



**Home/Community Visit Staff  
SafetyRisk Assessment  
Supplementary Personal Fire Safety Plan Info  
Eastern Post Acute Care**

<b>NAME:</b> _____
<b>ADDRESS:</b> _____ _____
<b>UR:</b> _____
<b>AGE:</b> _____
<b>PHONE:</b> _____

Information obtained from <i>(please circle and name specific others)</i>	Client / carer / other staff / medical history
Client / carer information obtained <i>(please circle)</i>	Directly / phone interview / NA

**These details are requested for our Eastern PAC records so that we are aware of your plans on a high fire risk day.**

**On a high risk fire day – do you plan to leave the night before?** Yes / No

**On a high risk fire day – do you plan to leave early that day?** Yes / No

**Where will you stay** (contact name, (relationship) address and contact phone number)

.....  
.....

**How will you get there?**

.....

**Who can we contact if we are unable to contact you and have concerns ?**

.....  
.....

**Be aware services may not be provided on days of High Risk and will not on Code Red Days**

Home Care, Personal Care, In Home Respite and Physiotherapy will be cancelled or rescheduled to another day  
What is the plan for Nursing type services? Discuss with team leader or ASERT manager if required.

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**Post Acute Services Provided- Please tick**

- Personnel Care  Home Help  Respite  Shopping Assistance
- Other.....  **Nursing**

<b>Staff Signature</b>		<b>Date</b> ..... / ..... / .....
<b>Print Name</b>		