

QF316	CLIENT RISK ASSESSMENT – HOME VISITS
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This form should be used for the development of a **Customer/Client risk assessment** for **supports delivered in the Customer/Client’s home**. It considers WHS issues and potential dangers for both Customers/Clients and staff.

The following template provides a starting point for your organisation, with examples of areas of supports and Customer/Client circumstances in which risks may arise. We recommend that you tailor the template to the specific needs of your organisation, which will differ depending on the services that you provide, and the service environments in which you deliver supports.

Please note that this is a macro enabled document. To access the full functionality of the template, click ‘enable content’.

Customer/Client name:	File no:
Customer/Client phone number:	Date of birth: Click to enter date.
Location (address):	
Does the Customer/Client consent to the home visit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of residence: <input type="checkbox"/> House <input type="checkbox"/> Unit <input type="checkbox"/> Government housing <input type="checkbox"/> Aged care facility <input type="checkbox"/> Caravan park <input type="checkbox"/> Other:	
Which door is used for entry? <input type="checkbox"/> Front <input type="checkbox"/> Side <input type="checkbox"/> Rear <input type="checkbox"/> Other:	
Person completing assessment:	Date completed: Click to enter date. Review date: Click to enter date.

Risk context
What is the support / service / task to be provided?
Who will be providing the support? (Qualification, skills, experience)
Is there any other information relevant to this home visit risk assessment?

Risk assessment matrix

The following approach to risk categorisation should be applied in carrying out the risk assessment related to provision of services to this Customer/Client.

Assess each risk that you have identified in terms of the likelihood of it occurring and the severity of harm to the Customer/Client or staff member if this risk did occur. Use the risk assessment matrix below as a guide to assess the risk level.

Severity How serious is the risk?	Likelihood How likely is the incident to occur?			
	Very high (almost certain)	High (probable)	Moderate (may happen)	Low (unlikely)
Critical	Extreme	Extreme	High	Moderate
Major	Extreme	High	Moderate	Moderate
Moderate	High	Moderate	Moderate	Low
Minor	Moderate	Moderate	Low	Low

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Area	Risks identified	Impact on whom		Risk rating	Risk management strategy	Person responsible	Date completed
What area of support or life domain does the risk relate to?	What type of risks may occur during the provision of supports to this Customer/Client?	Who would be impacted?		Level of risk? (considering likelihood & seriousness)	How could the risk be prevented or impact minimised?	Who will be responsible for undertaking the strategy?	When was the strategy completed?
		Custo mer/ Client	Staff				
Access to property <ul style="list-style-type: none"> • is the house visible from the street? • is there difficulty finding a car park? • is the gate difficult to open? • are there any dangerous or slippery steps? • is the Customer/Client able to open the door? 		<input type="checkbox"/>	<input type="checkbox"/>	Choose an item.			Click to enter date.
Hazards <ul style="list-style-type: none"> • is there adequate lighting inside? • are there any slip or trip hazards? • are electrical and gas appliances well maintained? • are smoke detectors present and well maintained? • is there mobile phone reception in the house? • are there any known infectious diseases in the house (e.g. gastro, chicken pox, measles)? 		<input type="checkbox"/>	<input type="checkbox"/>	Choose an item.			Click to enter date.

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		Customer/Client	Staff				
Animals/pets <ul style="list-style-type: none"> does the Customer/Client have any pets or animals in or around the residence? can animals be moved outdoors or into another room during the visit? 		<input type="checkbox"/>	<input type="checkbox"/>	Choose an item.			Click to enter date.
Bathrooms/toilets <ul style="list-style-type: none"> is there safe access to bath and shower? are floor surfaces safe? is there proper drainage? are there rails present, if needed? is there proper ventilation? 		<input type="checkbox"/>	<input type="checkbox"/>	Choose an item.			Click to enter date.
Bedrooms <ul style="list-style-type: none"> access around furniture? is bed at a suitable height? 		<input type="checkbox"/>	<input type="checkbox"/>	Choose an item.			Click to enter date.
Lounge/dining room <ul style="list-style-type: none"> access around furniture? any furniture design risks? are heaters / air conditioners properly maintained? 		<input type="checkbox"/>	<input type="checkbox"/>	Choose an item.			Click to enter date.

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Kitchen <ul style="list-style-type: none"> is there access to running water? are utensils safely stored? 		<input type="checkbox"/>	<input type="checkbox"/>	Choose an item.			Click to enter date.
Manual handling <ul style="list-style-type: none"> does Customer/Client require assistance with transfers (e.g. transfers in/out of bed, to chair/commode /wheelchair, from sit to stand etc.) is worker able to adopt safe work postures? is manual handling equipment in place and used? have safe work procedures been developed? has training been provided to support staff for specific Customer/Client handling techniques? can all manual handling tasks be undertaken safely with current staff and equipment? 		<input type="checkbox"/>	<input type="checkbox"/>	Choose an item.			Click to enter date.

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Occupants <ul style="list-style-type: none"> • does the Customer/Client, or other occupants smoke? • are there any other occupants or visitors likely to be present during home visits? • is there any known substance abuse amongst occupants or visitors? • is there any history of violent or aggressive behaviour among occupants? 		<input type="checkbox"/>	<input type="checkbox"/>	Choose an item.			Click to enter date.
		<input type="checkbox"/>	<input type="checkbox"/>	Choose an item.			Click to enter date.

Additional comments: