

Home Risk Assessment Checklist

Address:

Name of Client:

Phone:

Representative:

New Client: Yes/No

Existing Client: Yes/No

Does the Client consent to the Home Visit? Yes/No

Has this Risk Assessment been completed with the Client/Representative present? Yes/No

Type of Residence:

| 1. ACCESS TO PROPERTY | NO | YES | N/A | DETAILS / ACTION | Risk Rating |
|---|-----------|------------|------------|-------------------------|--------------------|
| 1.1 Is the street sign visible? | | | | | |
| 1.2 Is there access to neighbours/passing traffic? | | | | | |
| 1.3 Is there difficulty finding property or number? <i>e.g. descriptive marker</i> | | | | | |
| 1.4 Is the Workplace obscured from the street? <i>e.g. question outdoor environment</i> | | | | | |
| 1.5 Is there difficulty or a distance to a car park? <i>e.g. closest parking</i> | | | | | |
| 1.6 Is the gate difficult to open? <i>e.g. other access available</i> | | | | | |
| 1.7 Is there a shared driveway? | | | | | |
| 1.8 Which door is used for entry? Front/Side/Rear If 'Other', please define: | | | | | |
| Is there adequate lighting outside <i>e.g. on driveway and path?</i> | | | | | |
| 1.9 Are there uneven and/or dangerous paths on entry to doors? | | | | | |
| 1.10 Are there any steps/stairs? | | | | | |
| 1.11 Do all steps/stairs have railings? | | | | | |
| 1.12 Is the door clear of obstructions/easy to open? | | | | | |

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| 1.13 | Is there difficulty with mobile phone reception and/or working landline? Are there any restrictions to time parameters for the Risk Assessment? | | | | | |
| 2. HAZARDS | | NO | YES | | DETAILS / ACTION | Risk Rating |
| 2.1 | Is there adequate lighting inside? | | | | | |
| 2.2 | Are there any trip or slip hazards | | | | | |
| 2.3 | <i>e.g. floor surfaces?</i> | | | | | |
| 2.4 | Are there steps/stairs? | | | | | |
| 2.5 | Do all steps/stairs have railings? | | | | | |
| 2.6 | Is there a fire extinguisher/fire blanket? | | | | | |
| 2.7 | Is there an emergency exit? | | | | | |
| 2.8 | Are smoke detectors present and maintained? | | | | | |
| 2.9 | Is there adequate drainage? | | | | | |
| 2.10 | Is there adequate ventilation? | | | | | |
| 2.11 | Is there adequate workspace <i>e.g. kitchen, laundry and office if required?</i> | | | | | |
| 2.12 | Is there adequate furniture <i>e.g. bed, table and chairs?</i> | | | | | |
| 2.13 | Are there any design concerns with the furniture <i>e.g. height, position etc.?</i> | | | | | |
| 2.14 | Is there adequate space around the furniture <i>e.g. to walk around?</i> | | | | | |
| 2.15 | Is the water temperature set to a safe level? | | | | | |
| 2.16 | Are there any known infectious illnesses in the Workplace? <i>e.g. Gastro, Measles, Chicken pox</i> | | | | | |
| 2.17 | Is the Workplace set out in a manner which is consistent with the COVID-19 Pandemic Management Policy (areas to wash hand, suitable for social distancing) | | | | | |
| 2.18 | Other | | | | | |

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|--------------------------|--|-----------|------------|--|-------------------------|--------------------|
| 3. ELECTRICAL/GAS | | NO | YES | | DETAILS / ACTION | Risk Rating |
| 3.1 | Are the gas and electric appliances well maintained? | | | | | |

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| 3.2 | Heating and cooling? | | | | | |
| 3.3 | RDCs at mains? | | | | | |
| 3.4 | RDC protection for portable equipment? | | | | | |
| 3.5 | Electrical leads/extension cords? | | | | | |
| 3.6 | Are there any fire hazards? | | | | | |
| 3.7 | Switches/plugs? | | | | | |
| 3.8 | Power points near water? | | | | | |
| 3.9 | Gas cylinders <i>e.g. hot water heating/oxygen?</i> | | | | | |
| 4. | HAZARDOUS SUBSTANCES | NO | YES | | DETAILS / ACTION | Risk Rating |
| 4.1 | Substances approved for use? | | | | | |
| 4.2 | Labels present and clear? | | | | | |
| 4.3 | Original containers in use? | | | | | |
| 4.4 | Suitable for use? | | | | | |
| 4.5 | Stored in a safe position? | | | | | |
| 4.6 | Gloves/other protection available? | | | | | |
| 4.7 | Health effects/emergency procedures known? | | | | | |
| 4.8 | Material Safety Data Sheets (MSDS) available? | | | | | |
| 5. | EQUIPMENT | NO | YES | | DETAILS / ACTION | Risk Rating |
| 5.1 | Vacuum cleaner? | | | | | |
| 5.2 | Carpet sweeper? | | | | | |
| 5.3 | Broom <i>e.g. handle length?</i> | | | | | |
| 5.4 | Mop/Bucket? | | | | | |
| 5.5 | Iron/board? | | | | | |
| 5.6 | Washing machine/dryer? | | | | | |
| 5.7 | Hot water service/exposed | | | | | |
| 5.8 | Pipes? | | | | | |
| 5.9 | Step ladder? | | | | | |
| 5.10 | Food preparation equipment? | | | | | |
| 5.11 | Clothes line? | | | | | |

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|-----------|--|-----------|------------|--|-------------------------|--------------------|
| 6. | ANIMALS / PETS | NO | YES | | DETAILS / ACTION | Risk Rating |
| 6.1 | For home visits, does the Client have any pets/animals around the residence? | | | | | |
| 6.2 | Are there any animals with open access to the front of the property? | | | | | |

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| 6.3 | Can the animals be put in a room or outside during a visit? | | | | | |
| 7. OCCUPANTS | | NO | YES | | DETAILS / ACTION | Risk Rating |
| 7.1 | Does the Client, or do other occupants smoke? | | | | | |
| 7.2 | Does the Client have mobility issues <i>e.g wheelchair or other?</i> | | | | | |
| 7.3 | Does the Client speak English? Is an interpreter required? | | | | | |
| 7.4 | Have communication methods with the Client been established? | | | | | |
| 7.5 | Are there manual handling risks associated with the following Client transfers and other duties, assessed and controlled: <i>e.g. For transfers ON THE BED:</i> <i>Moving the Client up/ down the bed</i> <i>Sit up/ lie down</i> <i>Rolling the Client in bed</i> <i>Re-positioning the Client in bed</i> <i>Patient moving from lying to sitting in bed</i> <i>e.g. For transfers OFF THE BED:</i> <i>Move from chair to bed or bed to chair</i> <i>Transfer legs onto bed</i> <i>Chair to chair or toilet</i> <i>Move Client off floor</i> <i>e.g. For transfers IN/OUT BED:</i> <i>To chair/ commode/ wheelchair</i> <i>From sit to stand</i> <i>e.g. For wheelchairs:</i> <i>The condition of the wheelchair is checked</i> <i>Transferring Client from wheelchair to car</i> <i>Transferring the wheelchair into a car</i> | | | | | |
| 7.6 | Are there particular religious or cultural sensitivities to be aware of? | | | | | |
| 7.7 | Have hazards associated with showering, sponging and toileting been considered (as applicable)? <i>e.g. manual handling/ slips trips and falls/ biological hazards/ humidity, etc.)</i> | | | | | |
| 7.8 | Are there any other occupants or visitors likely to be present at the Workplace? | | | | | |
| 7.9 | Are there any known weapons or firearms in the Workplace? | | | | | |
| 7.10 | If yes, what sort of weapons? Are they secure? | | | | | |

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|-------------------|--|-----------|------------|--|-------------------------|--------------------|
| 7.11 | Is there known substance abuse amongst occupants or visitors? What substances? | | | | | |
| 8. HISTORY | | NO | YES | | DETAILS / ACTION | Risk Rating |
| 8.1 | Does the Client, or other occupants have a history of violent or aggressive behaviour or mental health issues? <i>e.g. domestic violence, elder abuse or family violence?</i> | | | | | |
| 8.2 | Resistance to care? | | | | | |
| 8.3 | Unable to accept instructions? | | | | | |
| 8.4 | Will the violent/ aggressive person be present at the Workplace (if it is not the Client)? | | | | | |

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Name :

Signature:

Date:

N.B. This is a working document & should be reviewed for each Workplace. If a risk is identified, please discuss with the Principal or a senior staff member.

Complete this form before conducting supports and services at a Workplace in accordance with the Work Health and Safety Policy. For each hazard you identify, note the control to be put in place. With the control in place, indicate whether the risk is at an acceptable level or not.

If you have any concern about the risk, do not provide services at the Workplace– refer to the **Principal or a senior staff member** for review of controls or alternative means of service provision.

Home Visit Risk Assessment Matrix

| LIKELIHOOD | CONSEQUENCE | | | | |
|--------------------|-------------------|---------------|--------------|--------------|--------------|
| | Insignificant (1) | Minor (2) | Moderate (3) | Major (4) | Extreme (5) |
| Rare (1) | Low - 1 | Low - 2 | Moderate - 3 | Moderate - 4 | High - 5 |
| Unlikely (2) | Low - 2 | Low - 4 | Moderate - 6 | High - 8 | High - 10 |
| Occasionally (3) | Low - 3 | Moderate - 6 | High - 9 | High - 12 | Extreme - 15 |
| Likely (4) | Low - 4 | Moderate - 8 | High - 12 | Extreme - 16 | Extreme - 20 |
| Almost certain (5) | Low - 5 | Moderate - 10 | High - 16 | Extreme - 20 | Extreme - 25 |

Risk Assessment Outcome – Proceed as follows:

LOW

Workplace acceptable. Ensure control options are followed.

MEDIUM

Workplace should only be used after consultation with the Principal.

The risks should be reviewed to take into account all the hazards involved.

The risks must be reduced prior to the provision of services or supports at the Workplace. If in doubt, re-classify as High Risk.

HIGH

Only proceed with providing supports and services at the Workplace with the **Principal or senior staff member's approval**. The risks associated with the Workplace must be re-assessed & other options considered.

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If a risk is identified please discuss with the Principal or a senior staff member as appropriate.

| IDENTIFIED RISKS (provide details) | CONTROLS |
|---|----------|
| Please provide details of risk identified and for actions to address risk. Refer to the number of the question when making the comment (if applicable). | |
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Name :

Signature: Date:

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