

# Home Safety Assessment



|              |          |
|--------------|----------|
| Client Name: | Address: |
| Date:        |          |

Completed by an **independent** party. Please insert a tick (✓) in the applicable column.

| Entry                                                           | Yes | No | NA | Action required |
|-----------------------------------------------------------------|-----|----|----|-----------------|
| Parking availability/ restrictions                              |     |    |    |                 |
| Gates easily accessed                                           |     |    |    |                 |
| Pets secured away from working areas                            |     |    |    |                 |
| Pathways, porch & stairs unobstructed, even level, non-slippery |     |    |    |                 |
| Entry door unobstructed and opens easily                        |     |    |    |                 |
| Lighting adequate and working                                   |     |    |    |                 |

| General Interior                                                                              | Yes | No | NA | Action required |
|-----------------------------------------------------------------------------------------------|-----|----|----|-----------------|
| All exits unobstructed and easily opened                                                      |     |    |    |                 |
| Internal walls, ceilings, and floors intact                                                   |     |    |    |                 |
| No evidence of pests /infestation                                                             |     |    |    |                 |
| Smoke detectors in working order* (See note on page 3)                                        |     |    |    |                 |
| All power points and light switches intact and accessible                                     |     |    |    |                 |
| All power cords/boards, extensions intact and safely positioned and do not pose a trip hazard |     |    |    |                 |
| Any mats/rugs positioned safely and do not pose a trip hazard                                 |     |    |    |                 |
| Adequate lighting                                                                             |     |    |    |                 |
| Adequate ventilation                                                                          |     |    |    |                 |
| Heaters unobstructed, include open fires guarded surrounds                                    |     |    |    |                 |

| <b>Carer Workspace</b>                                 | Yes | No | NA | Action required |
|--------------------------------------------------------|-----|----|----|-----------------|
| Kitchen functional                                     |     |    |    |                 |
| Cooking utensils/appliances clean and fit for purpose  |     |    |    |                 |
| Unobstructed access to shower                          |     |    |    |                 |
| Unobstructed access to toilet                          |     |    |    |                 |
| Laundry is functional                                  |     |    |    |                 |
| Bedrooms, lounge, dining rooms and hallways accessible |     |    |    |                 |
| Positioning of furniture does not pose a hazard        |     |    |    |                 |

| <b>Cleaning</b>                                                                                                                     | Yes | No | NA | Action required |
|-------------------------------------------------------------------------------------------------------------------------------------|-----|----|----|-----------------|
| Adequate cleaning products available                                                                                                |     |    |    |                 |
| In original clearly labelled container                                                                                              |     |    |    |                 |
| Personal Protective Equipment (PPE) available (e.g. gloves), where requested and contractor not professional cleaning organisation. |     |    |    |                 |
| Broom and vacuum cleaner fit for purpose                                                                                            |     |    |    |                 |
| Mop and bucket fit for purpose (no manual wringing)                                                                                 |     |    |    |                 |

| <b>Back/ Sliding property</b>                                                                     | Yes | No | NA | Action required |
|---------------------------------------------------------------------------------------------------|-----|----|----|-----------------|
| Pathway unobstructed, even level, non-slippery                                                    |     |    |    |                 |
| Stairs unobstructed, even level, non-slippery                                                     |     |    |    |                 |
| Rear door unobstructed and opens easily                                                           |     |    |    |                 |
| External lighting adequate and working                                                            |     |    |    |                 |
| Access to outbuildings unobstructed                                                               |     |    |    |                 |
| All power cords, extension leads and power boards safely positioned and do not pose a trip hazard |     |    |    |                 |
| Gardening/maintenance equipment for purpose                                                       |     |    |    |                 |
| Unobstructed access to garbage and recycling bins                                                 |     |    |    |                 |

### Safety Concerns when visiting the home

Your residence and the land upon which it is situated (your home) will be a workplace for carers. It is required that a safe working environment is provided.

|                                                                                                                                                  |                                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| Will others present during visit? If yes, please provide details                                                                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                      |
| Any cognitive impairment that might put staff at risk? If yes, please provide details                                                            | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                      |
| Are there any other issues that may put staff at risk (biohazards, etc)? If yes, please provide details                                          | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                      |
| Is a smoke-free environment to be available for carers?                                                                                          | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                      |
| Does the client (or others in the home) have a dependency on drugs or alcohol that may put the carer at risk?                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                      |
| If needles/sharps are used within the home for medical purposes – is there a sharps container for safe disposal?                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                      |
| Are there pets in the home? Pets who pose a risk, or at the request of a carer, must be secured throughout the duration of the service delivery. | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                      |
| Client Covid Immunisation status of the client and those in the home the carer will be in contact with.                                          | <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2<br><input type="checkbox"/> Medically Exempt |
| Any additional comments                                                                                                                          |                                                                                                                               |

**Note:** All homes in Victoria, NSW, Queensland, and South Australia are required to have a working smoke alarm. It is also a requirement for new homes and homes being renovated in the ACT, NT, Tasmania and WA.

Where no smoke alarm is installed, this should be organised in line with service provision. Regular testing and maintenance of smoke alarms is required. We will assist clients to carry out this task where neither they nor their family/friends are able to do so.

Clients are not permitted to smoke during carer visits. Where the client normally smokes in the house the use of high-sided ashtrays or sealed containers should be promoted.

If the client is assessed at higher risk due to health or lifestyle factors, extra smoke alarms should be installed.

Source: Australian Government Department of Social Services (DSS) Industry Feedback Alert (February 2013)

Issues requiring corrective action must be recorded in the client care plan (see sections 1. Physical Environment and 8. Risk Management) for monitoring and follow up including responsibility for completion.

Notes/Comments:

Checklist completed by:

Date:

Signature:

With

Client / Representative name:

Date:

Client / Representative signature: