**Respite/Home Care Risk Assessment Form**

|  |  |
| --- | --- |
| Participant name |  |
|  |  |  |  |
| Address |  | Date of birth |  |
|  |  |
| Phone |  |

|  |  |
| --- | --- |
| Location of parking |  |
|  |  |
| Location of entrance |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Assessment completed by |  | Date |  |
|  |  |  |  |
|  |  | Review date |  |

Outside residence

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Category | Visually safe | Comments | Hazards identified & actions required | Completed date |
| Y/N |
| Mobile phone coverage |  |  |  |  |
| Access to neighbours/passing traffic/security issues |  |  |  |  |
| Parking |  |  |  |  |
| Driveway access for pick up/drop off |  |  |  |  |
| Gates (easy to open) |  |  |  |  |
| Pathway/garden |  |  |  |  |
| Steps/stairs and railings |  |  |  |  |
| Veranda/porch surface |  |  |  |  |
| Pets present in yard – specify type |  |  |  |  |
| Lighting at night |  |  |  |  |
| Door clear of obstructions / easy to open |  |  |  |  |
| Backyard suitable for activities |  |  |  |  |
| Backyard equipment in safe and useable condition |  |  |  |  |
| Entrance level, non-slip and easy access |  |  |  |  |
| Floor surfaces |  |  |  |  |
| Stair surface/railings |  |  |  |  |
| Windows able to be safely opened/closed and locked |  |  |  |  |
| Lighting |  |  |  |  |
| Temperature/ventilation |  |  |  |  |
| Freedom of movement |  |  |  |  |
| Pets present – specify type |  |  |  |  |
| Relatives/friends present |  |  |  |  |
| Weapons (e.g. guns) |  |  |  |  |
| Substances of abuse |  |  |  |  |
| Cigarette smoking |  |  |  |  |
| Emergency exit available |  |  |  |  |
| Smoke detector |  |  |  |  |
| Fire extinguisher/blanket |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Electrical/Gas |
| Category | Visually safe | Comments | Hazards identified & actions required | Completed date |
| Y/N |
| Electrical leads/extension cords |  |  |  |  |
| Switches/plugs |  |  |  |  |
| Power points near water |  |  |  |  |
| Gas cylinders (hot water heating/oxygen) |  |  |  |  |
| Equipment |
| Category | Visually safe | Comments | Hazards identified & actions required | Completed date |
| Y/N |
| Vacuum cleaner |  |  |  |  |
| Carpet sweeper |  |  |  |  |
| Broom (e.g. handle length) |  |  |  |  |
| Mop/Bucket |  |  |  |  |
| Iron/board |  |  |  |  |
| Washing machine/dryer |  |  |  |  |
| Dust pan and hand brush |  |  |  |  |
| Toilet brush |  |  |  |  |
| Washing machine/clothes dryer |  |  |  |  |
| Clothes line/trolley |  |  |  |  |
| Iron/ironing board |  |  |  |  |
| Hot water service/exposed pipes |  |  |  |  |
| Step ladder |  |  |  |  |
| Food preparation equipment |  |  |  |  |
| Bathroom/Toilet |
| Category | Visually safe | Comments | Hazards identified & actions required | Completed date |
| Y/N |
| Access to bath/shower/toilet (to use and clean) |  |  |  |  |
| Drainage |  |  |  |  |
| Ventilation |  |  |  |  |
| Water temperature |  |  |  |  |
| Electrical equipment |  |  |  |  |
|  |
| Kitchen/Dining |
| Category | Visually safe | Comments | Hazards identified & actions required | Completed date |
| Y/N |
| Stove |  |  |  |  |
| Electrical equipment |  |  |  |  |
| Workspace organisation and height |  |  |  |  |
| Table/chairs |  |  |  |  |
| Access to food and drinking water |  |  |  |  |
|  |
| Laundry |
| Category | Visually safe | Comments | Hazards identified & actions required | Completed date |
| Y/N |
| Workspace organisation and height |  |  |  |  |
| Drainage |  |  |  |  |
| Water temperature |  |  |  |  |
| Ventilation |  |  |  |  |
|  |
| Bedrooms |
| Category | Visually safe | Comments | Hazards identified & actions required | Completed date |
| Y/N |
| Sufficient space around bed |  |  |  |  |
| Bed suitable height |  |  |  |  |
| Heaters present |  |  |  |  |
| Electrical cords/power points |  |  |  |  |
|  |
| Lounge |
| Category | Visually safe | Comments | Hazards identified & actions required | Completed date |
| Y/N |
| Furniture design risks |  |  |  |  |
| Furniture position risks |  |  |  |  |
| Hazardous substances |
| Category | Visually safe | Comments | Hazards identified & actions required | Completed date |
| Y/N |
| Substances approved for use |  |  |  |  |
| Labels present and clear |  |  |  |  |
| Original containers in use |  |  |  |  |
| Suitable for use |  |  |  |  |
| Stored in safe position |  |  |  |  |
| Gloves/other protection available |  |  |  |  |
| Adequate ventilation – exhaust fan/open window |  |  |  |  |
| Health effects/emergency procedures known |  |  |  |  |
| Material Safety Data Sheets (MSDS) available |  |  |  |  |
| Safe work procedure in place and known |  |  |  |  |
| Emergency procedure known |  |  |  |  |
| Other issues |
| Category | Y/N | Comments | Hazards identified & actions required | Completed date |
| History of aggression or violence/threat to staff |  |  |  |  |
| History of unresolved complaints/feedback for client/family |  |  |  |  |
| Resistance to care |  |  |  |  |
| Language/communication issues |  |  |  |  |
| Unable to accept instructions |  |  |  |  |
| Presence of any religious or cultural sensitivities |  |  |  |  |
| Risk of infection |  |  |  |  |
| Manual handling issues *(if yes complete MH assessment and attach)* |  |  |  |  |

Statement

I declare that the information I have provided in this form is complete and correct. I understand that giving false or misleading information is a serious matter.

|  |  |  |  |
| --- | --- | --- | --- |
| Assessor signature |  | Date |  |
|  |  |  |  |
| Assessment authorised by |  | Date |  |

Once complete, return form to admin@allaboutyou.org.au