**Appendix A: Home Visit Checklist**

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| **Client ID:** |  | **Date:** | |  |
| **Staff Member:** |  | **Client Address:** | |  |
| **Questions to ask patient or carer when arranging a home visit** | | | | **Notes** |
| **Arranging the visit** | | | | |
| Complete risk assessment form | | | YES  NO |  |
| Schedule the visit for during office hours. | | | YES  NO |  |
| Look up the address and identify landmarks and parking. | | | YES  NO |  |
| Check that the property is well-lit and clearly accessible | | | YES  NO |  |
| Check for presence of any pets at the home. If so, what type and ask if they can be contained (purpose: potential allergies &/or danger). | | | YES  NO |  |
| Check whether there are other people living at the address or if there will be anyone else present at the time of the visit. If so, who and does anyone have a history of violence? | | | YES  NO |  |
| Are there any smokers in the home? | | | YES  NO |  |
| Are there firearms held at the property? | | | YES  NO |  |
| Check current care plan including information about the client, the needs and history, including any challenging behaviours. | | | YES  NO |  |
| **Prepare for visit** | | | | |
| Familiarise yourself with potential work health and safety risks and their controls and safe work procedures. | | | YES  NO |  |
| Record the appointment details including client’s home address and ID number in your Google work calendar and notify your manager of your schedule. | | | YES  NO |  |
| Know what to do in an emergency or threatening situation & how to leave the client's home if you feel unsafe. | | | YES  NO |  |
| Discuss with Intake that ringing the office and saying "I have left my red folder on the desk and can someone bring the folder to (address) will alert that I am in danger and require immediate help. | | | YES  NO |  |
| Install 'WhatsApp' on your mobile and alert your manager of the home visit and expected time of departure. | | | YES  NO |  |
| Dress appropriately with appropriate footwear - fully enclosed, non-slip with durable soles. | | | YES  NO |  |
| Carry photo identification that is visible and attached to a quick release lanyard. | | | YES  NO |  |
| Ensure mobile phone is fully charged and carry it at all times. | | | YES  NO |  |
| Pre-program emergency and out of hours telephone numbers into your mobile. | | | YES  NO |  |
| **Getting There - Transport Safety** | | | | |
| Ensure there is adequate petrol is in vehicle and vehicle is in good order prior to leaving. | | | YES  NO |  |
| Ensure there is first aid equipment permanently in vehicle. | | | YES  NO |  |
| Keep vehicle locked whilst driving. | | | YES  NO |  |
| If vehicle breaks down, call roadside assistance, notify office and remain in your vehicle. | | | YES  NO |  |
| **At the Visit** | | | | |
| Park vehicle on the street in a well-lit place, facing the way you will be exiting. | | | YES  NO |  |
| Note entrances and exits to the home and keep your keys and mobile on you. | | | YES  NO |  |
| Do not enter if there are any unrestrained, potentially aggressive animals. | | | YES  NO |  |
| Before knocking, listen for arguments, or anything that may make you feel uneasy about entering the premises. i.e. drug use or domestic violence, etc. | | | YES  NO |  |
| Leave if there is any evidence of a threat to you or safety issue. | | | YES  NO |  |
| If an unfamiliar person opens the door, make sure the client is home before entering (can do this with a pre-visit phone call). | | | YES  NO |  |
| Only take to the premises what you need. | | | YES  NO |  |
| Report risks to manager to consider an alternate plan (e.g. postponing visit). | | | YES  NO |  |
| Discuss client’s preferred response if they do not respond to a scheduled visit for inclusion in the care plan. | | | YES  NO |  |
| NEVER attempt to physically stop violent behaviour | | | YES  NO |  |
| **After the Visit** | | | | |
| Report any incident or significant observations to your manager and note identified safety risks in Fixus. | | | YES  NO |  |
| Report to Intake when you return from the visit | | | YES  NO |  |
| **If an Incident occurs** | | | | |
| Ensure there is no longer any present danger. If concerned for the welfare of client or others, immediately contact the police and/or ambulance and your manager. | | | YES  NO |  |
| Seek medical treatment for yourself if required | | | YES  NO |  |
| Request debriefing, support and/or ongoing counselling from your manager, if required. | | | YES  NO |  |
| Ensure a critical incident report is completed within 24 hours and assessed by a Manager. | | | YES  NO |  |
| Facilitate debriefing and support for the client and others involved. | | | YES  NO |  |
| **Additional Notes (if required)** | | | | |
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