



OHS Home Visit Checklist

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Taking care of risks



Risk Management
Resource

Strengthening the sector

Location Pager: Phone:
 (Client Address):

 Carer:
 Service/Unit: New Client Existing Client

Does the client consent to the Home Visit? Yes No

Has this Risk Assessment been completed with the client/carer 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 Client Behaviour Management Plan.

1. ACCESS TO PROPERTY	NO	YES	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 house 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? <input type="checkbox"/> Front <input type="checkbox"/> Side <input type="checkbox"/> Rear If 'Other', please define:				
1.8 Are there uneven and/or dangerous paths on entry to door?				
1.9 Are there any dangerous or slippery steps?				
1.10 Is the client able to open door?				
1.11 Is there difficulty with mobile phone reception and/or working land line?				
1.12 Are there any restrictions to time parameters for the visit?				

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 house? <i>e.g. Gastro, Measles, Chicken pox</i>				
2.7 Other				
3. ANIMALS / PETS	NO	YES	DETAILS / ACTION	Risk Rating
3.1 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 Patient moving from lying to sitting in bed</i>				

4. OCCUPANTS (cont.)	NO	YES	DETAILS / ACTION	Risk Rating
<p><i>e.g. For transfers OFF THE BED:</i> Move from chair to bed or bed to chair Transfer legs onto bed Chair to chair or toilet Move client off floor</p> <p><i>e.g. For transfers IN/OUT BED:</i> To chair/ commode/ wheelchair From sit to stand</p> <p><i>e.g. For wheelchairs:</i> The condition of the wheelchair is checked Transferring Client from wheelchair to car Transferring the wheelchair into a car</p>				
<p>4.6 Are there particular religious or cultural sensitivities to be aware of?</p> <p>4.7 Have hazards associated with showering, sponging and toileting been considered? <i>e.g. manual handling/ slips trips and falls/ biological hazards/ humidity, etc.)</i></p>				
<p>4.8 Are there any other occupants or visitors likely to be present during home visits?</p>				
<p>4.9 Are there any known weapons or fire arms in the house?</p> <p>4.10 If yes, what sort of weapons? Are they secure?</p>				
<p>4.11 Is there known substance abuse amongst occupants or visitors? What substances?</p>				
5. HISTORY	NO	YES	DETAILS / ACTION	Risk Rating
<p>5.1 Does the client, or other occupants have a history of violent or aggressive behaviour? <i>e.g. domestic violence, elder abuse or family violence?</i></p> <p>5.2 Will the violent/ aggressive person be present at the visit (if it is not the client)?</p>				

Name :

Signature: Date:

N.B. This is a working document & should be reviewed for each visit.

If a risk is identified, please discuss with the Program Manager or a senior staff member.

Complete this form before proceeding on a home or community visit. 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 **senior staff member or manager** 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 with Visit as follows:

LOW

Visit acceptable. Ensure control options are followed.

MEDIUM

Visit should only proceed after consultation with manager & 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 **senior staff member or managers' approval**. The risks associated with the visit must be re-assessed & other options considered.

If a risk is identified please discuss with the program manager or a member of the senior leadership team.

COMMENTS

CONTROLS

Please provide details of risk identified and for actions to address risk. Refer to the number of the question when making the comment.

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

Name :

Signature: Date:

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Resources

A wide range of resources and learning opportunities are available to assist community service organisations to undertake effective risk management:

NDS Victoria: www.nds.org.au/vic

VMIA: www.vmia.vic.gov.au

DHS: Funded Agency Channel (FAC). 'A resource guide, tools and links to support Community Sector Organisations'. <https://fac.dhs.vic.gov.au/home>. Contact the FAC Helpdesk - Ph: +61 3 9096 2742 • Email: fac@dhs.vic.gov.au

DHS: 'Resources Guide for community service organisations in the Victorian disability services sector', 2009. www.dhs.vic.gov.au/disability/improving_supports/industryplan/resources#ind

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Disclaimer

The information provided in this document is intended for general use only. It is not a definitive guide to the law and best practice, does not constitute formal advice, and does not take into consideration the particular circumstances and needs of your organisation.

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About National Disability Services

NDS is the national peak body for disability services. Its membership includes more than 650 not-for-profit organisations that collectively operate several thousand services for Australians with a disability.

NDS provides a wide range of advice and information to the disability services sector and governments regarding all significant disability matters.

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