



Client/Site Risk Assessment (Part I)



Client's Name: _____
Last Initial First

Address: _____

HCN: _____

CRMS Number: _____

File Number: _____

Department/Program:			Service:	
Visit	Pre-Visit Assessment Date	On-Site Assessment Date	Employee's Name	Employee's Signature
1				
2				
3				
4				
5				

NOTE: Pre-visit assessment must be completed on all clients prior to initial client/site visit and the on site assessment completed during/after the visit. This risk assessment tool MUST be reviewed prior to and after each subsequent visit and updated as required.

Under "Identified as a Risk Factor": Use employee initials document the "Yes" or "No" columns to indicate whether or not the factor was identified as a risk. Complete the entire row when a factor is identified as a risk. All identified risk factors must be resolved or appropriate controls put in place before proceeding on client/site visit.

Under Source: Indicate How/By Whom Risk Factor was Identified including (TS) Telephone Screen; (INT) Interview; (RS) Referral Source; (CS) Collateral Source; (H) Known/Past History or (V) for Visit.

I. PRE-VISIT ASSESSMENT (Must be completed on all clients)									
		Identified as a Risk Factor		Source	Describe plan to reduce or eliminate risk	Resolved/ Controlled Yes / No	Safety Alert Warranted Yes / No	Employee Initials	Date
		Yes	No						
1	High Risk Address/Neighbourhood								
2	Home/Site Access/Location/Parking								
3	Housing Type								
4	Smoking								
5	Pets / Animals								
6	Weapons / Firearms								
7	History of Aggression/Violence								
8	Substance/Medication Misuse								
9	Infectious/Communicable Disease								
10	Client / Family Receptiveness								
11	Mobility Level								
12	Other occupants in home / site (List # & Relationship)								
13	Unable to Contact Client								
14	Other								

II. ON-SITE VISIT RISK ASSESSMENT (complete information following visit): Date of Home/Site Visit:									
15	Address / Neighbourhood Safety								
16	Parking Safety (distance, underground)								
17	Roaming Animals (wild or domestic)								
18	Lighting (entrance)								
19	Access Route to Entrance								
20	Return to Vehicle Safety								
21	Dangers Accessing Site								
22	Nearest phone in emergency								
23	Slipping/Tripping/Clutter/Hygiene								



Client/Site Risk Assessment (Part II)



Client's Name: _____
 Last Initial First
 Address: _____
 HCN: _____
 CRMS Number: _____
 File Number: _____

III. Area Scan Inside Client Home/Site		Describe Plan to Reduce or Eliminate Risk							
		Identified as a Risk Factor		Source	Describe plan to reduce or eliminate risk	Resolved/ Controlled Yes / No	Safety Alert Warranted Yes / No	Employee Initials	Date
		Yes	No						
24	Unsafe equipment, appliances/supplies								DD/MONTH/YYYY
25	Mobility/Ergonomics-falls/lifts/space								DD/MONTH/YYYY
26	Smoking								DD/MONTH/YYYY
27	Pets/Animals								DD/MONTH/YYYY
28	Weapons/Firearms								DD/MONTH/YYYY
29	Client Aggressive								DD/MONTH/YYYY
30	Other Occupants								DD/MONTH/YYYY
31	Client Substance or Medication Misuse								DD/MONTH/YYYY
32	Other:								DD/MONTH/YYYY

V. Use the following section to record identification and resolution of risk factors identified through subsequent work with the client/visits.

Identified Risk Factor	Source	Describe each hazard and planned intervention to reduce or eliminate risk	Resolved Yes No	Employee's Name	Employee's Signature	Date
						DD/MONTH/YYYY
						DD/MONTH/YYYY
						DD/MONTH/YYYY
						DD/MONTH/YYYY
						DD/MONTH/YYYY
						DD/MONTH/YYYY
						DD/MONTH/YYYY

IV. NOTE PERMANENT RESTRICTIONS BELOW (Manager Signature Required)

Employee Restrictions Examples: Pairs (buddy), Security Escort, Police Escort, etc	Service/Visit Restrictions Examples: Clinic only—no home visits, Daytime visits only, Service Withdrawal or Deferred
Employee/ Manager / Supervisor Signature (as required):	Date: DD/MONTH/YYYY