

Site Visit Risk Assessment

Case Details

Client first name		Client last name	
Client date of birth			
Person completing the form		Relationship to client	
Contact person name		Phone number	
Appointment address			
Type of Accommodation	House Unit Community title scheme	Daycare Preschool School	Other (provide details)
Basic description	Single Storey	Multi-Storey (stair access)	Multi-Storey (lift access)

Assessment Details

Question	Yes	No	N/A	Comment, if 'yes'
Is the property visible from the street?				
Is the residence isolated from neighbouring properties? For example, could a person not be seen or heard by neighbours from the front yard?				
Is there street parking available?				
If there is street parking, is there a time limit or meter?				
Is parking in the street or in the driveway difficult or problematic?				
Are there any hazards in the front yard? For example, uneven path, trip hazards, slippery steps?				
Is there mobile phone coverage at your home?				
Is access to the location via the front door?				
Are there any potential exit blockages?				
Are there animals on the property or inside the house?				
If there are animals, could they be considered unsafe or problematic?				

0451 692 468
 PO Box A220 ARNCLIFFE NSW 2205
admin@tellmeall.com.au
www.tellmeall.com.au



If there are animals, are they able to be restrained or kept in a different room during a visit?				
Is it likely that persons other than the client and their caregiver(s) will be present? If so, please list their names and relationship to the client.				
Does anybody in the home take drugs or drink alcohol excessively?				
Does anybody smoke in the house (includes the use of tobacco, e-cigarettes or vapes)?				
Are there any weapons, registered or unregistered, in the home?				
If there are weapons in the home, are there any concerns or risks identified with these potential weapons?				
Are there any behaviours of concern or triggering behaviours that may compromise clinician safety or wellbeing?				
If there are behaviours of concern, has the client's presentation been assessed as currently safe?				
Do any persons in the home, apart from the client, have a history of actual or threatened violent or aggressive behaviours?				
Are there any additional hazards identified? For example, seasonal bushfire risk, natural hazards etc.				
Are there any cultural and/or religious considerations? For example, shoes are to be removed on entry.				
Is comprehensive and relevant documentation regarding the client available to the clinician?				
Additional comments				

Outcome

Have any risks been identified?	Yes / No
If 'yes', summarise the risks	Setting conditions
	Client behaviour
	Other

By signing this Policy, you acknowledge you understand and agree to these terms and are subject to its conditions.

Sign-Off

- I agree that the information provided in this document is true and accurate to the best of my knowledge as of the date of signing.
- I agree that I will inform the *Tell Me All About It* admin team as soon as reasonably possible if any of the information provided in this document changes.
- I understand that if any of the information provided in this document changes, I will be required to complete a new Site Visit Risk Assessment.
- I understand that for the safety and wellbeing of clients, children under 16 years and/or those requiring supervision cannot be left unsupervised in the premises with the clinician as the sole adult present. A parent, caregiver, or responsible adult must remain onsite, unless the session is conducted in a facility where other staff or adults are present (e.g., schools).

Person completing form's name		Relationship to client	
Signature		Today's date	

FOR CLINICAL USE ONLY

Tell Me All About It Risk Management Plan

Low risk	No or manageable identified risk to clinician(s), client, or others' safety. Proceed with the visit.
Moderate risk	Some identified risk to clinician(s), client, or others' safety. See <i>Outcome</i> above. Proceed with the visit only if: <ul style="list-style-type: none"> • Parent/caregiver remains present in the same room for home visits, OR • Session is conducted in a facility with staff present and available DO NOT proceed with the visit under current conditions. Review with Clinical Supervisor.
High risk	High level of risk identified to clinician(s), client, or others' safety. Proceed with the visit only if: <ul style="list-style-type: none"> • Parent/caregiver remains present and actively supervising throughout the session for home visits, OR • Session occurs in a facility with direct staff oversight DO NOT proceed with the visit if these conditions are not met. Consult with Clinical Supervisor before making further arrangements.
Critical risk	Prohibitive level of identified risk to clinician, client, or others' safety. DO NOT proceed with the session under the current conditions. Consult with Clinical Supervisor immediately and review risk management strategies before considering rescheduling.

Tell Me All About It Sign-Off

Staff name		Position	
Signature		Today's date	