**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 |  |

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

Once complete, return form to admin@allaboutyou.org.au.