



COTA

For older Australians

Lessons learnt from navigators

Home and Community Visiting Example Policy and Procedure

Who this is for and why

This resource may be helpful for the care finder line manager and the care finder as an additional resource to their existing expertise and knowledge. It is based upon experiences and reflections of Aged Care System Navigators and COTA Australia as part of the Australian Government funded Aged Care System Navigator Trial measure (ACSN).

These documents are not policy guidance. Operation of the national care finder program is governed by [care finder policy documentation](#).



Context

Many navigators undertook community and home visits to work with customers. COTA Australia worked with navigator organisations to ensure they had appropriate policies in place to cover navigators' work in the community. Such policies were important, as they sought to ensure the safety and security of both navigators and the customers they work with. They did this by documenting the steps navigators should follow when they work outside their office and articulate the employer's responsibilities to navigators and their customers.

Aims of this resource

This resource contains example policies and procedures developed and utilised by an Aged Care System (ACSN) Navigator. It comprises an example of a

- Home and Community Visit Procedure
- Working Alone, Remotely or in Isolation Policy
- Home Visit - Safety Assessment Checklist

While provided for information purposes only, these documents demonstrate the breadth of issues that should be considered. For example, all navigators wore clear identification of who they were and some navigators working in remote areas noted that they undertook community and home visits in pairs because of the remoteness and distance travelled.

Each organisation developed policies and procedures that were appropriate to its needs, and responsibilities. This includes talking to their insurance companies about their workers undertaking community and home visits and ensuring they had the appropriate coverage.

Disclaimer

These documents are provided for general information purposes only. Navigators should not rely upon this material or information for making any business, legal or other decisions.

PROCEDURE

Home and Community Visit Procedure

1. Purpose

The purpose of this procedure is to guide Employees on how to safely conduct home and community visits and minimise the risk of any abuse or harm to Employees or clients. Whether going into a person's home, meeting them in a community setting or in an office environment there are measures to take to ensure Employees are consistently safe.

2. Scope

This policy applies to all staff paid or unpaid of [THE SERVICE](#) (Employees).

3. Our Commitment to You

[THE SERVICE](#) is committed to ensuring a safe and supportive work environment. Due to COVID-19 restrictions, Employees are currently more isolated whilst undertaking their roles as there are less people in the community. Whilst this can be a protective factor there is also the chance of increased risk.

[THE SERVICE](#) has a duty of care to provide optimal support and risk management strategies for Employees working in client homes or community settings.

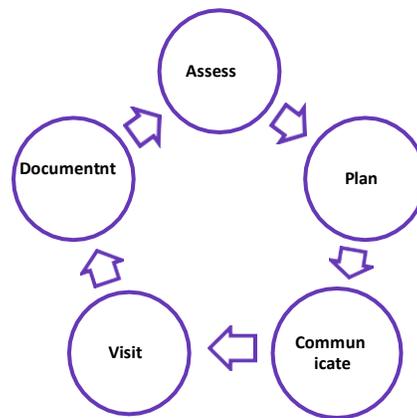
This procedure must be read in line with the [THE SERVICE](#) safety and risk management policies and procedures.

In this unprecedented time, it is vital to your safety that you read and understand this procedure. Your manager will ask you to read it and they will answer any questions you have. You will be asked to sign a document indicating that you understand your requirements relating to home and community visits.

4. The Home and Community Visit Cycle in the COVID-19 Environment

THE SERVICE uses this cycle for all Home and Community visits.

THE SERVICE delivers several client services. In the context of COVID-19, if you work in one of these client services you must provide your services in line with the following information as a minimum standard of care and protection for you and your clients.



5. COVID-19 and other communicable illnesses

You must follow infection control procedures to protect yourself from contracting any communicable disease.

You **must** follow Federal, Health Department and State and Territory Public Health Orders or directions relevant to where you live.

You can protect yourself and help prevent spreading the virus to others if you:

Do

- **Wash your hands** regularly for 20 seconds, with soap and water or alcohol-based handrub as shown below.
- **Cover your nose** and mouth with a disposable tissue or flexed elbow when you cough or sneeze

- **Practice social distancing** - avoid close contact – stay 1.5m away from other people. Only 1 person per 4 square metres.
- **Stay home and self-isolate if you feel unwell**

Don't

Touch your eyes, nose, or mouth if your hands are not clean.



6. Assess – Before During and After a Visit



Risk must be assessed for all activities undertaken so risk can be mitigated for Employees and clients.

Before visiting a client for the first time a Working Safely in the Community Risk Assessment must be completed and filed on the client file (electronic copy).

Although not all risks relating to the client will be known at this stage, an initial assessment must be done based on the information **THE SERVICE** does have. If working with a client in different environments, a risk assessment must be completed for each type of visit/outing done with the client.

Identify Risk Factors

- Read all documentation available
- Use the referral source, guardians, other Employees and the client themselves
- Ask specific questions relating to the environment, any history of aggressive, abusive behaviours, mental health issues, drug and/or alcohol abuse

Risk Types

- LOW - No known history of aggression, no social stressors, stable condition/history (proceed with one or two-person visit as clinically indicated).
- HIGH - History of aggression, condition unstable, extenuating social situation, threats of harm to self or others (proceed with a two-person visit as clinically indicated or do not proceed and arrange an alternative strategy).
- If degree of risk is unknown Employees must assume that the risk is high and the control measures for high risk are used.
- IF the risk is EXTREME e.g. client is escalated when phoned, DO NOT proceed with the visit. Speak with your manager and discuss the options available. Under NO

circumstances should any Employee be placed in a potentially dangerous situation

Risk Assessment Outcomes

- If there is risk ask more questions - seek clarification, before arranging an appointment with the client. DO NOT arrange to meet the client in an isolated place.
- Liaise with a colleague or manager and discuss any concerns relating to the risk assessment.
- It may be appropriate to have another Employee present during the visit. Double check with the Manager to understand whether a client requires a two-person visit.

Risk Assessment Review

- ALL risk assessments are reviewed every six months to ensure they are current.
- In addition to the regular cycle of review, the risk assessments are to be updated if there are significant changes to the client's circumstances e.g. change in venue, housemates move in, pets introduce

7. Plan

Before Leaving the Office



Before you leave for the visit you must do the following:

NOTIFY	<ul style="list-style-type: none">• Tell your manager what you are doing and where you are going. Add the visit to your Outlook calendar. Include information about where you are going and who you are going to visit and the Salesforce enquiry number relevant to the visit.• Under no circumstances are you to visit a client in the community without informing your manager of your whereabouts.• Ensure the client or their guardian (if applicable) is aware of the visit. Arrange an appointment time over the phone, text or mail, dependent on the client's preferred method of communication.
ASK	<ul style="list-style-type: none">• Tell the client that you are on your way to visit them. Check to see if anything has changed since you last saw them or spoke to them.• During COVID, use screening questions with clients or their guardians to identify if anyone at the property is unwell or in isolation. If so, request that the visit be postponed to a later date.• Ask them or their guardian if there are any dogs/animals at the address or other safety issues.• Do not arrange to meet the client in an isolated, remote or known risk areas if avoidable.• Assess risk dependent on the information the client or their guardian gives you.

RECORD	<ul style="list-style-type: none"> • Ensure your whereabouts is clearly recorded in a shared calendar as well as your own Outlook calendar and on the office whiteboard if applicable, text message or shared calendar (or other mechanism used by the team) <ul style="list-style-type: none"> ○ name(s), client initials and address of destination ○ mobile/phone number ○ time of departure ○ estimated time of return ○ vehicle registration and type ○
CHARGE	<ul style="list-style-type: none"> • Ensure your mobile phone is fully charged and is turned on and is unlocked (if this facility is available). • Take a charger with you. • Important telephone numbers, such as the Police Service, should be programmed into the 'speed dial' facility, if it is available, on all mobile phones that are used for work purposes. • Prior to conducting home or community visits you must familiarise yourself with the proper use of service your THE SERVICE mobile telephone.
THINK SAFETY	<p>For your personal safety think about what you are wearing, where you will park and what you need to physically take with you. Be mindful of the following:</p> <ul style="list-style-type: none"> • Do Not wear choke hazards e.g. lanyards, scarves, thick necklaces, earrings that can be pulled on, long hair out (tie it back or in a bun). • Wear closed in shoes.
	<ul style="list-style-type: none"> • Be mindful to not wear clothing that is too revealing, this includes active wear. • Do Not wear t-shirts that may trigger a mental health issue e.g. supernatural picture

8. Safety Precautions



Every visit you undertake with a client whether it be the first time you have met with them or the fiftieth time, you must always be alert and aware. Situations change and risks may emerge that weren't present in previous visits. Each visit must be completed with awareness and mindfulness.

<p>Safety at the location</p>	<ul style="list-style-type: none"> • If you arrive at a location and you feel unsafe DO NOT enter. Contact your manager and seek guidance on your next steps. • Observe the nearest probable source of help e.g. an occupied home or other location. • Drive past the address to gain an awareness of the immediate locality and orientate yourself to possible emergency exits. • Park your vehicle where it is clearly accessible. Avoid parking in driveways. Face the vehicle in the direction of an exit route. • If the street is too narrow to permit safe parking, park in the driveway. Avoid being blocked in by other cars. • Be aware of the home or community visit environment such as sounds of domestic altercations, untethered / barking dogs, and obvious signs of drug / alcohol abuse. • If you become concerned at any time, abandon the visit as soon as possible, return to the office and inform your manager and other Employees. Complete an incident form and document in case notes. • Knock on the door. Do not enter any premises without being asked inside. Wait for the door to be answered; do not respond to a call of "come in". Stand to the side of the entrance and a few paces back after knocking on the door. Discreetly try to gauge whether other persons are present in the home before entering. If this is
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	<p>unclear, ask if there is anyone else at home.</p> <ul style="list-style-type: none"> • If it is known that the client is unable to come to the front door a carer or family member or friend should be requested to be in attendance to open the door to you. If this is not possible you should undertake an on the spot risk assessment and, if it is safe to do so, continue with the visit or abandon it and contact your manager by mobile phone for advice. • Be courteous, friendly and non-judgmental in your approach. Clearly state your name and the reason for coming. Show your THE SERVICE identification, if available, as proof of identity. Ask to speak to the person who is the subject of the visit if they did not answer the door themselves. • If you are refused entry or asked to leave, comply quickly and courteously. Leave the area immediately.
	<ul style="list-style-type: none"> • Request that any family pets be restrained. • Request that the environment is smoke free during the meeting
<p>Safety Inside the location</p>	<ul style="list-style-type: none"> • Always keep the keys of the vehicle in your pocket so they are easily accessible. Do not place them in a handbag or bag in case you must leave in an emergency. • Carry hand sanitiser and sanitise your hands before you enter the property and after you leave it. Carry sanitiser in your vehicle and use it after you get back in the car. Carry a face mask and use as deemed appropriate or required by public health orders. • Be aware of and maintain appropriate personal space and distance from the client. Ensure social distancing is in place. • Look for any potential weapons in the area. Wherever possible, support should not be conducted in rooms such as the kitchen, a bedroom or the garage. This reduces potential risk factors. If unavoidable, e.g. you are supporting someone who is in bed, ensure any potential weapons are out of the way and not readily accessible. Conduct an on the spot risk assessment and withdraw support if the risk is high. • When sitting, be careful not to be backed up into a corner and, if possible, maintain a clear view of and path to the door. Place yourself in a position with access to an unobstructed exit. Always ensure that you are seated closer to the exit than the client. Never

	<p>allow a door to be locked behind. If there are two locks on a door, request that the deadlock remain unlocked. Never sit in a low chair that is difficult to rise from quickly.</p> <ul style="list-style-type: none"> • During the visit, if there are any indications that your safety may be compromised or something is wrong, terminate the visit immediately. If you are unable to leave text or phone your manager or someone who knows your location and indicate there is an issue using a predetermined code word or phrase. <p>NOTE: if you are behind time with visits, and expect to go beyond the estimated return time, advise your manager of your revised time of return.</p>
<p>Back at the work site following home or community visit</p>	<ul style="list-style-type: none"> • Immediately notify your manager of your return and update your whereabouts in your calendar. • If the community visit was an “at risk” situation, clearly document the problems / potential hazards experienced and notify your manager and other team members about these problems/hazards. • Place alerts on file/client database so the information is available to Employees working with the client. • If a new risk has emerged and you are aware of other support staff/NGO’s who visit the client in that household, inform them of any ‘at risk’ issues if consent to exchange information has been signed. In the case of clients where there are identified ongoing personal risk factors for home visits, such visits should be restricted to a ‘two-Employee visit’ only. In some situations, it may be necessary to cease the home visits until Employee safety can be assured. <p>Reporting an Incident</p> <ul style="list-style-type: none"> • If an incident occurred notify your manager verbally and complete the relevant incident report or other documentation e.g. Child Safety report and forward it them to your manager. • Details of the incident are entered into the client’s database file.If an injury is sustained, complete the online form as soon as possible (once you have been cared for).
	<ul style="list-style-type: none"> • Should the visit be abandoned for any reason notify the team to discuss any action that needs to occur and document this on file

	<p>and in the client data base. Ensure alerts sections are updated with information relating to the incident and the date it occurred. This will prevent out of date alerts remaining current.</p>
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9. When Things Don't Go to Plan



Failure to Return

If more than 30 minutes has passed since the expected time of return/contact time and the Employee has not phoned to change their expected time of return the following actions are to be taken:

- The person who identifies that the Employee has not returned is to try to contact the Employee on their mobile phone number. If this is unsuccessful this person is to notify a member of the Management team and give the Employee's last known whereabouts, the time of the last call and all other relevant details.

Action by Member of the Management Team

If the situation is **unknown or high risk**, contact the Police Service and inform them of concerns and ask them to check the situation.

If the situation is considered **low risk** the manager is to:

- Try and contact the Employee by phone again
- Phone the last known home or community visiting location
- Visit last known place of contact, however this must only occur in accordance with these Guidelines

If situation has not resolved, the manager is to inform the CEO immediately who will inform the Police Service.

Emergency Help Calls

If you are in an emergency call 000 immediately and without hesitation.

- If you require support and are unsure of whether to call 000 or not, contact your manager and request support and assistance.
- Your manager will provide support and phone the Police Service or other emergency services, e.g. Ambulance, to seek urgent assistance to attend the Employee's location if the Employee is unable to do so.
- If required, the Employee's next of kin should be contacted to ensure that any urgent family circumstances are attended to e.g. children requiring to be picked up from school/ day care centre. Ensure this is done with the Employee's permission (if possible) as a phone at the wrong time may distress the family inadvertently.

10. Roles and Responsibilities

Who	Responsibilities
Employee	<ul style="list-style-type: none">• Report all unresolved identified hazards, incidents and accidents to manager and complete an incident report.• Ensure first aid and emergency supplies are in the vehicle before leaving the workplace base.• Provide a home or community visiting schedule at the office• Make sure all your face-to-face appointments are recorded on your Outlook calendar including estimated time of return.• Provide all relevant details on your whereabouts including estimated time of return.• Notify the nominated person when you have completed one visit and are going onto the next visit when undertaking two or more different and consecutive home or community visits.• Withdraw from home visit where safety is compromised and, if deemed appropriate, negotiate alternative arrangements following an assessment review.

Who	Responsibilities
Manager	<ul style="list-style-type: none"> • Ensure Employees undertake appropriate training and information relating to this procedure and how to respond to difficult behaviours. Record training on the People and Culture file. • Ensure Employees always have appropriate communication options to ensure their safety. • Evaluate home procedures regularly to ensure they cover all aspects of Employee workplace safety and occupational health issues. • Consult with Employees involved in home or community visiting on relevant issues including safety. • Make on the spot decisions to determine when a one- Employee or two- Employee visit is appropriate depending upon the risk. High Risk Community Visits must have two Employees visit, one of these may be a partner agency Employee. • Notify personnel of other visiting services of potential risks identified in mutual clients within THE SERVICE • Manage high risk situations as required.
CEO	<ul style="list-style-type: none"> • Ensure this procedure remains up to date and relevant to Employees undertaking home visits • Report externally as required in relation to high risk situations

11. Definitions

Home or Community Visit	A period during which a THE SERVICE Employee is required to carry out their work outside the physical location of the office. A home might be a retirement village, aged care home, public housing or a private residence.
Low Risk	No known history of aggression, social stressors or instability.
Low Risk Home or Community Visit	A low-risk community visit is where there is no awareness of preidentified or anticipated risk factors.
High Risk	History of aggression, extenuating social situation, and threats of harm to self/others, family history of domestic violence, substance abuse associated with violence, history of mental illness associated with aggressive behaviours or aggressive pets.
High Risk Home or Community Visit	A high-risk home or community visit is where there is an awareness of preidentified or anticipated risk factors, with a potential threat to the safety of Employees/visitors. Two Employees are to attend a high-risk community visit.
Exceptional community visits	An “exceptional” home or community visit is one being undertaken outside normal business working hours.

Document Control Data	
Policy Framework	
Accountable Officer	CEO
Application	All Employees of THE SERVICE
Supersedes	Previous local policies
Associated documents	Safety Policy (WHS Policy) Incident Reporting procedure and associated forms Risk Management procedure and associated forms

Approval and Amendment History			
Review period – two years			
Approval Date	Version	Amendments	Next Review
XXXX	1.0		XXXX

POLICY

Working Alone, Remotely or in Isolation Policy

THE SERVICE has an obligation to provide services across **THE REGION** to older people within our consumer groups, however, recognises the risks to health, safety and welfare posed by remote or isolated work. **THE SERVICE** will strive to ensure appropriate measures are in place to minimise the risks associated with remote or isolated work of all persons in the workplace.

Remote or isolated work refers to situations where workers may be exposed to risks because of the nature or location of the work and would be unable to readily summon assistance in the event of injury, illness, violence or other emergency at work.

Line Managers will be responsible for supervising their areas of responsibility to ensure full compliance with this policy. They will ensure reasonably practicable steps are taken to ensure the safety and health of staff working alone or in isolation.

Procedure

All work locations must identify any work processes which require staff to work alone. The Line Manager must determine that the worker undertaking work alone or in isolation is competent and comfortable for the role.

Any person required to work alone or in isolation must have completed appropriate induction and emergency evacuation and other necessary required training (such as, but not limited to Protective Behaviours training) prior to working alone or in isolation.

Prior to authorising work alone, remotely, or in isolation Program Managers, in consultation with any employee at interest must:

- conduct a risk assessment using a Safe Work Method Statement (SWMS) form;

- implement adequate and consistent control measures that:
 - identify a responsible contact person that is suitably trained in issues pertaining to working alone, remotely or in isolation;
 - identify the method and frequency of contact that is required (this may change depending on the location or circumstances or at the request of the employee in the circumstances);
 - ensure appropriate arrangements and support for employees that may be required to work alone;
 - ensure the employee is register and knows how to use the Lone Worker app – Safezone;
 - ensure that suitable training has been completed.

Staff will be responsible for adhering to this policy at all times. They must:

- not place themselves at risk when working alone and avoid any situation of potential risk;
- consult with their Manager about appropriate measures to control risks associated with working alone;
- undertake all reasonable personal security measures (lock doors, walk in well-lit areas etc.);
- use the Safezone app, telephone or other appropriate contact (or alert of failure to make contact) where the period of working alone or the risk is excessive.

THE SERVICE uses a model of ‘regional safaris’, which are occasional promotional trips to rural and remote areas. The trip may be to one location or, more likely, involve a round trip calling at a series of places and agencies. The purpose is primarily to increase awareness of rights and entitlements of our consumers and the availability of **THE SERVICE**. However, some casework may be carried out.

There are opportunities for publicity, e.g. local media interviews, advertising, drop in sessions, education sessions and networking with staff; the key component being visits to consumer groups and development and support of rural and remote networks. The trips can be linked with other agencies, e.g. collaborative training seminars.

Definition of Rural and Remote Areas

The usual definitions used by Commonwealth Government Departments are:

- **Metropolitan:** Capital city and urban areas with a population 100,000 or more;
- **Rural:** Non-metropolitan areas with urban centres with 10,000 to 100,000 population;
- **Remote:** Population areas of less than 10,000.

Planned Proactive Trips

THE SERVICE Navigator Trial workers are expected to deliver information sessions in **THE REGION**, in accordance with the Service Agreement. The following procedure aims to assist with organising these visits:

1. plan with the Manager and rest of team;
2. determine length of travel, if more than 2 hours, staff may need to consider overnight accommodation;
3. it is expected that staff will work with **Coordinator** to organise rural trips in a time frame which ensures service delivery of as many aspects of **THE SERVICE** programs as possible, and 'value-add' resources to be used in an optimum and effective manner;
4. determine region, towns, and services to visit with a view to ensuring continuity and creating/supporting a presence in the region;
5. check with other team members re timing, suitability of region to visit, vehicle availability, any previous or current issues in region to be addressed, previous contacts, etc.;
6. in liaison with the **Coordinator**, develop a plan and timetable which will have a method to reach maximum numbers of people, clear dates, times and contacts (addresses and telephone numbers), as well as requirements for accommodation;
7. Travel Form completed by the employee and submitted to Manager for review and approval;
8. ensure publicity for the trip is approved by the Manager. Publicity could involve contacting media sources and preparing articles for country papers, radio and/or TV;

9. ensure Manager and other relevant staff are provided with the detailed plan and timetable of country trip;
10. keep all receipts to enable compliance with the Employee Expense Claims policy;
11. ensure mobile telephone is charged and check regularly for messages.
12. use the Safezone app to check in to each destination as well as returning home.

Reactive Trips

There are occasions where staff may be required to visit rural or remote areas outside of the agency's planned processes. On these occasions, staff should follow the procedure below:

1. determine the ability of the older person to communicate on phone or in writing. The use of interpreters or TTY can be arranged if necessary;
2. each case must be analysed to justify a personal visit and to ensure personal safety;
3. ensure case is developed as far as possible on the phone by using local resources where appropriate, i.e. informal and formal networks;
4. reactive trips must be approved by Manager.
5. there is an expectation that staff consider other opportunities to raise awareness of **THE SERVICE** while in the area (adding value). For example, leave brochures with relevant agencies, local library or health service;
6. use most time-efficient and cost-effective form of transport.

Risk Assessment

An assessment of the risks associated with each working alone situation shall be completed in consultation with staff or their representatives or relevant personnel using the SWMS form. The issues to be addressed (depending on the work role and the locations) may include:

- aggressive, violent or hostile treatment by a client or other person;

- safe passage for employees and clients when entering or leaving the site;
- the level of supervision required or monitoring that may be required;
- team training and communication;
- security of the area;
- the means of alarm and communication in the work area (usually the Safezone app).

Employees should disclose any medical condition(s) or feeling of fear or apprehension that may give rise to a dangerous or life threatening situation or experience anxiety while working alone.

Monitoring and Communication

Staff must use the Safezone app to check in for departure and arrival for any trip, mobile phones are provided to ensure contact can be maintained on an as needs basis.

After Hours Emergency

Where approved after hours work is carried out the first point of contact in an emergency should be through the Safezone app or by contacting emergency services on 000.

Associated Documents

References

Return to Work Corporation of **THE REGION** Act 1994

THE REGION Work Health and Safety Act 2012 (SA)

THE REGION Work Health and Safety Regulations 2012
(SA) Workers Rehabilitation and Compensation Act 1986

Workers Rehabilitation and Compensation Regulations 2010

MONITORING, EVALUATION AND REVIEW

Status:		Control:	
Approved by:		Version:	
Originally issued:		Last reviewed:	
Effective Date:		Next Review Date:	

Home Visit - Safety Assessment Checklist

Check to be completed by telephone prior to any home visit.

Employee Name: _____

Client Name: _____

Address: _____

Telephone Number: _____

Domain	Yes	No	Action required
<i>Worker-Client Health Check</i>			
Is the worker carrying disinfectant wipes/hand sanitizer?			
At time of declaration, does the client have evidence of a fever (>37.8 degrees oral or >38.0 degrees tympanic thermometer) or history of any of the following in the last 14 days: fever or chills (with no alternative explanation), acute cough, sore throat, shortness of breath, runny nose, acute respiratory infection or loss of taste and smell?			<i>If YES, has the client followed the DoH quarantine procedure?</i>
Has the client returned from interstate or overseas in the last 14 days?			<i>If YES, the visit must not proceed</i>
Has the client been in contact with a confirmed case of			<i>If YES, the visit must not proceed</i>

COVID-19 within the last 14 days?			
Has the client previously returned a COVID-19 positive test result and has not been cleared?			<i>If YES, the visit must not proceed</i>
Has the client been advised by the Public Health Unit or a Medical Practitioner in South Australia to self-quarantine?			<i>If YES, the visit must not proceed</i>
Household			
Is there safe car parking available?			
Is the pathway to the house clear of hazards?			
Are there pets in the house?			
Are the pets aggressive?			
Will the pets be restrained?			
Is there easy access to and exit from the home?			
Are there any other known hazards in the home/ area?			
Are there known safe locations in the area?			
Worker			
Is the worker familiar with the location of the home?			
Is the location remote or isolated?			
Is there mobile coverage in the area/home?			
Is the worker carrying a personal alarm?			

Travel			
Are road surfaces in good condition?			
Is the vehicle registered, insured and in good condition?			
Is Roadside assistance available?			
Does the driver have a current Licence?			
People;			
Will the worker be alone?			
Will the client be alone?			
Does the client have any history of physical or verbal aggression?			
Other;			
Are there any other known safety risks?			
Details			

Risk management actions completed:

Risk	Corrective action	Date Completed	Initialled

Assessment Completed by: _____ (NAME)

Signature of Person completing Assessment: _____ *(Signature)*

Date of Assessment: ____/____/____

Sighted by Manager _____ *(NAME)*

Visit approved by Manager: _____ *(Signature)*

Date sighted & visit approved: ____/____/____