

Name of Individual: _____

Date: _____ Time: _____

Access and Functional Needs Individual Assessment Tool

In any assessment, it is important to engage individuals to accurately assess their normal living situations. Many people with issues that fall in the following categories do function well on a day-to-day basis so it is important to avoid assuming they are impaired without collecting additional information.

The biggest issue will be if individuals rely on a support system and/or adaptive equipment that is no longer available. An assessment of the impact of that loss is critical. Many frail and/or disabled individuals are capable of being independent. It is important, however, to observe for signs of deterioration in status as a result of the emergency situation. Some individuals in the community maintain with a fragile balance and it may not take much to upset that balance.

Most individuals bring strengths to situations and it is important to assess, recognize and validate these strengths while assessing for access and functional needs.

Use of this tool: Please do a quick assessment of each of the designated areas and rank as red, yellow, or green.

Red = immediate attention needed with first hour

Yellow = needs attention within first three hours

Green = will need to be addressed if sheltered

Communication Issues	Red	Yellow	Green	Notes
<input type="checkbox"/> Unable to relate current living situation and details of getting to evacuation site				
<input type="checkbox"/> Unable to make needs known				
<input type="checkbox"/> Unable to carry on a conversation				
<input type="checkbox"/> Description of status does not match what is observed				
<input type="checkbox"/> Hearing issues with no hearing aids				
<input type="checkbox"/> Sight impaired with no visual assistive devices				
<input type="checkbox"/> Reduced ability to speak, see, or hear				
<input type="checkbox"/> Limitations in understanding and current situation				
<input type="checkbox"/> Language barriers(reduced or no ability to speak/read/understand English)				
<input type="checkbox"/> Cultural Barriers				

Medical Issues	Red	Yellow	Green	Notes
<ul style="list-style-type: none"> <input type="checkbox"/> Acute, chronic, terminal, or contagious conditions that require observation and ongoing treatment <input type="checkbox"/> Managing medications, intravenous (IV) therapy, tube feeding, monitoring of vital signs <input type="checkbox"/> Experiencing some physical symptoms like shortness of breath <input type="checkbox"/> On regular medications and does not have with them <input type="checkbox"/> Dialysis, oxygen, suction administration <input type="checkbox"/> Managing wounds <input type="checkbox"/> Operating power-dependent equipment to sustain life <input type="checkbox"/> Receives regular visits from RN at home 				
Functional Independence Issues	Red	Yellow	Green	Notes
<ul style="list-style-type: none"> <input type="checkbox"/> Difficulty concentrating <input type="checkbox"/> Lives with caregiver who is not present <input type="checkbox"/> Receives regular help at home with activities of daily living/instrumental activities of daily living <input type="checkbox"/> Uses adaptive equipment and does not have it with them or it is not functioning properly <input type="checkbox"/> Wears dentures and/or glasses and does not currently have them 				
Supervision Issues	Red	Yellow	Green	Notes
<ul style="list-style-type: none"> <input type="checkbox"/> Lack of adequate support <input type="checkbox"/> Loss of family members, friends, pets, and without support of friends/family present <input type="checkbox"/> Disoriented <input type="checkbox"/> Memory-impaired <input type="checkbox"/> De-compensating due to stress of situation <input type="checkbox"/> Needing constant reassurance <input type="checkbox"/> Wandering behavior <input type="checkbox"/> Impaired speech <input type="checkbox"/> Apparently unaccompanied children <input type="checkbox"/> Intoxication <input type="checkbox"/> Out of control behavior <input type="checkbox"/> Appears distraught 				

Transportation	Red	Yellow	Green	Notes
<input type="checkbox"/> Was dropped off at evacuation center <input type="checkbox"/> Transported via bus or other mass evacuation method <input type="checkbox"/> At home uses service such as Via and has no alternative mode of transportation <input type="checkbox"/> Needs/wants to go somewhere in the next few hours (medical appointment, relative's home, etc.) but has no transportation.				
Other Issues (Please Describe	Red	Yellow	Green	Notes
Action Taken	Date	Time	Person	Notes

Name of Triage Team Member: _____

Triage Team Member Signature: _____