?* ➡	◯	◯
If YES, to question A. above, answer questions 1 - 4 below. **If NO, to question A. above, skip to Section K.**			
	1. Does the person require line of site or 1:1 (or greater) staff supervision due to the exhibition of elopement behavior?	◯	◯
	2. Has the person required intervention by local law enforcement due to safety concerns related to elopement?	◯	◯
	3. Does the person have a monitoring (tracking) devise for safety concerns due to elopement?	◯	◯
	4. Does the person have a behavior support plan or behavioral guidelines in place addressing their elopement behavior?	◯	◯
	5. If answered "No" to #4 above has the person been referred to therapeutic consultation for assessment and treatment recommendations?	◯	◯
Section K-Lack of Safety Awareness		**YES**	**NO**
A.	***Lack of Safety Awareness:*** *Does the person display a pervasive lack of safety awareness throughout their daily living due to communication deficits combined with cognitive deficits and/or brain injury that leaves them open to victimization (financial, daily living, socio-sexual)?* ➡	◯	◯
If YES, to question A. above, answer questions 1 - 4 below. **If NO, to question A. above, skip to Summary Section.**			
	1. Has the person been victimized or been a target of an incident that was prevented by an outside source such as law enforcement or government protective agency?	◯	◯
	2. Does the person have a guardian in place who was appointed as a result of the lack of safety awareness and related risk to the individual?	◯	◯
	3. Does the person have steps addressing the lack of safety awareness in their ISP?	◯	◯
	4. Does the person have a behavior support plan or behavioral guidelines in place addressing their challenging behavior that results due to a lack of safety awareness?	◯	◯
	5. If answered "No" to #4 above has the person been referred to therapeutic consultation for assessment and treatment recommendations?	◯	◯

DBHDS, Division of Developmental Services

Annual Risk Awareness (RAT) Tool

Individual's Name: **ISP Dates**: to

Last SIS Completed: **SIS Score**: **Level**: **Tier**:

Summary of Risk Awareness

This page is to summarize the completed Risk Awareness Tool. Complete Section 1 to Section 8 of this form.

◯ Annual completion ◯ Person-centered Review Follow-up

Sec. 1	Identified Area	
Pressure Injury	◯ No Potential Risk Identified	*(Move on to next section)*
Risk Identified:	◯ ISP updated based on identified risk	
	◯ Referral with qualified healthcare professional will be made by: (specific person)	
	Name:	Target Date:
Sec. 2	Identified Area	
Aspiration Pneumonia	◯ No Potential Risk Identified	*(Move on to next section)*
Risk Identified:	◯ ISP updated based on identified risk	
	◯ Referral with qualified healthcare professional will be made by: (specific person)	
	Name:	Target Date:
Sec. 3	Identified Area	
Fall with Injury	◯ No Potential Risk Identified	*(Move on to next section)*
Risk Identified:	◯ ISP updated based on identified risk	
	◯ Referral with qualified healthcare professional will be made by: (specific person)	
	Name:	Target Date:
Sec. 4	Identified Area	
Dehydration	◯ No Potential Risk Identified	*(Move on to next section)*
Risk Identified:	◯ ISP updated based on identified risk	
	◯ Referral with qualified healthcare professional will be made by: (specific person)	
	Name:	Target Date:
Sec. 5	Identified Area	
Bowel Obstruction	◯ No Potential Risk Identified	*(Move on to next section)*
Risk Identified:	◯ ISP updated based on identified risk	
	◯ Referral with qualified healthcare professional will be made by: (specific person)	
	Name:	Target Date:
Sec. 6	Identified Area	
Sepsis	◯ No Potential Risk Identified	*(Move on to next section)*
Risk Identified:	◯ ISP updated based on identified risk	
	◯ Referral with qualified healthcare professional will be made by: (specific person)	
	Name:	Target Date:
Sec. 7	Identified Area	
Seizure	◯ No Potential Risk Identified	*(Move on to next section)*
Risk Identified:	◯ ISP updated based on identified risk	
	◯ Referral with qualified healthcare professional will be made by: (specific person)	
	Name:	Target Date:
Sec. 8	Identified Area	
Community Risks	◯ No Potential Risk Identified	
Risk Identified:	◯ ISP updated based with behavioral support plan based on identified risk	
	◯ Referral for Therapeutic Consultation will be made by: (specific person)	
	Name:	Target Date:
Support Coordinator Signature:		Date:

Upload this page to WAMS as a component of the annual ISP when the ISP is entered.