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## Service Provider Home Safety Checklist

Client Name.....DOB.....Phone:.....

Contact Person (if Not Client):Name:.....Phone:.....

Identifying features of the house if isolated or difficult to find/identify (eg map reference, directions)	
Location of entrance door – (tick the box)	Front      Side      Back      Other
Type of dwelling – (tick the box)	House      Flat/Unit      Multi Level Residential Facility      Rural

### Section One - To be completed PRIOR to first home visit

**Suggested – Home visit risk assessment introductory statement** (Can be read out over the phone to explain why we need to do the risk assessment)  
 This agency has a duty of care to make sure that all staff are safe at work – so it is routine for us to ask some questions before we visit you at home. I need to ask you about pets, firearms, smoking – we ask these questions of all clients.

OCCUPANTS	Yes	No	Unsure
Do you have religious or cultural needs our staff should be sensitive to?	*		*
Are there others who live at your premises? Please list on client file:	*		*
Do you currently have a nominated authorised representative, Community Treatment order or similar?	*		*
Is anyone living at the premises known to be potentially aggressive or violent?	*		*
Are there any weapons at the property?      Yes      No      If yes are they appropriately secured?	*		*
HAZARDS	Yes	No	Unsure
Are the clients or others living at the premises smokers? Explain smoking policy.	*		*
Does any occupant have an infectious disease, eg chicken pox, measles, TB?	*		*
ACCESS	Yes	No	Unsure
Are there any access problems, eg clear pathway, easy to open door/gate?	*		*
Are there any pets/animals on the premises? Explain the policy.	*		*
Is there any difficulty with mobile phone coverage and/or a working land line?	*		*

### Section Two - To be completed AT first home visit

OCCUPANTS	Yes	No	Unsure
Is there any observable evidence that client/other occupants are involved in substance abuse?	*		*
Is there any evidence that weapons (eg guns), are on the premises?	*		*
HAZARDS	Yes	No	Unsure
Smoke detectors – are they installed and operational?		*	*
Is there adequate lighting – indoors/outdoors?		*	*
Basic amenities – is there access to running water and rubbish disposal?		*	*
Pressurised cylinders?      Yes      No      Is it safely positioned away from naked flames?		*	*
Is there a biological hazard on the premises, eg body fluids, dressings?	*		*
Is there evidence of immediate danger to the client or staff?	*		*
ACCESS	Yes	No	Unsure
Is entry to the premises free of impediment and visible from the street?		*	*
Is parking adequate on the street?		*	*
Are there two safe exit points - from the building and property in an emergency?		*	*
Are the premises free from clutter and safe for the worker to undertake their duties?		*	*

Section One Completed by (name):.....

Agency:.....Date.....

This checklist is designed to be completed by the first agency to make contact or visit, and forwarded with any Referrals – the information it contains was reflective of the situation at the date of contact – details may have since changed.

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# Agency Risk Report



NB When completing the Check List on Page One ensure that any boxes you tick which are marked with an asterisk are reported in the Agency Risk Report below.

OCCUPANTS - CONCERN	ACTION TAKEN
1. Date:  Eg: 1: 19/12/08 Client has previously used this service – was verbally abusive to staff	1.  Eg: Reviewed with supervisor, agreed to give client another opportunity – assessment visit to address issues of abuse and service will be withdrawn if abuse is evident – service delivery staff to advise assessment officer of any abuse
HAZARD - CONCERN	ACTION TAKEN
1. Date:  Eg: 1: 19/12/08 Client has a number of loose mats with curled ends – slip hazard	1.  Eg: Discussed with client, alerted her to danger, she will have family remove them for her – service delivery staff to advise this has been done at first visit – mats to be removed are from lounge, bedroom, passage way
ACCESS - CONCERN	ACTION - TAKEN
1. Date:  Eg: 1: 19/12/08 Client in a small unit with only front entry door – no back exit	1.  Eg: Discussed with relevant supervisor – exit via front door clear and easy to use, service delivery staff to be advised to ensure that they do not block the front door with equipment during their time at the unit

ASSESSMENT HOME VISIT DECISION	YES	NO
Risk analysis indicates that it will be appropriate for just one staff member to attend the initial visit		
Risk analysis indicates that it is appropriate for two staff members to attend the initial visit. NB All risks need to be addressed prior to initial visit – two staff attending does not necessarily reduce the risk.		
Risk analysis indicates that the issues identified above need to be addressed before a staff member can complete the initial visit		

Section Two Completed by (name):.....

Agency:..... Date.....

- The Assessment Home Visit Decision above is not a directive or advice for other agencies – it is the opinion of the person completing it – each agency receiving a copy of this form is responsible for its own staff and any consequent decisions as to the risk of visiting this client in their home. The decision as to home visit safety can be amended following a change in client circumstances.
- This Service Provider Home Safety Checklist and Agency Risk Report was developed by the Ballarat Partnering Project (2008/9). The original Home Safety Checklist on which this work was based was developed under the auspice of the Central Highlands Primary Care Partnership, Service Coordination Sub-Committee.