



ENVIRONMENTAL HOME VISIT RISK ASSESSMENT TOOL

UR Number: _____

Surname: _____

Given Name: _____

Date of Birth: ____ / ____ / ____ Sex: M / F

(Affix Hospital I.D. Label if Available)

Does the client consent to the Home visit? Yes No If no, please state reason _____

Has the pt/client consented to return to hospital / service? Yes No N/A

Has this Risk Assessment been completed with the client/carer present? Yes No Source of information _____

Type of Residence: House Unit Private Rental Office of Housing Aged Care Facility Caravan Park Other



F E H 0 0 2 4 0 0 1

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EH 002400

1. ACCESS TO PROPERTY	NO	YES	DETAILS/ACTION	Risk
1.1 Is the street sign visible? e.g. nearest street				
1.2 Is the property number visible from the street? e.g. descriptive marker				
1.3 Is the house visible from the street? e.g. question outdoor environment				
1.4 Is there accessible parking? If so, where? e.g. closest parking				
1.5 Is the gate difficult to open? e.g. other access available				
1.6 Which door is used for entry? <input type="checkbox"/> front <input type="checkbox"/> side <input type="checkbox"/> rear				
1.7 Are there uneven / dangerous paths on entry to door?				
1.8 Are there any dangerous or slippery steps?				
1.9 Is the client/carer able to open door?				
1.10 Is there difficulty with mobile phone reception and/or working land line?				
2. HAZARDS	NO	YES	DETAILS/ACTION	Risk
2.1 Are there any hazards present? Give examples.				
•				
•				
•				
•				
3. ANIMALS / PETS	NO	YES	DETAILS/ACTION	Risk
3.1 Any animals with open access to the front of the property?				
3.2 Are there any animals in the house?				
3.3 Can the animals be put in a room or outside during a visit?				
4. OCCUPANTS	NO	YES	DETAILS/ACTION	Risk
4.1 Can all occupants of the home during the visit refrain from smoking/alcohol?				
4.2 Does the client have any religious or cultural considerations?				
4.3 Are there any occupants or visitors likely to be present during the home visit(s)? If so, do any of these people pose a threat?				
4.4 Are there any known weapons or fire arms in the house? What sort of weapons? Are they locked away?				
4.5 Is there known substance abuse amongst occupants or visitors? What substances?				
5. HISTORY	NO	YES	DETAILS/ACTION	Risk
5.1 Does the client or other occupants / visitors have a history of violent / aggressive behaviour: e.g. domestic violence, elder abuse or family violence?				
5.2 Code grey inpatient? <input type="checkbox"/>				
5.3 Will they be present at the visit?				
5.4 Does the client need to have another person present?				

Signature: _____

Name (please print): _____

Designation: _____

Date: _____



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If a risk is identified please discuss with the Program Manager or a member of the Senior Leadership Team.

Complete this form before proceeding on a home or community visit. Answer each question in Sections. 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 proceed with the visit - refer to your manager for review of controls or alternative means of service provision.

Eastern Health's "Home-Community Visit Staff Safety Policy" states that where a risk assessment indicates that the service provision places any employee in a position of greater than "low" risk, the feasibility of providing services within the community will be assessed.

HOME VISIT RISK ASSESSMENT MATRIX = Likelihood x Consequence = Risk Rating

		Consequence				
		1 Not significant	2 Minor	3 Moderate	4 Major	5 Extreme
Likelihood of Occurrence						
1	Rare	Low - 1	Low - 2	Moderate - 3	Moderate - 4	High - 5
2	Unlikely	Low - 2	Low - 4	Moderate - 6	High - 8	High - 10
3	Occasionally	Low - 3	Moderate - 6	High - 9	High - 12	Extreme - 15
4	Likely	Low - 4	Moderate - 8	High - 12	Extreme - 16	Extreme - 20
5	Almost certain	Low - 5	Moderate - 10	High - 15	Extreme - 20	Extreme - 25

RISK ASSESSMENT OUTCOME - Proceed with visit as follows:

LOW

Visit acceptable. Ensure control options are followed.

MEDIUM

Visit should only proceed after consultation with manager and clinical team.

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

The risks must be reduced prior to the visit - if in doubt re-classify as High Risk.

HIGH

Visit must only proceed with Managers approval. The risks associated with the visit must be re-assessed and other options considered.

If a risk is identified please discuss with the Program Manager or a member of the Senior Leadership Team.

COMMENTS

Please provide details of risk identified and for actions to address risk. Refer to the program / dept action plan for further details on risk identification & the development of an action plan by whom and by when. Refer to the number of the question when making a comment.

e.g. 3.1 The dog will be kept on a lead/ leash in the back yard.

Signature:

Name (please print):

Designation:

Date:

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