**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)** |
|       |