

CDNI Care Pty Ltd

WHS Walk-Around Risk Assessment Checklist

Type of Workplace: *Primary Business*
Premises / Client home / Other

Address:

[COMPLETE DETAILS WHERE THE
WORKPLACE IS THE CLIENT'S HOME]

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: House; Unit; Private Rental; Office of Housing; Aged Care Facility; Caravan Park

This checklist should be considered alongside the Managing and Reducing Known Risks Matrix and should be utilised for all Workplaces.

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

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1.10	Is the Client able to open the door?					
1.11	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	Are the gas and electric appliances well maintained?					
2.4	Are there any fire hazards?					
2.5	Are smoke detectors present and maintained?					
2.6	Are there any known infectious illnesses in the Workplace? <i>e.g. Gastro, Measles, Chicken pox</i>					
2.7	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)					
2.8	Other					
3. ANIMALS / PETS		NO	YES		DETAILS / ACTION	Risk Rating
3.1	For home visits, does the Client have any pets/animals around the residence?					
3.2	Are there any animals with open access to the front of the property?					
3.3	Can the animals be put in a room or outside during a visit?					
4. OCCUPANTS		NO	YES		DETAILS / ACTION	Risk Rating
4.1	Does the Client, or do other occupants smoke?					
4.2	Does the Client have mobility issues <i>e.g wheelchair or other?</i>					
4.3	Does the Client speak English? (Is an interpreter required)?					
4.4	Have communication methods with the Client been established?					
4.5	Are the manual handling risks associated with the following Client transfers and other duties, assessed and controlled: <i>e.g. For transfers ON THE BED: Moving the Client up/ down the bed Sit up/ lie down Rolling the Client in bed Re-positioning the Client in bed</i>					

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	<p><i>Patient moving from lying to sitting in bed</i></p> <p><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></p> <p><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></p>					
4.6	Are there particular religious or cultural sensitivities to be aware of?					
4.7	<p>Have hazards associated with showering, sponging and toileting been considered (as applicable)?</p> <p><i>e.g. manual handling/ slips trips and falls/ biological hazards/ humidity, etc.)</i></p>					
4.8	Are there any other occupants or visitors likely to be present at the Workplace?					
4.9	Are there any known weapons or fire arms in the Workplace?					
4.10	If yes, what sort of weapons? Are they secure?					
4.11	Is there known substance abuse amongst occupants or visitors? What substances?					
5. HISTORY		NO	YES		DETAILS / ACTION	Risk Rating
5.1	<p>Does the Client, or other occupants have a history of violent or aggressive behaviour or mental health issues?</p> <p><i>e.g. domestic violence, elder abuse or family violence?</i></p>					
5.2	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).	

Name :

Signature: Date:

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