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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
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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[x]   |  |
| **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 PolicyOHS Risk Management ProcedureOffsite and Home Visit PolicyOffsite and Home Visit Procedure |
| **Activity Documentation** | **Y / N** | **Comments** |
| **Are instruction manuals accessible?** | Y [x]  N[ ]   |  |
| **Does this activity require a safe work procedure?** | Y [x]  N[ ]   |  |
| **Does this activity require the COVID-19 vaccination requirements** | Y [x]  N[ ]   |  |

| **3. Hazard Identification** |
| --- |
| **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**

| Consequence - Evaluate the consequences of a risk occurring according to the ratings in the top row

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| --- | --- | --- |
| **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 timeMay occur once every few repetitions of the activity or event |
| **Almost Certain** | **5** | Prone to occur regularlyIt 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. |

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