

Risk Assessment Template

APPENDIX 1: Home Visiting Risk Assessment Tool

HOME/ COMMUNITY VISIT RISK ASSESSMENT TEMPLATE SCREENING TOOL	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 _____

RISK ASSESSMENT TEMPLATE

ACCESS TO PROPERTY

Question*	Yes	No	Action/Comments
Will I see your house from 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...

NOTES

Signature

Print Name

Designation

Date/Time

Risk Assessment Template

APPENDIX 2: Community Venue – Community Risk Assessment Tool

COMMUNITY VENUE/COMMUNITY VISITING RISK ASSESSMENT TEMPLATE TOOL	Venue Details
	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)

RISK ASSESSMENT TEMPLATE

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?				