

# Risk Assessment / Evaluation of Capability Form

## Instructions for Use and Self-Preservation Reference

**DO NOT SEND COMPLETED FORMS TO THE DEPARTMENT OR OUR OFFICE.**

**The completed client-specific form must be retained in the client record at the service site/facility where the individual receives services. Keep the form available for internal review, quality assurance, emergency planning, and Department review during inspection or investigation, as applicable.**

### Completion and Record Instructions

- Complete this form for each person determined to be not capable of self-preservation or when the person's capability is uncertain and requires documented assessment.
- Base the assessment on the person's current condition, observed response to alarms or emergency direction, mobility/transfer ability, behavior, medical needs, and the actual evacuation route at the site.
- Add the completed form, including signatures and review dates, to the client record maintained at your site. Do not submit the completed form to TDMHSAS unless specifically requested.
- Review the form at the frequency selected below and after any incident, material change in condition, room/location change, staffing change affecting evacuation, or change in required equipment.

### Self-Preservation Assessment Criteria

- Emergency signal response: document whether the person can respond to an alarm, voice direction, or other emergency signal and follow a pre-taught evacuation procedure or other appropriate emergency response.
- Understanding is not the sole test: a person may be able to follow the necessary action even if the person does not fully understand why the action is required.
- Transfer ability: document whether the person can transfer without staff assistance from bed/chair to the individualized mobility method that is continuously available to that person.
- Egress ability: document whether the person can traverse the pre-defined means of egress from the facility within a reasonable time for the site and emergency plan.
- Not capable of self-preservation indicators include inability to respond to emergency direction, inability to transfer without assistance to the available mobility method, inability to move through the egress route within a reasonable time, or total dependence on staff for evacuation.

### Regulatory Planning Notes

- Chapter 0940-05-04 addresses life-safety occupancy considerations, including distinctions between settings serving persons who are capable of self-preservation and settings serving persons who are not capable of self-preservation.
- Chapter 0940-05-06 requires facility policies/procedures for fire evacuation and natural disaster emergencies, and for client-care emergencies including emergency transportation, emergency medical care, and staff coverage.
- Use this form to support the facility's site-specific emergency plan. This form is not a substitute for compliance with the currently effective licensure rules, Life Safety Code requirements, or any applicable State Fire Marshal requirements.

Rule references used: Tenn. Comp. R. & Regs. Chs. 0940-05-04 and 0940-05-06. Verify the currently effective rule text before relying on this form for a citation or enforcement decision.

# **Risk Assessment/Evaluation of Capability Form**

**Instructions for Use:** Pursuant to Rule 0940-05-04-.10(6), the Facility shall complete the Department's Risk Assessment/Evaluation of Capability for each person it deems incapable of self-preservation. This form should be used to document the person's evacuation-related risks, assistance needs, required equipment, individualized evacuation plan, and assigned staff responsibilities. Complete the form when the person is determined to be incapable of self-preservation, update it when there is a meaningful change in the person's condition or evacuation needs, and keep the completed form in the person's client record. For purposes of this rule, a service recipient who cannot respond to an approved emergency signal, including voice prompt, and evacuate without physical assistance within three minutes or less is considered not capable of self-preservation; facilities must also assign an employee responsible for individuals who are not capable of self-preservation.

## **1. Individual Information**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Facility: \_\_\_\_\_

Facility Address: \_\_\_\_\_

## **2. Reason for NCSP (not capable of self-preservation) Status**

- Cognitive impairment (dementia, confusion)
- Physical immobility
- Sensory impairment (vision/hearing)
- Mental health condition
- Medical condition
- Other \_\_\_\_\_

## **3. Mobility Status**

- Independent
- Requires assistance (1 person)
- Requires assistance (2+ people)
- Wheelchair dependent
- Bedbound
- Assistive Devices Used: \_\_\_\_\_

## **4. Ability to Respond to Alarm/Emergency**

- Recognizes alarm and responds appropriately
- Requires verbal prompting
- Requires repeated verbal prompts
- Requires physical prompts
- Requires repeated physical prompts
- Does not respond to alarm

## **5. Evacuation Needs**

- Can evacuate independently
- Needs supervision only

- Needs guided evacuation
- Needs some physical assistance
  - Led by hand
  - Helped to transfer to wheelchair, but can then self-propel
  - Other \_\_\_\_\_
- Needs to be physically carried/transferred/total dependence
- Requires specialized equipment \_\_\_\_\_

## 6. Behavioral Considerations

- Cooperative
- Anxious/panics
- Resistant to assistance
- Wanders
- Aggressive

Notes:

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## 7. Medical Considerations

- Oxygen dependent
  - Medical devices
  - Medication timing critical
  - High fall risk
  - Other \_\_\_\_\_
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## 8. Environmental Risks

- Located far from exit
- Barriers in path
- Requires elevator
- Shared room/limited space

## 9. Evacuation Method

- Ambulation with assistance
- Wheelchair evacuation
- Evacuation chair
- Stretcher
- Shelter-in-place

## 10. Equipment Required

- Evacuation chair
- Slide sheet
- Oxygen tank
- Emergency medication kit
- Other

**11. Individualized Evacuation Plan**

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**12. Assigned Staff Responsibilities**

**Primary Staff:**

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**Primary Staff  
Responsibilities**

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**Backup Staff:**

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**Backup Staff Responsibilities**

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**Additional Support needed:**

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**15. Emergency Contacts**

**Primary Contact:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

## 16. Review Schedule

- Monthly
- Quarterly
- After incident/change in condition

## 16. Signatures

**Assessor:** \_\_\_\_\_  
**Print**

**Assessor Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_