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Participant Name

Person Completing Assessment

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Initial Assessment

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Assessment review

Assessment Date

Review Date

Communication

Yes

No

Risk Identified

1. Can the participant hear sufficiently?

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2. Can the participant communicate through speech sufficiently?

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3. Is the participant able to write using paper and pen?

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4. Can the participant read written information independently?

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5. Can the participant access online and email information independently?

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6. Does the participant have sufficient English language skills?

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Cognition

Yes

No

Risk Identified

7. Is the Participant willing to participate and assist in self care?

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8. Is the Participant oriented in time and place?

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9. Is the participant able to accept direction and instruction?

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10. Does the participant have any short-term memory issues?

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Participant Risk, Safe Environment Assessment & Management Plan

Mobility	Yes	No	Risk Identified
11. Can the participant walk unaided?	<input type="checkbox"/>	<input type="checkbox"/>	
12. Can the participant manage stairs unaided?	<input type="checkbox"/>	<input type="checkbox"/>	
13. Does the participant use any walking aids?	<input type="checkbox"/>	<input type="checkbox"/>	
14. Does the participant use a Guide Dog to help with mobility?	<input type="checkbox"/>	<input type="checkbox"/>	
15. Does the participant use a self-propelled wheelchair?	<input type="checkbox"/>	<input type="checkbox"/>	
16. Does the participant use an electric wheelchair/ scooter?	<input type="checkbox"/>	<input type="checkbox"/>	
17. Can the participant transfer independently?	<input type="checkbox"/>	<input type="checkbox"/>	
18. Does the participant require supervision to transfer safely?	<input type="checkbox"/>	<input type="checkbox"/>	
19. Does the participant require a hoist to transfer?	<input type="checkbox"/>	<input type="checkbox"/>	
Personal Care Assistance Required	Yes	No	Risk Identified
20. Does the participant require assistance with bed mobility?	<input type="checkbox"/>	<input type="checkbox"/>	
21. Does the participant require assistance with showering?	<input type="checkbox"/>	<input type="checkbox"/>	
22. Does the participant require assistance with toileting?	<input type="checkbox"/>	<input type="checkbox"/>	
23. Does the participant require assistance with grooming?	<input type="checkbox"/>	<input type="checkbox"/>	
24. Does the participant require assistance with repositioning in bed?	<input type="checkbox"/>	<input type="checkbox"/>	
25. Does the participant require assistance with repositioning in a chair?	<input type="checkbox"/>	<input type="checkbox"/>	

Participant Risk, Safe Environment Assessment & Management Plan

26. Does the participant require assistance with mouthcare?	<input type="checkbox"/>	<input type="checkbox"/>	
27. Does the participant require assistance with eating?	<input type="checkbox"/>	<input type="checkbox"/>	
28. Does the participant require assistance with skin care?	<input type="checkbox"/>	<input type="checkbox"/>	
Manual Handling	Yes	No	Risk Identified
29. Are staff able to adopt safe work postures?	<input type="checkbox"/>	<input type="checkbox"/>	
30. Are manual handling tasks risk assessed?	<input type="checkbox"/>	<input type="checkbox"/>	
31. Is manual handling equipment in place and used?	<input type="checkbox"/>	<input type="checkbox"/>	
32. Have safe work procedures been developed and implemented?	<input type="checkbox"/>	<input type="checkbox"/>	
33. Has training been provided to support staff for specific participant handling techniques?	<input type="checkbox"/>	<input type="checkbox"/>	
34. Can all manual handling tasks be undertaken safely with current staff and equipment?	<input type="checkbox"/>	<input type="checkbox"/>	
35. Can vehicle transfers be undertaken safely if required?	<input type="checkbox"/>	<input type="checkbox"/>	
Violence Risk	Yes	No	Risk Identified
36. Does the participant demonstrate physical aggression to support worker?	<input type="checkbox"/>	<input type="checkbox"/>	
37. Does the participant demonstrate verbal aggression to support worker?	<input type="checkbox"/>	<input type="checkbox"/>	
38. Does the participant demonstrate aggression to other participants?	<input type="checkbox"/>	<input type="checkbox"/>	
39. Does the participant demonstrate aggression with/against objects?	<input type="checkbox"/>	<input type="checkbox"/>	
40. Does the participant demonstrate self-harm?	<input type="checkbox"/>	<input type="checkbox"/>	

Participant Risk, Safe Environment Assessment & Management Plan

41. Does the participant engage in substance abuse?	<input type="checkbox"/>	<input type="checkbox"/>	
42. Does the participant pose a threat of sexual abuse to any other person?	<input type="checkbox"/>	<input type="checkbox"/>	
43. Does the participant pose a threat to staff in any way?	<input type="checkbox"/>	<input type="checkbox"/>	
44. Does the participant use emotions to achieve their goals?	<input type="checkbox"/>	<input type="checkbox"/>	
Medical	Yes	No	Risk Identified
45. Has the participant been diagnosed with any known medical conditions e.g. diabetes, epilepsy?	<input type="checkbox"/>	<input type="checkbox"/>	
46. Does the participant or any of the residents have an infectious or communicable disease?	<input type="checkbox"/>	<input type="checkbox"/>	
Environmental	Yes	No	Risk Identified
47. Does the residence have working smoke alarms?	<input type="checkbox"/>	<input type="checkbox"/>	
48. Is the residence in a high-risk location e.g isolated or remote location, high rise apartments?	<input type="checkbox"/>	<input type="checkbox"/>	
49. Is parking on the street/in driveway difficult?	<input type="checkbox"/>	<input type="checkbox"/>	
50. Are there any pets/animals on site?	<input type="checkbox"/>	<input type="checkbox"/>	
51. Are there any weapons stored on site?	<input type="checkbox"/>	<input type="checkbox"/>	
52. Does or will the participant or other residents of the home be smoking or drinking alcohol during support services?	<input type="checkbox"/>	<input type="checkbox"/>	
53. Will anyone else be in attendance in the home when supports are being provided?	<input type="checkbox"/>	<input type="checkbox"/>	
54. Does the participant live alone?	<input type="checkbox"/>	<input type="checkbox"/>	
55. Would the health and safety of the participant be affected if services were disrupted?	<input type="checkbox"/>	<input type="checkbox"/>	

Participant Risk, Safe Environment Assessment & Management Plan

56. Does the participant understand and have the ability to evacuate independently in case of emergency?	<input type="checkbox"/>	<input type="checkbox"/>	
57. Is there difficulty with mobile phone reception?	<input type="checkbox"/>	<input type="checkbox"/>	
58. Does the participant rely on the provider's services to meet their daily living needs?	<input type="checkbox"/>	<input type="checkbox"/>	

Risk Treatment and Management

Item Number	Risk Identified	Pre-Treatment Risk Rating	Risk Mitigation Actions	Post-Treatment Risk Rating

Participant Risk, Safe Environment Assessment & Management Plan

Item Number	Risk Identified	Pre-Treatment Risk Rating	Risk Mitigation Actions	Post-Treatment Risk Rating

Likelihood	Consequence				
	Insignificant	Minor	Moderate	Major	Severe
Almost Certain Expected to occur in most circumstances	M	H	H	E	E
Likely Could happen regularly	M	M	H	H	E
Possible Might happen at sometime	L	M	M	H	E
Unlikely Could happen rarely	L	M	M	M	H
Rare Could happen but probably never will	L	L	M	M	H

Low (L)	Manage and monitor with normal operational management practices. Ensure regulatory compliance and site-specific rules are met.
Medium (M)	Will require operational planning. Risk should be managed and monitored regularly.
High (H)	Will require operational pre-planning. Must have considerable management to reduce as low as reasonably practicable.
Extreme (E)	Immediate action required by Executive Management Team. Do not restart activity until risk has been controlled.