



MBC Nursing In-Home Risk Assessment

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|-----------------------------------|------------|----------------|-------------------------|--------------------|-----------|
| Client Name | | Mobile: | | Home Phone: | |
| Location (Client Address): | | | | | |
| Carer: | | Mobile: | | Phone: | |
| Email: | | | | | |
| New Client: | Yes | No | Existing Client: | Yes | No |

Does the client consent to the Home Visit? Yes No

Has this Risk Assessment been completed with the client/carer present? Yes No

Type of Residence:

House Unit Private Rental SDA DOH Group Home

This checklist should be considered alongside The Client Behaviour Management Plan.

If shared 'No' or 'Yes' is ticked then 'Details/Action', 'Risk Rating' and 'Comment/Control' should be completed.

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| | Initial Assessment Date: | | | | Follow Up Assessment Date: | | | |
|--|--------------------------|-----|------------------|-------------|----------------------------|-----|------------------|-------------|
| | NO | YES | DETAILS / ACTION | Risk Rating | NO | YES | DETAILS / ACTION | Risk Rating |
| 1. ACCESS TO PROPERTY | | | | | | | | |
| 1.1 Is the street sign visible? | | | | | | | | |
| 1.2 Is there difficulty finding property or number? <i>e.g., descriptive marker</i> | | | | | | | | |
| 1.3 Is the house obscured from the street? <i>e.g., question outdoor environment</i> | | | | | | | | |
| 1.4 Is there difficulty or a distance to a car park? <i>e.g., closest parking</i> | | | | | | | | |
| 1.5 Is the gate difficult to open? <i>e.g., other access available</i> | | | | | | | | |
| 1.6 Is there a shared driveway? | | | | | | | | |
| 1.7 Which door is used for entry? Front/Side/Rear If 'Other', please define: | | | | | | | | |
| 1.8 Are there uneven and/or dangerous paths on entry to door? | | | | | | | | |
| 1.9 Are there any dangerous or slippery steps? | | | | | | | | |

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| 1.10 | Is the client able to open door? | | | | | | | | |
| 1.11 | Is there difficulty with mobile phone reception and/or working land line? | | | | | | | | |
| 1.12 | Are there any restrictions to time parameters for the visit? | | | | | | | | |
| 2. HAZARDS | | NO | YES | DETAILS / ACTION | Risk Rating | NO | YES | DETAILS / ACTION | Risk Rating |
| 2.1 | Is there adequate lighting inside and out? | | | | | | | | |
| 2.2 | Are there any trip or slip hazards? | | | | | | | | |
| 2.3 | Are the gas and electric appliances well maintained? | | | | | | | | |
| 2.4 | Are there any fire hazards? | | | | | | | | |
| 2.5 | Are smoke detectors present and maintained? | | | | | | | | |
| 2.6 | Are there any known infectious illnesses in the house? <i>Gastro, Measles, Chicken pox, MRSA, Flu or COVID-19 etc</i> | | | | | | | | |
| 2.7 | Other | | | | | | | | |
| 3. ANIMALS / PETS | | NO | YES | DETAILS / ACTION | Risk Rating | NO | YES | DETAILS / ACTION | Risk Rating |
| 3.1 | Does the client have any pets/animals around the residence? | | | | | | | | |
| 3.2 | Are there any animals with open access to the front of the property? | | | | | | | | |

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|---|-----------|------------|-------------------------|--------------------|-----------|------------|-------------------------|--------------------|--|
| 3.3 Can the animals be put in a room or outside during a visit? | | | | | | | | | |
| 4. OCCUPANTS | NO | YES | DETAILS / ACTION | Risk Rating | NO | YES | DETAILS / ACTION | Risk Rating | |
| 4.1 Does the client, or do other occupants smoke? | | | | | | | | | |
| 4.2 Does the client have mobility issues? <i>e.g., wheelchair or other?</i> | | | | | | | | | |
| 4.3 Does the client speak English? (Is an interpreter required)? | | | | | | | | | |
| 4.4 Have communication methods with the client been established? | | | | | | | | | |
| 4.5 Are the manual handling risks associated with the following client transfers and other duties, assessed, and controlled? <i>e.g., For transfers ON THE BED:</i> <i>Moving the client up/ down the bed</i> <i>Sit up/ lie down</i> <i>Rolling the client in bed</i> <i>Re-positioning the client in bed</i> <i>Patient moving from lying to sitting in bed</i> <i>e.g., For transfers OFF THE BED:</i> | | | | | | | | | |

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|------------|--|--|--|--|--|--|--|--|
| | <p><i>Move from chair to bed or bed to chair</i></p> <p><i>Transfer legs onto bed</i></p> <p><i>Chair to chair or toilet</i></p> <p><i>Move client off floor</i></p> <p>e.g., For transfers IN/OUT BED:</p> <p><i>To chair/ commode/ wheelchair</i></p> <p><i>From sit to stand</i></p> <p>e.g., For wheelchairs:</p> <p><i>The condition of the wheelchair is checked</i></p> <p><i>Transferring Client from wheelchair to car</i></p> <p><i>Transferring the wheelchair into a car</i></p> | | | | | | | |
| 4.6 | Are there particular religious or cultural sensitivities to be aware of? | | | | | | | |
| 4.7 | Have hazards associated with showering, sponging and toileting been considered? <i>e.g., manual handling/ slips trips and falls/ biological hazards/ humidity, etc.)</i> | | | | | | | |
| 4.8 | Are there any other occupants or visitors likely to be present during home visits? <i>(From risk to worker perspective)</i> | | | | | | | |
| 4.9 | Are there any known weapons or firearms in the house? | | | | | | | |

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| 4.10 | If yes, what sort of weapons? Are they secure? | | | | | | | | |
| 4.11 | Is there known substance abuse amongst the occupants or visitors? What substances? | | | | | | | | |
| 5. HISTORY | | NO | YES | DETAILS / ACTION | Risk Rating | NO | YES | DETAILS / ACTION | Risk Rating |
| 5.1 | Does the client, or other occupants have a history of violent or aggressive behaviour? <i>e.g., domestic violence, elder abuse, or family violence?</i> | | | | | | | | |
| 5.2 | Will the violent/ aggressive person be present at the visit (if it is not the client)? | | | | | | | | |
| 6. SOLE WORKER REVIEW | | | | | | | | | |
| | If the client lives alone; is a NDIS Participant; and will be having a 'sole' worker providing services or supports; please complete a 'NDIS Sole Worker Risk Assessment' | | | | | | | | |

FIRST ASSESSMENT

Name:

Signature:

Date of Assessment:

SECOND ASSESSMENT

Name:

Signature:

Date of Assessment:



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N.B. This is a working document & should be reviewed for each visit. If a risk is identified, please discuss with the Program Manager or a senior staff member.

Complete this form on first admission/on-boarding visit and before proceeding on a home or community visit.

For each hazard you identify, note the control to be put in place (IN THE TABLE BELOW).

With the control in place, indicate whether the risk is at an acceptable level or not.

If you have any concern about the risk, do not proceed with the visit – refer to your **senior staff member or manager** for review of controls or alternative means of service provision.

If a risk is identified, please discuss with the nursing manager or a member of the senior leadership team.



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| COMMENTS | CONTROLS | Corrective actions undertaken | DATE & SIGN |
|---|----------|-------------------------------|-------------|
| Please provide details of risk identified and for actions to address risk. Refer to the number of the question when making the comment. e.g., 3.1. <i>The dog will be kept on a lead/ leash in the backyard.</i> | | | |
| | | | |
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Name: **Signature:** **Date:**



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RISK RATING TOOL

Please establish a 'Risk Rating' value for any item indicating a potential risk and undertake appropriate 'treatment' approvals & actions as indicated.

1. Evaluate the risk: To do this you need to decide on the likelihood (or probability) of the event occurring (this will give you a numerical value), and then decide on the consequence (or impact) that could occur if the event happened (this will give you a numerical value). If you multiple the two numerical values together this provides you with the risk rating numerical value.
2. Establish the risk rating: Locate this number on 'risk rating matrix' to indicate a corresponding letter value. The number and letter together indicate the 'risk rating' value (the likelihood and consequences associated with this risk / event) this value is then recorded.
For example: Likelihood (3) x Consequence (3) = 9; in the table you can see that there is a 'M' next to the '9'; in this example this indicates a 'M9' risk rating (a possible event with moderate consequences).
3. Treat the risk: Locate the 'risk rating' value on the 'risk rating/treatment' table and this will provide guidance on what action(s) and reporting requirements you need to comply with before proceeding with the support, service, or event.
For example: the 'risk rating' M9 indicates that we need to 'report to management' for discussion / approval prior to moving forward with supports/services (or the event).

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RISK RATING = LIKELIHOOD (L) X CONSEQUENCE (C)

| | | Consequences | | | | |
|------------|-----------------------|--------------------|------------|---------------|---------|-------------------|
| | | Insignificant 1 | Minor 2 | Moderate 3 | Major 4 | Catastrophic 5 |
| Likelihood | (Almost Certain) 5 | M (5) | H (10) | H (15) | E (20) | E (25) |
| | (likely) 4 | M (4) | M (8) | H (12) | E (16) | E (20) |
| | (possible) 3 | L (3) | M (6) | M (9) | H (12) | H (15) |
| | (unlikely) 2 | L (2) | M (4) | M (6) | M (8) | H (10) |
| | (rare) 1 | L (1) | L (2) | L (3) | M (4) | M (5) |

| LIKELIHOOD | |
|---------------------------|---|
| Almost Certain (5) | Is expected to occur often in most circumstances. > 1 in 10 (once per week) |
| Likely (4) | Will probably occur. Could easily happen anytime. 1 in 10-100 (once per month) |
| Possible (3) | Might occur at some time or known to happen. 1 in 100-1,000 (once per year) |
| Unlikely (2) | Could occur at some time, but doubtful. 1 in 1,000-10,000 (once every 10 years) |
| Rare (1) | May occur but only in exceptional circumstances or may never occur. 1 in 10,000-100,000 (once in 100 years) |

| RISK RAITING | TREATMENT |
|----------------|--|
| E16-E25 | REPORT TO MANAGEMENT IMMEDIATELY Unacceptable risk. HOLD POINT. Work cannot proceed until risk has been reduced |
| H10-H15 | REPORT TO MANAGEMENT IMMEDIATELY High priority. Management must review risk and approve the treatment before implementing |
| M4-M9 | REPORT TO MANAGEMENT Medium risk. Identify treatment and respond appropriately. |
| L1-L3 | Managed in accordance with DOB approved safety practices and procedures |

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| CONSEQUENCE | |
|--------------------------|---|
| CATASTROPHIC (5) | <ul style="list-style-type: none"> • Death, permanent disability or ill health, or multiple life-threatening injuries • Very serious environmental effects with impairment of ecosystem function. Long term, widespread effects on significant environment • Critical system failure, bad policy advice or ongoing non-compliance. Business/ service delivery severely affected • Investigation by authority with significant prosecution and fines. Very serious litigation, including class actions. Licence to operate threatened • Very serious widespread social impacts with potential to significantly affect the wellbeing of the local community. Could kill or permanently disable people. Serious public or media outcry (international coverage). Reputation severely tarnished. • More than 25% of Budget loss |
| MAJOR (4) | <ul style="list-style-type: none"> • Extensive or life-threatening injuries requiring hospitalisation, long term illness or serious injury • Serious environmental effects with some impairment of ecosystem function. Relatively widespread medium- long term impacts. • Inconsistency with WH&S strategy or organisational performance expectations, or major non-conformance • Major breach of regulation with potential major fine and/or investigation and prosecution by authority. Major litigation. Future project approval seriously affected. • Ongoing serious issues. Could cause serious injuries or disease to people. Significant adverse national media attention. Environment/management credentials significantly tarnished. • More than 10% of Budget loss |
| MODERATE (3) | <ul style="list-style-type: none"> • Medical treatment required, several days off work required • Moderate effects on biological or physical environment (air, water) but not affecting ecosystem function. Moderate short – medium term widespread impacts (e.g. significant spills). • One or more key accountability requirements not met, inconvenient but client/employee welfare not threatened • Serious breach of regulation with investigation or report to authority with prosecution or moderate fine possible. Significant difficulties in gaining future approvals. • Ongoing social issues. Could cause injury to people, which requires medical treatment. Attention from regional media and/or heightened concern by local community. Environmental credentials moderately affected. • More than 5% Budget loss |
| MINOR (2) | <ul style="list-style-type: none"> • First aid treatment required, minor injury • Minor effects on biological environment. Minor short – medium term damage to small area of limited significance. • Policy/procedural rule occasionally not met or services do not fully meet needs • Minor legal issues, non-compliances, and breaches of regulation. Minor prosecution or litigation possible. • Significant hardship from regulator. • Minor medium-term social impacts on local population. Could cause first aid injury to people. Minor, adverse local public or media attention and complaints. • 2.5% Budget loss |
| INSIGNIFICANT (1) | <ul style="list-style-type: none"> • No injuries, injuries or ailments not requiring medical treatment • Limited damage to minimal area of low significance. • Minor errors in systems or processes or processes requiring corrective action, or minor delay without impact on overall schedule or service delivery • Low level legal issue. On the spot fine. Technical non-compliance prosecution unlikely. Ongoing scrutiny/attention from regulator. • Low level social impacts. Public concern restricted to local complaints. Could not cause injury or disease to people • 1% Budget Loss |