

UR Number: _____

Surname: _____

Given Name: _____

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

(Affix Hospital I.D. Label if Available)

Home Visit Risk Assessment Tool

Risk assessment completed with client/carer Yes No

Client/carer has consented to the home visit Yes No

Client has consented to return to hospital (if current inpatient) Yes No

Type of residence: House Unit Office of housing Aged Care Facility
 Caravan Park Other:

ENSURING ACCESS TO PROPERTY AND CLIENT

No	Yes	All Yes responses required further information/action
----	-----	---

- | | | |
|---|--|--|
| 1. Are street signs or property number hidden from view? | | |
| 2. Is the house hidden from the street? | | |
| 3. Is parking on the street/in driveway difficult? | | |
| 4. Is the gate difficult to open? | | |
| 5. Are there uneven / dangerous paths leading to house? | | |
| 6. Are there any dangerous or slippery steps? | | |
| 7. Does the client/carer have difficulty opening the door? | | |
| 8. Does the client need to have another person present? | | |
| 9. Does the client have any religious or cultural considerations? Eg male/female clinician preference | | |

ANIMALS / PETS

10. Any animals with open access to the front of the property or inside the house?		
--	--	--

OCCUPANTS

- | | | |
|--|--|--|
| 11. Is it likely that any people in the home will be smoking or drinking alcohol during our visit? | | |
| 12. Is there known substance abuse amongst people who may be present? | | |
| 13. Does the client or other people in the home have a history of actual or threatened violent or aggressive behaviour? Eg code grey whilst an inpatient | | |

HAZARDS

- | | | |
|---|--|-----------------------|
| 14. Are there any known weapons or guns in the house? | | Are they locked away? |
| 15. Remote area (>30 minutes from staff base)? | | |
| 16. Is there difficulty with mobile phone reception and/or working land line? | | |
| 17. Any additional hazards identified? Eg seasonal bushfire risks | | |

Outcome:

Plan

No risks identified

Proceed with single clinician home visit

Risks identified – Discussed with manager or delegate. Detail of rationale, decisions and actions taken:

- Proceed with single clinician home visit
- Home visit to proceed with 2 or more clinicians
- Risk identified which preclude home visit as an option

Signature: _____

Name (please print): _____

Designation: _____

Date: _____



F E H 0 0 2 4 0 0 1