Home visit risk assessment

Home Visit	Name:			
Risk Assessment	Address:			
	Date:			
	PSPA Worker/Volunteer Completing:			
PRE-VISIT CHECKLIST		TICK		
Colleagues/Volunteer Coordinator know where I am				
My phone is charged				
I have the service user's emergency contact details				
I have instructions what to do if there is no answer				
I have hand sanitiser				
I have a face mask (this should be worn if you or the fa	mily would prefer you to)			
I know how to get to the address, any parking or entry system arrangements				
I can manage any stairs / ramps / lifts	I can manage any stairs / ramps / lifts			
I know who else to expect to be there when I visit				
I know if we will be indoors or outdoors during the visit and am prepared				
WHO LIVES AT THE ADDRESS?				
Alone Partner Family Under 18's Friend Live-In Carer Lodger				
Further details:				
PROPERTY TYPE				
Flat House Sheltered Housing Care Home	Other			

ACCESS TO PROPERTY	Yes	No	Comments / Action
Is there flat level access?			
If not, are there steps, a ramp or lift?			
Can the person answer the door themselves?			
If not, can someone else, is there a key safe, make			
pre- arranged phone calls on arrival?			
If they do not appear to be at home when you visit, what would they like you to do?			
Phone, ring a named contact?			
	Yes	No	Comments / Action
COVID ARRANGEMENTS			
Are you able to keep social distance?			
With number of people and space?			
Would they prefer to meet outside weather			
permitting or to be indoors?			
Do they wear a mask or visor?			
It is the person's choice to or not.			
Is there adequate ventilation?			
Could doors or windows be used if the person is happy to open them?			
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IN THE HOME	Yes	No	Comments / Action
Will anyone else be there on future visits?			
Is it safe to be there alone?			
Are there any pets?			
Do they need approaching in a certain way? Are they aggressive? Take any allergy precautions if needed.			
Are there any physical hazards for staff/volunteers?			
Trip hazards, excessive clutter, open fires etc?			

Does the person behave in any way that challenges others?			
Consider approaches / avoid known triggers.			
Is this a smoke-free environment?			
Is there a room not used for smoking?			
Is there adequate lighting?			
Can you be nearer natural light? Is a portable lamp needed?			
Is there a toilet staff/volunteers can use?			
Upstairs / downstairs?			
Can you get out of the property easily?			
In case of danger posed to self or others.			
AFTER VISIT CHECKLIST			TICK
Colleagues know I have left			
Change face mask			
Wash hands if possible or use antibacterial hand sanitiser			
Clean and sanitise any materials or equipment as need be			
Report any concerns, potential safeguarding or other issues			
Handover information to colleagues who will be making future visits			