

# Risk Assessment

YOUR HOUSE IS OUR WORKPLACE

Client Name:

RESIDENCE	Y	N	NA	NOTES
<b>FLOORS, STEPS &amp; STAIRS</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>POWER POINTS &amp; CORDS</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>LIGHTING</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>SPACE</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>WORK SURFACES</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>PETS</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>VERMIN</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>SANITATION</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>SMOKE DETECTORS</b>	<input type="checkbox"/>	<input type="checkbox"/> Fitted	<input type="checkbox"/> Working	
CLIENT / FAMILY SITUATION	Y	N	NA	NOTES
<b>PHYSICAL ASSAULT</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>SEXUAL HARASSMENT</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>INFECTIOUS DISEASES</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>SUBSTANCE ABUSE</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>BEHAVIOUR/EMOTIONAL ISSUES</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>SELF INJURY/ SUICIDE RISK</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>ASSAULTIVE or PREDATORY BEHAVIOUR</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>PANIC BEHAVIOUR, RUNNING RECKLESSLY, GRABBING, STARTLE REFLEX, SUDDEN BODY MOVEMENTS</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## Navigation

[Home page](#)

[Client Profile - Confidential Details](#)

[Client Profile](#)

## Care Plan

### Your Personalised Care Plan

[1. Support Plan Notes](#)

[2. Lifestyle, Goals, Health](#)

[3. Nutrition, Medication, Mobility](#)

[4. Risk Assessment \(page 1\)](#)

[5. Risk Assessment \(page 2\)](#)

[6. Risk Assessment \(page 3\)](#)

[Client's Notes](#)

[Your Funding](#)

[Our Fees](#)



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TASKS	Y	N	NA	NOTES
<b>MEDS ON SITE</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>REQUIRES LIFTING/TRANSFERS</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>EQUIPMENT NEEDED/PROVIDED</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>TRAINING REQUIRED</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>FURNITURE REMOVAL REQUIRED</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## Navigation

[Home page](#)

[Client Profile - Confidential Details](#)

[Client Profile](#)

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- [1. Support Plan Notes](#)
- [2. Lifestyle, Goals, Health](#)
- [3. Nutrition, Medication, Mobility](#)
- [4. Risk Assessment \(page 1\)](#)
- [5. Risk Assessment \(page 2\)](#)
- [6. Risk Assessment \(page 3\)](#)

[Client's Notes](#)

[Your Funding](#)

[Our Fees](#)

### EQUIPMENT Available and in safe working order

- Vacuum
- Bucket
- Mop
- Washing Machine
- Clothes line
- Clothes trolley
- Iron
- Cleaning agents
- Hot and cold taps clearly identifiable
- Shower chair
- Internal hand rails
- External hand rails
- Non-slip mats in wet areas
- Hand-held shower
- Electric 4WD wheelchair operation & care
- Transfer - sliding board operation
- Intercom operation & maintenance

### ORIENTATION REQUIREMENTS

- Electric bed operation
- Standard wheelchair operation & care

### MANUAL HANDLING NOTES

- Bed to shower chair
- Shower chair posture adjustments
- Shower chair to bed
- Bed to wheelchair
- Wheelchair to lounge
- Lounge to wheelchair
- Wheelchair to car
- Car to wheelchair
- Pressure area care
- Standing transfers
- Dressing difficulties expected



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Client Name:

SMOKING	Y	N	NA	NOTES
<b>SMOKING IN THE WORKPLACE</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Residence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>SMOKING IN THE WORKPLACE</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Motor vehicle transfers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>SMOKING AREA AVAILABLE</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**ADDITIONAL NOTES** Are there any other additional issues you have identified at the site?

## Navigation

[Home page](#)

[Client Profile - Confidential Details](#)

[Client Profile](#)

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1. [Support Plan Notes](#)
2. [Lifestyle, Goals, Health](#)
3. [Nutrition, Medication, Mobility](#)
4. [Risk Assessment \(page 1\)](#)
5. [Risk Assessment \(page 2\)](#)
6. [Risk Assessment \(page 3\)](#)

[Client's Notes](#)

[Your Funding](#)

[Our Fees](#)

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Page 10

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