



## Home Visit Risk Assessment Checklist

Participant name	
Address	
Date of birth	

Type of residence			
<input type="checkbox"/> House	<input type="checkbox"/> Unit	<input type="checkbox"/> Group home	<input type="checkbox"/> Other:

Ensuring access to property and participant	No	Yes	If Yes, provide further details/action required
Are street signs or the property number hidden from view			
Is the house hidden from the street			
Is parking on the street / in driveway difficult			
If there is a gate, is it difficult to open			
Are there uneven / dangerous paths leading to the house			
Are there any dangerous or slippery steps			
Does the participant / carer have difficulty opening the door			
Does the participant need to have another person present			
Does the participant have any religious or cultural considerations (eg. preference for a male or female clinician)			

Animals / Pets	No	Yes	If Yes, provide further details / action required
Are there any animals with open access to the front of the property or inside the house			

Occupants	No	Yes	If Yes, provide further details / action required
Is it likely that any people in the home will be smoking or drinking alcohol during worker visit			
Is there know substance abuse amongst people who may be present			
Does the participant or other people in the home have a history of actual or threatened violent or aggressive behaviour			

Hazards	No	Yes	If Yes, provide further details / action required
Are there any known weapons or guns in the house			
Is the house located in a remote area (> 30 minutes from staff location)			
Is there difficulty with mobile phone reception and/or working landline			
Are there any other additional hazards identified (eg. seasonal bushfire risk)			

Outcomes		
No risks identified		Details
<b>Option 1</b>	Proceed with a single worker home visit	

Risks identified		Details
Discussed with Managing Director		Rationale, decisions and actions taken
<b>Option 1</b>	Proceed with a single support worker home visit	

<b>Option 2</b>	Proceed with a 2 or more support worker home visit	
<b>Option 3</b>	Risk/s identified which preclude a home visit as an option	

Assessment completed by	
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Signature	
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Position	
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Date	
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Once complete, return form to [admin@allaboutyou.org.au](mailto:admin@allaboutyou.org.au).