

This cover page is not required to be kept

When to complete a Customer Assessment

Risk Assessments are to be completed for Customers identified in the onboarding Registration of Interest and Personal Requirements form as having specific support needs in relation to tasks / activities etc or any significant change in support needs. In the event there has been a reportable incident, behaviours of concern and or restrictive practices then the *Risk Assessment Reportable Incident Form* needs to be completed.

A risk can be defined as the potential to cause injury or illness to one or more people and management should identify the range of risks associated with each work practice / process – task / activity to be performed.

How to complete a Risk Assessment

This assessment should be conducted in consultation with the Customer, their nominee / direct SILs Manager with consideration given to disability, medical conditions and any other information which may be beneficial in determining the risks associated with providing service to the customer.

1. Complete Part 1 Checklist

1. Using the checklist as a prompt, tick items on the checklist which have the potential to be risks to both the Customer and any staff member
2. Any items ticked will require a detailed analysis – Part 2 must then be completed

If no areas identified then go straight to the sign off section after Part 2

2. Complete Part 2 Analysis

For each risk identified

1. Describe the risk
2. Determine who will be impacted
3. Rate the risk pre-strategy
4. Describe the risk management strategy to rectify or reduce the risk to what is safe and manageable
5. Re-assess the risk rating when the theoretical strategies /controls are in place to reduce or rectify the risk
6. Assign who is responsible for the implementation of the strategies / controls
7. Implement controls which provide the best outcome given available resources.

The Risk Assessment is required to be kept in the Customer's file and is to be reviewed if there is a change in circumstances or whenever there is concern. Concern may include, but is not limited to, a staff incident / injury, a noticed behaviour change or medication change and a change or addition to services provided or delivery method.

Customer Analysis

Customer Name in full		Customer DOB
Consultation with:		
Name <i>Direct carer</i>		Phone no.
Name <i>other</i>	Position	Phone no.
Service Type / Activity		Service Location
Address of supports:		
Reason for Risk Assessment		
<input type="checkbox"/> New Customer <input type="checkbox"/> New Information <input type="checkbox"/> Change to existing environment / activity <input type="checkbox"/> Incident Report		
Full name of staff member completing this form		Date form completed

Part 1 Customer Checklist *The following areas of risk should be considered. Where concern is identified, details must be entered in the Part 2 table.*

<p>1. Communication</p> <input type="checkbox"/> Concerns <input type="checkbox"/> No concerns	<p>4. Behaviour</p> <input type="checkbox"/> Concerns <input type="checkbox"/> No concerns	<p>7. Mobility</p> <input type="checkbox"/> Concerns <input type="checkbox"/> No concerns	<p>10. Cognition</p> <input type="checkbox"/> Concerns <input type="checkbox"/> No concerns	<p>13. Personal characteristics</p> <input type="checkbox"/> Concerns <input type="checkbox"/> No concerns
<p>2. Home / Environment</p> <input type="checkbox"/> Concerns <input type="checkbox"/> No concerns	<p>5. Safety & Protection</p> <input type="checkbox"/> Concerns <input type="checkbox"/> No concerns	<p>8. Transport</p> <input type="checkbox"/> Concerns <input type="checkbox"/> No concerns	<p>11. Mental health</p> <input type="checkbox"/> Concerns <input type="checkbox"/> No concerns	<p>14. Assistive animals, pets and companions</p> <input type="checkbox"/> Concerns <input type="checkbox"/> No concerns
<p>3. Health / Medical</p> <input type="checkbox"/> Concerns <input type="checkbox"/> No concerns	<p>6. Nutrition / Food Management</p> <input type="checkbox"/> Concerns <input type="checkbox"/> No concerns	<p>9. Personal care</p> <input type="checkbox"/> Concerns <input type="checkbox"/> No concerns	<p>12. Relationships / networks</p> <input type="checkbox"/> Concerns <input type="checkbox"/> No concerns	<p>15. Other</p> <input type="checkbox"/> Concerns <input type="checkbox"/> No concerns

<input type="checkbox"/> No identified risks
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Risk Assessment - Customer

Part 2 Customer's areas of risk (Items in the 'Area' column are given as prompts only)

Area (Items in this column are prompts, describe risks in the next column)	Risks identified	Impact on whom		Risk rating pre-strategy	Risk management strategy	Risk rating post-strategy	Person responsible	Date completed
		Customer	Staff					
<i>What area of support or life domain may the risk relate to?</i>	<i>What type of risks may occur during the provision of supports to this particular Customer?</i>	<i>Who would be impacted?</i>		<i>Level of risk? (considering likelihood & seriousness)</i>	<i>How could the risk be prevented or impact minimised?</i>	<i>Level of risk? (considering likelihood & seriousness)</i>	<i>Who will be responsible for undertaking the strategy?</i>	
1. Communication <ul style="list-style-type: none"> hearing issues speech issues English language skills (interpreter required?) non-verbal use of aids things to assist with understanding (pictures, simple words, gestures, etc) no personal mobile phone cyber vulnerability/bullying other 		<input type="checkbox"/>	<input type="checkbox"/>	Choose an item.		Choose an item.		Click to enter date.
2. Home / Environment <ul style="list-style-type: none"> dangerous objects onsite any potentially dangerous animals on premises other/s who reside or visit premises issues with access to premises safe place to park and exit building design – 2 storey remote location / isolated access to bathroom other 		<input type="checkbox"/>	<input type="checkbox"/>	Choose an item.		Choose an item.		Click to enter date.
3. Health / Medical <ul style="list-style-type: none"> general health medication (self-administered, requires assistance) storage requirements for medication skin conditions allergies – EPI pen level of support required 		<input type="checkbox"/>	<input type="checkbox"/>	Choose an item.		Choose an item.		Click to enter date.

Risk Assessment - Customer

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<i>What area of support or life domain may the risk relate to?</i>	<i>What type of risks may occur during the provision of supports to this particular Customer?</i>	<i>Who would be impacted?</i>		<i>Level of risk? (considering likelihood & seriousness)</i>	<i>How could the risk be prevented or impact minimised?</i>	<i>Level of risk? (considering likelihood & seriousness)</i>	<i>Who will be responsible for undertaking the strategy?</i>	
<ul style="list-style-type: none"> equipment needed drug dependence (alcohol, nicotine, illicit, prescribed) appointments purchasing medication communicable disease epilepsy/seizures diabetes asthma continence skin integrity / pressure injury risk do not resuscitate / 7 step pathway health care plan required 								
4. Behaviour <ul style="list-style-type: none"> behaviours of concern interim / comprehensive PBS plan developmental educator Restrictive practices support needs aggression (verbal, physical, self, others) destruction of property history of threatening staff triggers: language, people, situations criminal known to carry weapons substance abuse ritualistic known adverse behaviours gender issues suicide alert other 		<input type="checkbox"/>	<input type="checkbox"/>	Choose an item.		Choose an item.		Click to enter date.
5. Safety & Protection <ul style="list-style-type: none"> Wanders / absconds 		<input type="checkbox"/>	<input type="checkbox"/>	Choose an		Choose an		Click to

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<ul style="list-style-type: none"> • Aware of own safety needs • No road safety skills • Traffic Awareness • Hazardous Substance Awareness • Eats non-food items • Fire Awareness / Lights Fires • Stranger Danger • Sexuality and Gender Issues with self/others • Emergency Care Plan Required • Guardianship Order • Alarm / Movement Sensor • Other 				item.		item.		enter date.
6. Nutrition / Food Management <ul style="list-style-type: none"> • choking / swallowing difficulties • special modified diet • gastric feeding • PEG feeding • Obsessive behaviour • other 				Choose an item.		Choose an item.		Click to enter date.
7. Mobility <ul style="list-style-type: none"> • ability to manage on own • uses aids/equipment • needs standing assistance • how does Customer transfer (independently / with supervision / with hoist)? • Risk of slip/trip/falls • Difficulty with stairs/steps • other 		<input type="checkbox"/>	<input type="checkbox"/>	Choose an item.		Choose an item.		Click to enter date.
8. Transport <ul style="list-style-type: none"> • Ability to Board & Alight Vehicles • Unsafe in Vehicle • Restraints Required 				Choose an item.		Choose an item.		Click to enter date.

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<ul style="list-style-type: none"> • Motion Sickness • Road Safety Awareness • Trigger for Medical / Behaviour • Other 								
9. Personal care <ul style="list-style-type: none"> • ability to manage tasks independently • feeding • dressing & grooming • showering • toileting & continence • grooming • hygiene • other 		<input type="checkbox"/>	<input type="checkbox"/>	Choose an item.		Choose an item.		Click to enter date.
10. Cognition <ul style="list-style-type: none"> • is Customer oriented in time and place? • is Customer able to accept direction? • memory issues 		<input type="checkbox"/>	<input type="checkbox"/>	Choose an item.		Choose an item.		Click to enter date.
11. Mental health <ul style="list-style-type: none"> • nature of issues • triggers: language, people, behaviours • relapse prevention plan • support networks 		<input type="checkbox"/>	<input type="checkbox"/>	Choose an item.		Choose an item.		Click to enter date.
12. Relationships / networks <ul style="list-style-type: none"> • family or community connections • supports (do they assist or hinder?) • restraining order • vulnerable home • any supports that the customer relies on • sole support worker 		<input type="checkbox"/>	<input type="checkbox"/>	Choose an item.		Choose an item.		Click to enter date.

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What area of support or life domain may the risk relate to?	What type of risks may occur during the provision of supports to this particular Customer?			Level of risk? <i>(considering likelihood & seriousness)</i>	How could the risk be prevented or impact minimised?	Level of risk? <i>(considering likelihood & seriousness)</i>	Who will be responsible for undertaking the strategy?	
• other								
13. Personal characteristics <ul style="list-style-type: none"> emotional (grief/loss/trauma) culture/religion lifestyle factors 		<input type="checkbox"/>	<input type="checkbox"/>	Choose an item.		Choose an item.		Click to enter date.
14. Assistive animals, pets and companions <ul style="list-style-type: none"> animals/pets animal care requirements 		<input type="checkbox"/>	<input type="checkbox"/>	Choose an item.		Choose an item.		Click to enter date.
15. Other		<input type="checkbox"/>	<input type="checkbox"/>	Choose an item.		Choose an item.		Click to enter date.
<i>Duplicate these blank rows if you wish to add more rows to the table</i>		<input type="checkbox"/>	<input type="checkbox"/>	Choose an item.		Choose an item.		Click to enter date.
<i>Duplicate these blank rows if you wish to add more rows to the table</i>		<input type="checkbox"/>	<input type="checkbox"/>	Choose an item.		Choose an item.		Click to enter date.

Copy of strategies required for Customer? *Yes No *If yes, enter date strategies were communicated to customer

Strategies Communicated to Mentor / Support Staff Yes enter date strategies were communicated to staff

Likelihood Table

Description of Likelihood		
Almost Certain	Common Occurrence (happens regularly daily to weekly)	90-99% probability of occurring
Likely	The event will probably occur in most circumstances (monthly to 6 monthly)	70-89% probability of occurring
Possible	The event could occur at some time (annually)	30-69% probability of occurring
Unlikely	Not likely to occur in the foreseeable future (once in 5 years)	10-29% probability of occurring
Rare	Occurrence of the event requires exceptional circumstances (once in 10years)	1-9% probability of occurring

Risk Matrix

Risk Matrix					
Consequence	Likelihood				
	Rare 1	Unlikely 2	Possible 3	Likely 4	Almost Certain 5
Catastrophic	Extreme	Extreme	Extreme	Extreme	Extreme
Major	Medium	High	High	High	Extreme
Moderate	Low	Medium	High	High	High
Minor	Low	Low	Medium	Medium	Medium
Insignificant	Low	Low	Low	Low	Medium