

## HOME SAFETY CHECKLIST

Name of client .....

Date

Address of usual home:

Address of home visit if different:

Type of Accommodation

House     
  Residential Care Facility     
  Flat/Unit     
  Caravan Park     
  Rooming House  
 Other

Who do you normally live with at this address?'

Alone     
  Partner     
  Carer     
  Parent     
  Children     
  Shared     
  Other

Question	Yes	No	Please describe
Is anyone in your household unwell and have symptoms related to COVID-19? This includes fever, coughing, sore throat or sneezing?			
Is anyone in your household self-isolating, for example, because they have travelled recently?			
Is anyone in your household unwell, or self-isolating because they are at risk of becoming unwell, with COVID-19.			
Unfortunately, due to strict public health requirements we will be unable to attend if anyone in your household is unwell or in self-isolation. We will of course treat this information in strict confidence and will be happy to reschedule your appointment for another time.			
Will anyone else be home when I visit?			
Do you or anyone else have issues I need to be aware of? (eg aggression, weapons, substance use, illness, pets )			
Is the address easily found on Google Maps?			
Is there mobile phone coverage from the vicinity of the home?			
Is parking sufficient and building access safe?			
Are there any hazards? Structural – floors, ramps, stairs, foundation			
Electrical/plumbing			
Air quality – smoke, animal			
Space - Clutter/waste			

<b>Overall Risk</b>	High	Moderate	Low
<b>Likelihood</b>	High	Moderate	Low
<b>Severity</b>	High	Moderate	Low

**Management plan – Any risks where you answered “Yes” need to be included in plan** eg Centre visit, 2 people, check in with office, include/exclude people, restrain pets

### No Response Plan

No Action     
  Phone Client     
  Phone Carer     
  Phone ITC  
 Contact Emergency Services for Welfare Check     
  Other

Staff Member ..... Signature..... Date.....