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| **1. Hazard Management Details – General** | |
| **Activity:** Offsite/Home visit | |
| **School / Work Location:** | **Region:** |
| **Name of Person(s) Conducting Activity:** | **Date Conducted:** |
| **Description of Activity:**  Conducting offsite visit with client and/or family. | **Summary of Key Risks:**  **(refer to appropriate subsections)**   * Biological * Exposure to fumes e.g., smoking * Fatigue * Firearms * Manual handling * Slips/trips/falls * Work-Related Violence * Other |

Offsite/Home Visit Risk Management

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| **2. Documentation** | | |
| **Relevant Legislation/Standards** | **Y / N** | **Comments** |
| **Is the activity required to be registered?** | Y  N |  |
| **Key reference material** |  | [COVID-19 Vaccinations – Teaching Service and School Council Employees Policy](https://www2.education.vic.gov.au/pal/covid-19-vaccinations-teaching-service-school-council-employees/overview)  OHS Risk Management Policy  OHS Risk Management Procedure  Offsite and Home Visit Policy  Offsite and Home Visit Procedure |
| **Activity Documentation** | **Y / N** | **Comments** |
| **Are instruction manuals accessible?** | Y  N |  |
| **Does this activity require a safe work procedure?** | Y  N |  |
| **Does this activity require the COVID-19 vaccination requirements** | Y  N |  |

| **3. Hazard Identification** | | | | | | | | |
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| **Hazards Inspected** | | **Risk Assessment-**  **Refer to Risk Matrix-Appendix** | | | | **Description of Risk** | **Control Measures** | |
|  | **Complete check box** | **Insert consequence** | **Insert Likelihood** | | **Insert risk rating** |  |  | |
| **Work-Related Violence**  Can anyone be exposed to work-related violence due to: | | | | | | The employee may be exposed to the risk of physical or mental injury.  Injuries could be sustained as a result of the client’s behaviour. | * Check eduSafe Plus/Juvenile Justice Statutory Community Services or client case history for worker safety alerts, previous police contact relating to assault/violence. * Check case file for police check/conduct police check. * Carry a fully charged mobile phone and keep it turned on. * Ensure important numbers have been entered into the phone in case of an emergency. * Provide details of address and visit time to workplace manager. * Establish and use a visit diary or register system to monitor what activities are being done, when and by whom. * Visit in pairs. * Arrange a telephone safety check whereby the workplace manager contacts the employee(s) at agreed time. * Carry an unused cab charge/taxi voucher in case the car breaks down or you are placed in an emergency situation. * Book fleet vehicles overnight to avoid late returns to the office. * Ensure the car has a full tank of petrol. * Establish an unspoken communication system with your co-worker should the visit need to be ended quickly. * Park in a location that permits a quick and safe exit. * Keep the car keys in your personal possession at all times. * Stand to one side of door when you knock. * Do not enter home unless invited. * Establish who is in the house before entering. * Position yourself near an exit where you can see the rest of house. * Request that doors **not** be locked with deadlocks etc. * Interview client in room closest to the front door avoiding kitchen and bedroom if possible. * Telephone your workplace manager to advise when you are leaving the visit. | |
| * Known history of violence? | Y  N |  |  | |  |
| * Previous assaults/threats/verbal violence? | Y  N |  |  | |  |
| * Criminal record for violence or sexual assault? | Y  N |  |  | |  |
| * Reports from affiliated agencies/stakeholders? | Y  N |  |  | |  |
| * Use of firearms in the past? | Y  N |  |  | |  |
| * History of mental health issues? | Y  N |  |  | |  |
| * Substance abuse? | Y  N |  |  | |  |
| * The impact of the intervention causing stress or aggression in client? | Y  N |  |  | |  |
| * The occurrence of any incident in the client/family situation which could increase the risk to the employee’s safety? | Y  N |  |  | |  |
| **ENVIRONMENT**  Can anyone be injured due to: | | | | | | The employee may be exposed to the risk of physical or mental injury.  Injuries could be sustained as a result of the client’s behaviour. | * If anyone arrives during the visit, terminate the visit. | |
| * High risk location e.g. isolated or remote location, high rise flat? | Y  N |  |  | |  |
| * Presence of weapons in the home? | Y  N |  |  | |  |
| * Indicators of violence e.g. voice tone, mood swings, physical presentation / behaviour. | Y  N |  |  | |  |
| * Unknown adults in the home? | Y N |  |  | |  |
| * History of mental health issues? | Y  N |  |  | |  |
| * History of substance abuse? | Y  N |  |  | |  |
| * Security issues? | Y  N |  |  | |  |
| * Client presenting in an escalating state of crisis? | Y  N |  |  | |  |
| * Presence of animals e.g. dogs. | Y  N |  |  | |  |
| * Other | Y  N |  |  | |  |
| **MANUAL HANDLING**  Can anyone be injured due to: | | | | | |  |  | |
| * Transporting the client? | Y  N |  |  | |  |
| * Repetitive or twisting body movement? | Y  N |  |  | |  |
| * Frequent lifting of client or equipment? | Y  N |  |  | |  |
| * Lifting or moving client or equipment over long distances or up steps or stairs? | Y  N |  |  | |  |
| * Inadequate or poorly placed lighting while lifting or moving client or equipment? | Y  N |  |  | |  |
| * Interference of the employee's clothing or personal protective equipment with manual handling performance? | Y  N |  |  | |  |
| * Other | Y  N |  |  | |  |
| **DRIVER FATIGUE**  Will the distance to and from the location present issues in relation to driver fatigue? | Y  N |  |  | |  |  |  | |
| **BIOLOGICAL HAZARDS**  Can anyone suffer ill health from exposure to: | | | | | | Employees may suffer injury due to exposure to biological hazards such as fungi, bacteria, viruses, bodily fluids. | Follow the Department’s COVID-19 Vaccinations – Teaching Service and School Council Employees Policy  Appropriate Personal Protective Equipment to be made available and worn whilst undertaking the activity. | |
| * Fungi? | Y  N |  |  | |  |
| * Bacteria? | Y  N |  |  | |  |
| * Viruses e.g., COVID-19? | Y  N |  |  | |  |
| * Blood or other bodily fluids? | Y  N |  |  | |  |
| * Human or animal faeces or by-products? | Y  N |  |  | |  |
| * Other | Y  N |  |  | |  |
| **SLIPS/TRIPS/FALLS**  Can anyone using the plant, or in the vicinity of the plant, slip, trip or fall due to: | | | | | | Poor housekeeping allowing the build-up of waste materials or failure to immediately clean up spills could result in a slip hazard.  Inappropriate placement of objects (e.g., electric cord, spare materials, bags, etc.) in the immediate vicinity of the plant equipment may result in a trip hazard. | Make sure appropriate cleaning and housekeeping standards are maintained at all times to minimise the risk of a slip, trip or fall. | |
| * Uneven, slippery or steep work surfaces? | Y  N |  |  | |  |
| * Poor housekeeping, e.g. spillage in the vicinity? | Y  N |  |  | |  |
| * Obstacles being placed in the vicinity of the plant? | Y  N |  |  | |  |
| * Inappropriate or poorly maintained floor or walking surfaces (i.e. lack of a slip-resistant surface, unprotected holes, penetrations or gaps?) | Y  N |  |  | |  |
| **Plant and Equipment**  If operating or maintaining plant at height can anyone slip, trip or fall due to: | | | | | |
| * Use of work platforms, stairs or ladders? | Y  N |  |  | |  |
| * Lack of guardrails or other suitable edge protection? | Y  N |  |  | |  |
| * Other | Y  N |  |  | |  |
| **EXPOSURE TO FUMES**  Can anyone be injured or suffer ill-health from exposure to fumes e.g. smoking? | Y  N |  |  | |  |  |  | |
| **OTHER**  Can anyone be injured or suffer ill-health from exposure to: | | | | | | Exposure to certain liquids or gases may be hazardous to health. | Make sure appropriate control measures are implemented (e.g. local exhaust system, face masks, good housekeeping practices etc.). | |
| * Chemicals? | Y  N |  |  | |  |
| * Toxic gases or vapours? | Y  N |  |  | |  |
| * Fumes / Dusts? | Y  N |  |  | |  |
| * Other? (please specify) | Y  N |  |  | |  |
| **4. Risk Assessment Signoff** | | | | | | | | |
| **Authorised By:** | | | | **Signature:** | | | | **Date:** |

**APPENDIX-Risk Assessment Matrix**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Consequence - Evaluate the consequences of a risk occurring according to the ratings in the top row  |  |  |  | | --- | --- | --- | | **Descriptor** | **Level** | **Definition** | | **Insignificant** | **1** | No injury | | **Minor** | **2** | Injury/ ill health requiring first aid | | **Moderate** | **3** | Injury/ill health requiring medical attention | | **Major** | **4** | Injury/ill health requiring hospital admission | | **Severe** | **5** | Fatality | | Likelihood - Evaluate the likelihood of an incident occurring according to the ratings in the left hand column  |  |  |  | | --- | --- | --- | | **Descriptor** | **Level** | **Definition** | | **Rare** | **1** | May occur somewhere, sometime (“once in a life time / once in a hundred years”) | | **Unlikely** | **2** | May occur somewhere within the Department over an extended period of time | | **Possible** | **3** | May occur several times across the Department or a region over a period of time | | **Likely** | **4** | May be anticipated multiple times over a period of time  May occur once every few repetitions of the activity or event | | **Almost Certain** | **5** | Prone to occur regularly  It is anticipated for each repetition of the activity of event | |
| 1. Risk Matrix- Using the matrix, calculate the level of risk by finding the intersection between the likelihood and the consequences  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Likelihood** | **Consequence** | | | | | | **Insignificant** | **Minor** | **Moderate** | **Major** | **Severe** | | **Almost Certain** | Medium | High | Extreme | Extreme | Extreme | | **Likely** | Medium | Medium | High | Extreme | Extreme | | **Possible** | Low | Medium | Medium | High | Extreme | | **Unlikely** | Low | Low | Medium | Medium | High | | **Rare** | Low | Low | Low | Medium | Medium | | Risk Level/Rating and Actions  |  |  | | --- | --- | | **Description of risk** | **Actions** | | **Extreme:** | Notify **Workplace Manager and/or Management OHS Nominee** immediately. Corrective actions should be taken immediately. Cease associated activity. | | **High:** | Notify **Workplace Manager and/or Management OHS Nominee** immediately. Corrective actions should be taken within 48 hours of notification. | | **Medium:** | Notify **Nominated employee, HSR / OHS Committee**. Nominated employee, OHS Representative / OHS Committee is to follow up that corrective action is taken within 7 days. | | **Low** | Notify **Nominated employee, HSR / OHS Committee**. Nominated employee, HSR / OHS Committee is to follow up that corrective action is taken within a reasonable time. | |