**Home Visit Risk Assessment Checklist**

|  |  |
| --- | --- |
| Participant name |  |
|  |  |
| Address |  |
|  |  |
| Date of birth |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Type of residence | | | | | | | | | | | | | | | | | |
| 🞏 | House | |  | 🞏 | Unit |  | 🞏 | | Group home | | | | |  | 🞏 | Other: |  |
|  |  | |  |  |  |  |  | |  | | | | |  |  |  |  |
| Ensuring access to property and participant | | | | | | | | No | | | Yes | | If Yes, provide further details/action required | | | | |
| Are street signs or the property number hidden from view | | | | | | | |  | | |  | |  | | | | |
| Is the house hidden from the street | | | | | | | |  | | |  | |  | | | | |
| Is parking on the street / in driveway difficult | | | | | | | |  | | |  | |  | | | | |
| If there is a gate, is it difficult to open | | | | | | | |  | | |  | |  | | | | |
| Are there uneven / dangerous paths leading to the house | | | | | | | |  | | |  | |  | | | | |
| Are there any dangerous or slippery steps | | | | | | | |  | | |  | |  | | | | |
| Does the participant / carer have difficulty opening the door | | | | | | | |  | | |  | |  | | | | |
| Does the participant need to have another person present | | | | | | | |  | | |  | |  | | | | |
| Does the participant have any religious or cultural considerations (eg. preference for a male or female clinician) | | | | | | | |  | | |  | |  | | | | |
|  | | | | | | | |  | |  | | |  | | | | |
| Animals / Pets | | | | | | | | No | | | Yes | | If Yes, provide further details / action required | | | | |
| Are there any animals with open access to the front of the property or inside the house | | | | | | | |  | | |  | |  | | | | |
|  | | | | | | | |  | |  | | |  | | | | |
| Occupants | | | | | | | | No | | | Yes | | If Yes, provide further details / action required | | | | |
| Is it likely that any people in the home will be smoking or drinking alcohol during worker visit | | | | | | | |  | | |  | |  | | | | |
| Is there know substance abuse amongst people who may be present | | | | | | | |  | | |  | |  | | | | |
| Does the participant or other people in the home have a history of actual or threatened violent or aggressive behaviour | | | | | | | |  | | |  | |  | | | | |
|  | | | | | | | |  | |  | | |  | | | | |
| Hazards | | | | | | | | No | | | Yes | | If Yes, provide further details / action required | | | | |
| Are there any known weapons or guns in the house | | | | | | | |  | | |  | |  | | | | |
| Is the house located in a remote area (> 30 minutes from staff location) | | | | | | | |  | | |  | |  | | | | |
| Is there difficulty with mobile phone reception and/or working landline | | | | | | | |  | | |  | |  | | | | |
| Are there any other additional hazards identified (eg. seasonal bushfire risk) | | | | | | | |  | | |  | |  | | | | |
|  | | | | | | | |  | |  | | |  | | | | |
| Outcomes | | | | | | | | | | | | | | | | | |
| No risks identified | | | | | | | | | | | | Details | | | | | |
| **Option 1** | | Proceed with a single worker home visit | | | | | | | | | |  | | | | | |
|  | | | | | | | | | | | |  | | | | | |
| Risks identified | | | | | | | | | | | | Details | | | | | |
| Discussed with Managing Director | | | | | | | | | | | | Rationale, decisions and actions taken | | | | | |
| **Option 1** | | Proceed with a single support worker home visit | | | | | | | | | |  | | | | | |
| **Option 2** | | Proceed with a 2 or more support worker home visit | | | | | | | | | |  | | | | | |
| **Option 3** | | Risk/s identified which preclude a home visit as an option | | | | | | | | | |  | | | | | |

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| --- | --- |
| Assessment completed by |  |
|  |  |
| Signature |  |
|  |  |
| Position |  |
|  |  |
| Date |  |

Once complete, return form to [admin@allaboutyou.org.au](mailto:admin@allaboutyou.org.au).