Whaikaha
Ministry of Disabled People
Scan for NZSL name

EMS PRIORITY ONE

Guidelines for completing the priority rating form:

- Please confirm which indicator the person meets and provide further explanation in the rationale and comments section (more than one indicator can be used)
- The evidence provided must be related to this specific funding request and **is not a generalisation** of the person's needs or disability status.
- The EMS assessor should ensure that all other strategies have been considered or implemented in the first instance.

PERSON'S NAME & NHI		EMS ASSESSOR'S NAME
P1 INDICATORS		**RATIONALE AND COMMENTS**
The adult or child has a documented history of high-risk safety issues e.g. falls, or has experienced a significant change in their disability status, health or personal circumstances which has significantly affected their (or family, whānau, support people) health or safety.	☐ **Yes**	
Evidence of existing pressure area (broken skin, regular input by District Nursing, unable to self-pressure relieve).	☐ **Yes**	
The person lives alone or is alone for the majority of their day and has no other support to assist them to safely undertake essential activities of daily living. e.g. toileting, eating, transfers	☐ **Yes**	
The person is unable to, or is at high risk of being unable to, undertake their role as a main carer of a dependent person. There are no other supports to provide this.	☐ **Yes**	
The person is unable to express themselves effectively or reliably which impacts on their ability to communicate resulting in imminent risk of harm to themselves, their carers or their dependents.	☐ **Yes**	
The child or young person is attending education and unable to continue with attendance.	☐ **Yes**	

PERSON'S NAME & NHI		EMS ASSESSOR'S NAME
A child or young person has a very high risk of deterioration of their condition or missed early intervention opportunity for time critical development if the solution is not provided now e.g. moving and positioning equipment for safe eating, bathing, sleeping, travel.	☒ **Yes**	
The person is unable to continue employment.	☐ **Yes**	

ASSESSMENT SERVICE'S NOMINATED PERSON FOR MONITORING P1 APPLICATIONS			
Comment:			
Nominated Lead Name			
Designation			
Contact Email		**Date:**	