

# Werribee Mercy Hospital

## Safe Home Visit Risk Assessment Tool



Referral Date:

Phone:

Upon completion please email this referral to [HITHreferrals@mercy.com.au](mailto:HITHreferrals@mercy.com.au)

### Patient Details

UR number:	Last/Family name:
First name:	Sex:
Date of birth:	
Address (if no UR):	

### PURPOSE

To proactively identify and manage health and safety hazards/risks to staff completing a home visit.

### CONFIRMATION OF CONTACT DETAILS (COMPLETE WITH PATIENT)

Current home address:	
Best contact number:	Secondary contact number:

ACCOMODATION DETAILS:  HOUSE  FLAT/UNIT  PUBLIC HOUSING  OTHER

COMPLETE QUESTIONS BELOW WITH CLIENT	Y	N	COMMENTS
Who is likely to be at home during the visits?			
Is an interpreter required for the visit?	<input type="checkbox"/>	<input type="checkbox"/>	<i>If Y, Language is:</i>
Is mobile phone coverage unreliable in your area?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you live in a bushfire or flood prone area?	<input type="checkbox"/>	<input type="checkbox"/>	<i>Assess weather before every visit</i>
Do you live in a remote or rural area?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you feel unsafe with any drug or alcohol use at home?	<input type="checkbox"/>	<input type="checkbox"/>	
Does anyone smoke in the house?	<input type="checkbox"/>	<input type="checkbox"/>	<i>If Y, they must smoke outside during visit</i>
Are any weapons kept in your home (gun etc)?	<input type="checkbox"/>	<input type="checkbox"/>	<i>If Y, these must be locked away during visit</i>
Is anyone at home unwell/infectious or contagious illness?	<input type="checkbox"/>	<input type="checkbox"/>	
Are there special directions/landmarks/road issues to home?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the Clinician have to park >50m from your house?	<input type="checkbox"/>	<input type="checkbox"/>	
Is it hard to see the path/access/main door to your home?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a gate/intercom code to access your home?	<input type="checkbox"/>	<input type="checkbox"/>	<i>If Y, record access details:</i>
Is the main access to your home through a side/back door?	<input type="checkbox"/>	<input type="checkbox"/>	
Are paths/stairs to home or areas inside broken/unstable?	<input type="checkbox"/>	<input type="checkbox"/>	
Are there trip/fall hazards at home? (clutter in halls/steps)	<input type="checkbox"/>	<input type="checkbox"/>	
Are there any inside or outside pets kept at home?	<input type="checkbox"/>	<input type="checkbox"/>	<i>If Y, all pets must be secured during visit</i>
Is there client or equipment handling required during visit?	<input type="checkbox"/>	<input type="checkbox"/>	<i>If Y, Complete a Risk Assessment pre-visit</i>
Are there any other safety issues we need to be aware of? (e.g. court orders, IVO's)	<input type="checkbox"/>	<input type="checkbox"/>	

### FAMILY VIOLENCE RISK- TO BE COMPLETED WHEN A PATIENT IS ALONE ONLY

Has anyone in your household made you feel unsafe?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you feel safe to go home?	<input type="checkbox"/>	<input type="checkbox"/>	

CLIENT'S CONSENT TO VISIT  Y  N

CLIENT NAME:	SIGNATURE:	DATE:

### FOR PHONE SCREENING, CLINICIAN CONFIRMS BELOW THAT CLIENT HAS PROVIDED VERBAL CONSENT

CONSENT GIVEN: <input type="checkbox"/> Yes <input type="checkbox"/> No	NAME:	SIGNATURE:	DATE:
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<b>OTHER RISK AREAS INCLUDING AGRESSION (DO NOT COMPLETE WITH CLIENT- COMPLETE FROM FILE REVIEW IF NEEDED)</b>		Y	N	Comment	
Is there a Mental Health Plan or Complex Admission form on file that indicates a risk to staff safety				<input type="checkbox"/> N/A	
Are DHHA or Social Work involved with the client/anyone at home that indicates a risk to staff safety?				<input type="checkbox"/> N/A	
Has a Code Grey, Code Black or Aggressive incident occurred with the client, partner or family?				<i>If Y, additional consideration for staff safety must occur</i>	
Is Security/Police required to attend with the Clinician?				<input type="checkbox"/> N/A	
<b>IDENTIFIED HAZARD/S</b>	<b>DETAILS OF HAZRD CONTROL</b>		<b>RISK REMAINS</b>		
			<input type="checkbox"/> NO	<input type="checkbox"/> YES	
			<input type="checkbox"/> NO	<input type="checkbox"/> YES	
			<input type="checkbox"/> NO	<input type="checkbox"/> YES	
			<input type="checkbox"/> NO	<input type="checkbox"/> YES	
			<input type="checkbox"/> NO	<input type="checkbox"/> YES	
<b>IF ANY HAZARDS ARE STILL CONSIDERED A RISK TO STAFF, ESCALATE THIS TO THE MANAGER</b>					
<b>RISK ASSESSMENT OUTCOME (TICK APPLICABLE BOX)</b>		<b>COMMENTS</b>			
No hazards identified: Visit may proceed		<input type="checkbox"/>			
Hazards have been identified and measures put in place: Visit may proceed with review of measures as needed		<input type="checkbox"/>			
Hazards have been identified and cannot be controlled: Visit deemed not safe to proceed and appointment/s have been arranged at the hospital or via telehealth		<input type="checkbox"/>			
<b>CLIENT CONTACT CHECKLIST</b>		Y	N	N/A	COMMENTS
Client has confirmed they are to take the Clinician's call from 8am on the day of the visit?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Client has been asked to keep their mobile on from 8am-8pm on the day of the visit to take the Clinician's call		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>STAFF ACCOUTNABILITY (STAFF MEMBER COMPLETING SECOND PAGE OF FORM)</b>					
I confirm that I have: <ul style="list-style-type: none"> <li>Completed the identified hazards section</li> <li>Completed the risk assessment outcome section</li> </ul> Addressed any identified hazards and/or have escalated any hazards that cannot be addressed					
<b>CLINICIAN NAME:</b>		<b>SIGNATURE:</b>		<b>DATE:</b>	

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