# Home visit risk management plan template

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| Student name:  Parent/guardian name: | Date of birth:  Address: |

## Instructions

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| 1. **Complete Part 1: Preliminary screening and conditional approval**  * Gather background information relevant to the visit to enable principal/manager/supervisor to make a risk based decision * All information sources should be considered to determine if uncontrolled risks are present for employees. * Confirm support for continued planning of the home visit and complete subsequent parts of this form; or * Confirm that the home visit activity is not to be undertaken and/or an alternative solution implemented.  1. **Complete Part 2: Risk assessment questionaire**  * Gather information from a conversation with the parent/guardian of the student and other sources as appropriate (e.g. other employees, records of previous visits). * Record responses, other relevant information and identified hazards in the response column. * Identify current and further controls to be implemented to manage actual and potential hazards * Rate the risk level low/medium/high/extreme using the risk matrix (Appendix 1), example below. * If a parent/guardian cannot be contacted, the home visit is not to go ahead.  1. **Complete Part 3: Communication plan**  * Employee to complete before leaving the school/office for the visit and discuss/leave a copy with contact person and manager. * Employee to take this plan with them to the home visit (leave in the car).  1. **Complete Part 4: During the home visit**  * Follow these precautions during the home visit. * Ensure control measures identified in earlier steps are in place and followed.  1. **Complete Part 5: After the home visit**  * Review the home visit with principal/manager * Store records of visit and the review for future reference |

## Part 1: Preliminary screening and conditional approval

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| **Justification and outline** | **Yes** | **No** | **Further Information** |
| Do you have to do a home visit to complete the task?  What task/duties will be undertaken in the specified home? |  |  |  |
| Is this the first visit by you to the home? |  |  |  |
| Is this the first visit by any employees to the home? If home has been visited before provide further information regarding any risks encountered. |  |  |  |
| Is there a second staff member available to jointly complete the home visit? Who? |  |  |  |
| Are you attending the home with another agency? e.g. Qld Police Service |  |  |  |
| Will the home visit be arranged during business/daylight hours (and the parent/guardian at home)? |  |  |  |

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| **High Risk Screening** | **Further information and proposed controls** | **Risk level**  **Rate the risk as L/M/H or E** |
| Is there knowledge of the home situation that indicates there may be a risk to staff visiting the home? For example:   * Is it expected all involved parties will be agreeable to a home visit? * Violence * Threatening behaviour * Innapropriate behaviour * Neighbours * Mental health issues * Weapons * Substance abuse |  |  |

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| **Conditional approval** | | |
| I have reviewed the above information and support the continued planning of this home visit activity: Yes  No | | |
| Employee name: | Signature: | Date: |
| Principal/Line Manager name: | Signature: | Date: |

## Part 2: Risk assessment questionaire

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| **Questions to ask parent/guardian/carer to assess risk involved** | **Parent/guardian response, additional information and any proposed controls** | **Risk level**  **Rate the risk as L/M/H or E** |
| Will the hours of 8am – 5pm be suitable for the visit?   * *If times outside daylight hours are nominated how will this be managed? Does it change the risks? Will employee contact person be available?* | *Example: Yes, I will be home at 10am* | *Low* |
| Who lives in the home?  Who is likely to be in the home during the visit? |  |  |
| How do you feel about the home visit? |  |  |
| Will the child/student be advised of the visit before the staff arrive at the home? |  |  |
| Will the child/student be distressed/aggressive, due to the employee visiting the home? |  |  |
| Access to the home/property – slip/trip/falls | | |
| Is the property difficult to get to? Isolated/remote location, high rise flat? |  |  |
| Is it difficult to access parking outside the home? e.g. narrow street, steep/long driveway, acreage, location of room/unit in complex. |  |  |
| Is there easy access to the home? e.g. slippery due to rain, on a hill? |  |  |
| Could the visit take place outside the home?  Is it best to conduct the conversation outside of the house on the property, or meet at the gate? |  |  |
| Smoking in the home | | |
| Can a smoke free environment be maintained during the visit? |  |  |
| Manual Handling (depends on visit purpose, e.g. therapy/nursing) | | |
| Will any manual handling tasks be conducted during the visit?   * Will manual handling equipment be available in the house? * Any issues with use of equipment? e.g. knowledge, space, suitability. |  |  |
| Biological | | |
| Is anyone in the home unwell? |  |  |
| Animals and plants | | |
| Are there animals at the home? If yes, will they be restrained/isolated for the duration of the home visit?  Do other flora or fauna need to be considered (birds/flora/allergens)? |  |  |
| Biological and chemical – Personal Protective Equipment (PPE) | | |
| Will employees need PPE for the nature of the tasks/duties? |  |  |
| Anything else that's relevant? | | |
| Are there any potential hazards employees should be aware of when visiting the home? e.g. access issues, renovations. |  |  |
| High Risk Issues Identified in Part 1 | | |
| What measures are in place for managing risk of violence and aggression. |  |  |

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| **Parent/guardian/carer conversation** | |
| Parent/guardian/carer name: | Date and time of conversation: |

## Part 3: Communication plan

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| **Risk management strategies** | **Details** |
| Day and date of visit |  |
| Address of visit |  |
| Who is being met (names) |  |
| Name of contact person |  |
| Who is going (name of employees, external agency) |  |
| Where is the meeting/home visit (e.g. inside the house, front gate) |  |
| What is the time of arrival (at house) |  |
| What is the time of departure (from house) |  |
| When will employee phone contact person |  |
| Employee’s phone number |  |
| Contact person’s phone number |  |
| Manager’s phone number |  |
| Detail the escalation procedure (including timeframes) |  |
| Has a Travel plan been prepared? |  |

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| **Assessment endorsement** | |
| I have reviewed the above information and support the conduct of this home visit as per this risk assessment: Yes  No | |
| Reason/s for the decision to proceed/not proceed with the home visit: | |
| Employee completing Home Visit Risk Assessment Plan name: | Signature: |
| Principal/Line Manager name: | Signature: |
| School/work unit: | Date: |

## Part 4: During the home visit

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| **Home visit strategies, add any additional strategies for your visit** |
| Ensure all participating employees are aware of all risks (including those high risk issues addressed in the preliminary section of this template) and the controls (plan) to manage any risks.   * Do not take this plan into the home. |
| Park the car as close to the front of the house as possible but not in the drive |
| Be alert to any unidentified hazards and mentally assess the risk. |
| Be alert to indicators of a change in the behaviours of persons in the home, e.g. voice tone, mood, physical presentation/unwanted behaviours. |
| If you feel unsafe at any stage of the visit, politely make a reason to leave, leave the premises and when safe to do so, phone your manager. |
| Establish who is in the home and if they are the agreed parent/guardian. |
| Do not enter the home unless invited. |
| Are animals restrained/isolated, healthy, and present no health risks to you? |
| Always position yourself in the house so there is a clear path to exit. |
| Observe the housekeeping/condition of the property/hazards to avoid incidents (e.g. slips, substance exposure). |

## Part 5: After the home visit

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| **Review questions** | **Yes** | **No** | **Further information** |
| Did the home visit proceed as planned? |  |  |  |
| Were any additional hazards/risks identified as a result of the home visit?  (Including barriers to entry/exit, fire hazards and environmental hazards?) |  |  |  |
| Should information be recorded regarding the home/student for future reference? |  |  |  |
| Any workplace Incident reported to the line manager and recorded as required? |  |  |  |
| Should a home visit occur to this home in the future? |  |  |  |

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| **Home visit review** | |
| Further actions or details to be noted in regards to the home visit: | |
| Employee who completed and reviewed home visit: | Signature: |
| Principal/Line Manager name: | Signature: |
| School/work unit: | Date: |

Appendix 1

Risk matrix

**Table 1**

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| **Risk Matrix** | | | | | |
| **Likelihood** | **Consequence** | | | | |
| Insignificant | Minor | Moderate | Major | Critical |
| Almost certain | Medium | Medium | High | Extreme | Extreme |
| Likely | Low | Medium | High | High | Extreme |
| Possible | Low | Medium | Medium | High | High |
| Unlikely | Low | Low | Medium | Medium | High |
| Rare | Low | Low | Low | Low | Medium |

**Table 2**

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| --- | --- | --- | --- | --- | --- |
|  | **Insignificant 1** | **Minor 2** | **Moderate 3** | **Major 4** | **Critical 5** |
| **Consequence of occurrence** | No medical treatment required | Minor injury requiring first aid treatment (e.g. minor cuts, bruises, bumps) | Injury requiring medical treatment | Serious injury (injuries) or hospitalisation | Loss of life, permanent disability or multiple serious injuries |

**Table 3**

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| --- | --- | --- | --- | --- | --- |
|  | **Rare 1** | **Unlikely 2** | **Posible 3** | **Likely 4** | **Almost certain 5** |
| **Likelihood of occurrence** | Will only occur in exceptional circumstances | It is not likely to occur within the foreseeable future | May occur within the foreseeable future | Is likely to occur within the foreseeable future | It is almost certain to occur within the foreseeable future |

**Table 4**

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| **Current risk level** | **Mitigate** | **Review** | **Report** |
| **Extreme** | Home visit not to be undertaken. | Alternative services to be offered/negotiated/documented. E.g. visit to be conducted at the school, another location, by phone. | As required provide risk update to management team. |
| **High** | Home visit not to be undertaken. | Alternative services to be offered/negotiated/documented. E.g. visit to be conducted at the school, another location, by phone. | As required provide risk update to management team. |
| **Medium** | Can a home visit be avoided? E.g. Can the student parent/guardian attend the school? Can the information be collected over the phone? | Completed the Home visit risk management plan to reduce the risk level to low, and control the risks as far as is reasonable practicable. | Review home visit with principal/line manager, update systems and complete a Workplace incident report if needed. |
| **Low** | Can a home visit be avoided? E.g. Can the student parent/ guardian attend the school? Can the information be collected over the phone? | Home visit risk management plan completed and risks controlled as is reasonably practicable. | Review home visit with principal/line manager, update systems and complete a Workplace incident report if needed. |