

**Emergency Placement – Quick Safety Checklist**

Date:\_\_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_\_

Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Worker(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Referral Circumstances

[ ]  Abuse / Violence risk

[ ]  Domestic Violence

[ ]  Neglect

[ ]  Mental health crisis

[ ]  Unsafe housing / homelessness

[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. **Known or Suspected Risks**

Participant Risks:

[ ]  Aggression/violence

[ ]  Substance use/intoxication

[ ]  Suicidal/self-harm

[ ]  Urgent health condition

[ ]  Behavioural concerns

[ ]  Unknown risks

Worker Risks:

[ ]  Unsafe/unknown location

[ ]  Exposure to family/community

[ ]  No/unclear briefing

[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Instructions Given

[ ]  Clear [ ]  Unclear [ ]  None

Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Immediate Actions Taken

[ ]  Risk check completed

[ ]  Safe transport arranged

[ ]  Safe accommodation confirmed

[ ]  Participant support plan in place

[ ]  Worker debrief planned

5. Follow-Up

[ ]  Notify management

[ ]  Incident report

[ ]  Request full brief from agency

[ ]  Arrange ongoing participant support

[ ]  Worker wellbeing check-in

**Worker Sign-Off:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Notified: [ ]  Yes [ ]  No

