# Home visit risk management plan – simple

Use this plan for surety and to demonstrate an approval trail of already established processes. Refer to the [Conducting home visits procedure](https://ppr.qed.qld.gov.au/pp/conducting-home-visits-procedure) for more information.

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| --- | --- | --- | --- |
| Student name: |  | Date of birth:  |  |
| Parent/guardian name: |  | Address: |  |
| Day, date and time of visit |  | Address of visit |  |
| Who is being met  | Has consent for the visit been arranged? If not prior, ensure consent is given prior to entering the home |

**Hazard ID, Risk Assessment and Controls**

Information from previous visits, school-based knowledge etc

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| --- | --- | --- |
| **Hazard Identification** | **Risk Level (Circle/ highlight relevant level - if unknown prior to visit, assess before entering the property)** | **Proposed controls / any additional information**  |
| Access to the home/ property | Low – Medium – High – Unknown |  |
| Threatening, violent or inappropriate behaviour | Low – Medium – High – Unknown |  |
| Mental health issues | Low – Medium – High – Unknown |  |
| Substance abuse | Low – Medium – High – Unknown |  |
| Biological concerns (e.g. illness) | Low – Medium – High – Unknown |  |
| Animals/ plants | Low – Medium – High – Unknown |  |
| Any additional risks/ hazards | Low – Medium – High – Unknown |  |

**Communication strategy**

Ensuring contact is maintained with the staff members conducting the home visit

|  |  |
| --- | --- |
| **Risk management strategies** | **Details** |
| Duration of visit:  | Arrival: Departure: |
| Who is conducting the visit (include name of other parties including name of employees, and external agency) |  |
| Employee’s phone number |  |
| Name of employee contact person |  |
| Employee contact person’s phone number |  |
| When will employee phone contact person |  |
| Manager’s name |  |
| Manager’s phone number |  |
| Detail the planned escalation process (including timeframes) |  |

**Approval process**

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|  |
| I have undertaken this assessment and reviewed and considered the risks to …Employee name: date: |
| I have reviewed the above information and support the conduct of this home visit activity: Yes [ ]  No [ ]  |
| Principal/Line Manager name: | Signature: | Date: |

**Review process**

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| **Home visit review**  |
| Outcome of the visit |
| Additional details to be recorded for consideration for any subsequent visits (if applicable): |
| Employee who completed and reviewed home visit: | Signature: |
| Principal/Line Manager name: | Signature: |
| School/work unit: | Date:  |

Risk Matrix

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| **Risk Matrix** |
| **Likelihood** | **Consequence** |
| Insignificant **(1)** | Minor **(2)** | Moderate **(3)** | Major **(4)** | Critical **(5)** |
| Almost certain **(5)** | Medium **5** | Medium **10** | High  **15** | Extreme **20**   | Extreme **25** |
| Likely **(4)** | Low **4** | Medium **8** | High **12** | High  **16** | Extreme **20** |
| Possible **(3)** | Low **3** | Medium **6** | Medium **9** | High **12** | High  **15** |
| Unlikely **(2)** | Low **2** | Low **4** | Medium  **6** | Medium **8** | High **10** |
| Rare **(1)** | Low **1** | Low **2** | Low **3** | Low **4** | Medium **5** |

**Table 2**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Insignificant 1** | **Minor 2** | **Moderate 3** | **Major 4** | **Critical 5** |
| **Consequence of occurrence** | No medical treatment required | Minor injury requiring first aid treatment (e.g. minor cuts, bruises, bumps) | Injury requiring medical treatment  | Serious injury (injuries) or hospitalisation  | Loss of life, permanent disability or multiple serious injuries |

**Table 3**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Insignificant 1** | **Minor 2** | **Moderate 3** | **Major 4** | **Critical 5** |
| **Likelihood of occurrence** | Will only occur in exceptional circumstances | It is not likely to occur within the foreseeable future | May occur within the foreseeable future | Is likely to occur within the foreseeable future | It is almost certain to occur within the foreseeable future |

**Table 4**

|  |  |  |  |
| --- | --- | --- | --- |
| **Current risk level** | **Mitigate** | **Review** | **Report** |
| **Extreme** | Home visit not to be undertaken.  | Alternative services to be offered/negotiated/documented. E.g. visit to be conducted at the school or telephone conversation only.  | As required provide risk update to management team.  |
| **High** | Home visit not to be undertaken.  | Alternative services to be offered/negotiated/documented. E.g. visit to be conducted at the school or telephone conversation only.  | As required provide risk update to management team.  |
| **Medium** | Can a home visit be avoided? E.g. Can the student parent/guardian attend the school? Can the information be collected over the phone?  | Completed the Home Visits Risk Assessment Plan to reduce the risk level to low, and control the risks as far as is reasonable practicable. Confirm two worker home visit.  | Review home visit with principal/line manager, update systems and complete a Workplace Incident Report as applicable.  |
| **Low** | Can a home visit be avoided? E.g. Can the student parent/ guardian attend the school? Can the information be collected over the phone?  | Confirm two worker home visit. Home Visit Risk Assessment Plan completed and risks controlled as is reasonably practicable.  | Review home visit with principal/line manager, update systems and complete a Workplace Incident Report as applicable.  |