

# APPENDIX 1: Home Visiting Risk Assessment Tool

<h2>HOME/ COMMUNITY VISIT RISK SCREENING TOOL</h2>	SURNAME _____  GIVEN NAMES _____  D.O.B _____
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Read to client:  
 (Clients Name), for staff safety, we ask all our clients a few questions before visiting their homes. Some of the questions are about getting to their house, pets, firearms and smoking. It will only take a few minutes. Is this a convenient time for you?

Is this your usual address?     Yes     No    Usual Address: \_\_\_\_\_

**ACCOMMODATION – Location of visit**

House     Residential Care Facility     Caravan Park     Other \_\_\_\_\_

Flat/Unit     Rooming House     SRS     Other \_\_\_\_\_

**ACCESS TO PROPERTY**

Question*	Yes	No	Action/Comments
Will I see your house form the street?			
Will I see your house easily?			
Will I be able to park close to your house?			
Will I be using the front door?			
Is there level access to our home?			
Will someone be able to open the front door?			
Is there mobile phone coverage at your home?			
If you do not appear to be at home when I visit what would you like me to do?	Call, Call NOK, Call emergency services etc.		

**OCCUPANTS**

Who do you normally live with at this address?	Alone <input type="checkbox"/>	Partner <input type="checkbox"/>	Carer <input type="checkbox"/>	Parent <input type="checkbox"/>	Children <input type="checkbox"/>	Shared <input type="checkbox"/>	Other <input type="checkbox"/> Describe _____
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Question*	Yes	No	Action/Comments
Will anyone else be home when I visit?			Who? Safe to be alone with client? Second person needed?
Would anyone at home be upset by us visiting?			Reschedule/second person?
Does anyone at home take drugs or drink a lot of alcohol?			Will the resulting behaviour place the worker at risk?
Do you have any weapons at home?			If yes, are they securely locked? Centre-based appointment?
Does anyone smoke at home?			Request as a condition of the home visit that they refrain from smoking during the home visit. If not, offer centre-based appointment...
Is there anyone in the house with a contagious illness?			Describe: Reschedule?
Do you have any animals?			What type/s? How many?

Can they be restrained/isolated prior to my visit? Note: Animals must be restrained and/or isolated away from the working environment prior to and for the duration of the visit.			Alternate venue/reschedule?
Do I need to phone ahead so you can secure animals?			

**CLIENT RELATED CONSIDERATIONS**

<b>Question*</b>	<b>Yes</b>	<b>No</b>	<b>Action/Comments</b>
Consulted High Risk Accommodation list?			
Are there previously identified alerts/risks? Describe:			
Are there any particular behaviours of concern? Describe:			
Is there known history of aggression? Describe:			

**Comments:**

**\*NOTE: Ensure appropriate action is taken for all answers in the shaded boxes. If any risks are identified, visits should not be conduct until control measures are implemented, or these have been discussed with Manager.**

<b>Risk</b>	<b>Control Measure</b>

Risks & controls discussed with line manager  Name: \_\_\_\_\_

**EVIDENCE OF HOME/COMMUNITY VISIT RISK SCREENING TOOL BEING CURRENT**

<b>Date and Time</b>	<b>The Home/Community Visit Risk Screening Tool is indicative of current risk status? Yes or No If answered <u>No</u> then please complete a new screening tool</b>		<b>Name</b>	<b>Client Signature</b>
	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

**NOTES**

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Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Designation \_\_\_\_\_ Date/Time \_\_\_\_\_

## APPENDIX 2: Community Venue – Community Risk Assessment Tool

<b>COMMUNITY VENUE/COMMUNITY VISITING ASSESSMENT TOOL</b>	<b>Venue Details</b>			
	NAME: _____			
	ADDRESS: _____			
	_____ PHONE: _____			
	KEY CONTACT(name/title)_____			
KEY CONTACT (Phone):_____				

**A community venue risk screen is to be completed prior to commencement of a program and at a minimum as an annual screen**

**\* Note- These prompts are a guide only and not an exhaustive list. Consideration should be given to assessment of risk manager/team leader PRIOR to the commencement of service.**

**PHYSICAL ENVIRONMENT**

Equipment, Furniture, Lighting & ventilation, Heating/cooling, Maintenance & Management, Access, Hazards (Slips, trips & falls)

Question	Yes	No	N/A	Action
Parking is sufficient and building access is appropriate for the needs of the participants?				
The venue has level access or where there are steps at least one access point is ramped?				
Paths and floor surfaces are level, non-slip and free of trip hazards?				
There is an absence of clutter in areas used by participants?				
There is sufficient space to conduct the activities being planned?				
Lighting/ ventilation is appropriate for the activities being planned?				
Furniture is appropriate for the activities being planned?				
Equipment is appropriated to the needs of the program?				
Is staff/Program Leaders instruction required for safe handling of equipment?				
Is this a smoke free environment?				
Building security arrangements are documented and understood by Staff/Program Leaders (includes lock up and safety response)				
Cleaning & maintenance responsibilities are documented and understood by Staff/Program Leaders?				

**FIRE & EMERGENCIES**

**Alarms, extinguishers, exits, evacuation and fire plans, emergency response procedures and training**

Question	Yes	No	N/A	Action
Staff/Program Leaders have access to phone for emergencies?				
Fire exits/ doors are clear of obstructions and appropriate for the needs of the participants?				
Emergency procedures documented and Staff/ Program Leaders have been briefed?				