

**SOUTH FRASER HOME SUPPORT SERVICE
HOME RISK ASSESSMENT TOOL**

Client Name: _____

Assessed by: _____

Date: _____

Section A - MSI Risk Assessment

This is a reassessment.

TASK		✓ CHW Assists	Identify hazards, injury prevention control measures, and instructions to CHW	✓ No issues
Personal Care	Bathing			
	Bed bath / sponge bath			
	Bath tub / shower			
	Skincare			
	Grooming eg. hair, shaving			
	Mouthcare			
	Toileting			
	Peri Care/Incontinence Prod.			
Patient Handling	Dressing/Changing			
	Assisted Walking			
	Repositioning in chair			
	Repositioning in bed			
	Use of lift equipment: floor lift or ceiling lift			
	Transfers From: To:			
	From: To:			
From: To:				
DOT				

Signature: _____

Date: _____

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TASK		✓ CHW Assists	Identify hazards, injury prevention control measures, and instructions to CHW	✓ No issues
Meals	Prepare meals <input type="checkbox"/> Assist eating			
	Assist client walking <input type="checkbox"/> Inside <input type="checkbox"/> Outside			
	Grocery Shopping			
	Adult Day Care			
Cleaning and Household Activities	Bed change			
	Laundry			
	Vacuuming			
	Check Fridge			
	<input type="checkbox"/> Bathroom cleaning / floor <input type="checkbox"/> Kitchen cleaning / floor			
	Other cleaning tasks			

Section C - Chemical Hazards

This is a reassessment.

Product Name – List products CHW will use in home	Indicate health hazard, injury prevention control measures, and instructions to CHW. Attach additional page if more space is required.	✓ No issues

- Rubber Gloves Kitchen
 Bathroom

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Section B – Assistive Devices

This is a reassessment.

EQUIPMENT	✓ If in Place	✓ If needed	Comments: does equipment need repair? Does equipment need to be installed? Who responsible? Implementation date? Who will follow up and when?	✓ No issues
Wheelchair(s)/Scooter(s): Manual/Powered				
Walker Aides: <input type="checkbox"/> Cane <input type="checkbox"/> Crutches <input type="checkbox"/> Walker:Standard/Wheels				
<input type="checkbox"/> Raised Toilet Seat/Rails <input type="checkbox"/> Commode				
<input type="checkbox"/> Hand-held Shower <input type="checkbox"/> Bath Mat				
Hospital Bed (circle) Manual / Electric With rails / without rails				
Transfer/Reposition Devices: Bath / Shower: <input type="checkbox"/> Bench or stool <input type="checkbox"/> Grab Bars				
Transfer: <input type="checkbox"/> Slide Sheet <input type="checkbox"/> Board <input type="checkbox"/> Belt <input type="checkbox"/> Pole(s) <input type="checkbox"/> Disc				
<input type="checkbox"/> Floor Lift <input type="checkbox"/> Ceiling Lift				
Other				

Section E – Violence and Working Alone

This is a reassessment.

VIOLENCE - Risks Client related <input type="checkbox"/> Non client related <input type="checkbox"/>	✓ present or history	Describe risks, injury prevention control measures, and instructions to CHW. Identify who the risks apply to.	✓ No issues
Aggression Against CHW <input type="checkbox"/> Physical <input type="checkbox"/> Verbal			
Aggression With / Against Objects			
Sexual Abuse			
Other (state type)			
Pets:			

Signature: _____

Date: _____

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WORKING ALONE - Risks	Describe risks, injury prevention control measures, and instructions to CHW	✓ No issues
<p>Isolated Workplace? <input type="checkbox"/> Yes <input type="checkbox"/> No Description: (i.e., remote, rural, limited communications, etc) <input type="checkbox"/> Location remote or rural <input type="checkbox"/> Location off the main roads, at a dead-end, or has limited daily traffic <input type="checkbox"/> Parking is more than one block away or in an underground garage <input type="checkbox"/> Limited or unreliable communications Contact Supervisor <input type="checkbox"/> No safe location from which to call for assistance. <input type="checkbox"/> Limited access by walking or bus (transportation); evening/night visits <input type="checkbox"/> Obstructions /entrapment areas that limit ability to get away safely (e.g. shrubs, fences, yard clutter, etc.)</p>		
<p>Community Crime Profile <input type="checkbox"/> Evidence of obvious criminal activity. Description</p>		
<p>Unauthorized visitors <input type="checkbox"/> Yes <input type="checkbox"/> No Name: Relationship:</p>		
<p>CHW is able to communicate with the supervisor or employer via (tick all that apply) <input type="checkbox"/> Telephone at client's home <input type="checkbox"/> Cell phone <input type="checkbox"/> Pay phone located @ _____ <input type="checkbox"/> Other (state):</p>		

Section D – Biological Hazards and Infection Control

This is a reassessment.

<p>Infectious diseases resources identification: <input type="checkbox"/> Client <input type="checkbox"/> Other household member <input type="checkbox"/> No Issues Describe the disease:</p>		
CHW exposure risk identification	Preventive control measures	Additional instructions to CHW
<p>Airborne pathogens: <input type="checkbox"/> infectious client sneezing/coughing <input type="checkbox"/> disrupted dust/animal waste</p> <p>Blood and body fluids <input type="checkbox"/> sharps in the home <input type="checkbox"/> catheter care <input type="checkbox"/> handling biohazardous waste <input type="checkbox"/> handling contaminated laundry/bedding <input type="checkbox"/> handling of Other Potentially Infectious Materials (OPIMs) <input type="checkbox"/> presence of cytotoxic drugs <input type="checkbox"/> Food Safe: cross contamination in food prep <input type="checkbox"/> Pet waste: <input type="checkbox"/> Vermin (e.g.: rodents, insects)</p>	<p><input type="checkbox"/> Needleless system; using safety engineered devices <input type="checkbox"/> Use designated sharp container <input type="checkbox"/> Compliance with Universal Precaution <input type="checkbox"/> Hygiene practice <input type="checkbox"/> Hand washing technique <input type="checkbox"/> Use double gloves where appropriate</p> <p>Use PPE, including: <input type="checkbox"/> gloves <input type="checkbox"/> nitrile gloves <input type="checkbox"/> gowns <input type="checkbox"/> mask or respirator <input type="checkbox"/> goggles <input type="checkbox"/> face shields <input type="checkbox"/> shoe covers <input type="checkbox"/> Other controls, specify:</p>	<p><input type="checkbox"/> Required safe work procedures. Specify:</p> <hr/> <p><input type="checkbox"/> Training and education required. Specify:</p> <hr/> <p><input type="checkbox"/> Other instructions:</p> <hr/>

Signature: _____

Date: _____

