

**CLIENT RISK ASSESSMENT FORM**

<b>Client name:</b>	<b>DCA staff completing risk assessment:</b>
<b>Client DOB:</b>	<b>Date of risk assessment:</b>
<b>Source of information:</b> Intake interview with caregiver	<b>Signature:</b>

The purpose of this risk assessment form is to assess risks across several domains including high risk behaviours previously or currently demonstrated by the participant, risks associated with Activities of Daily Living, risks associated with home visits, and cognitive and communication abilities.

This risk assessment form must be completed for all Direct Care Australia clients and NDIS participants to ensure the safety and well-being of the participant and the staff working with them to achieve their individual goals.

Direct Care Australia are dedicated to ensuring the safety of participants and clinicians, and depending on the nature of the risk, several options and strategies will be considered and implemented to address each individual situation. Information regarding possible options and strategies are provided.

<b>SECTION A: HIGH RISK BEHAVIOURS</b>	<b>YES</b>	<b>NO</b>
Does the client have a history of absconding behaviour?	<input type="checkbox"/>	<input type="checkbox"/>
Are there road safety concerns?	<input type="checkbox"/>	<input type="checkbox"/>
Does the client require 1:1 supervision?	<input type="checkbox"/>	<input type="checkbox"/>
Does the client have a history of physical aggression? If so, please specify:	<input type="checkbox"/>	<input type="checkbox"/>
Is there is history of substance abuse?	<input type="checkbox"/>	<input type="checkbox"/>
Is there is history of psychiatric illness?	<input type="checkbox"/>	<input type="checkbox"/>

<b>SECTION A: LEVEL OF RISK</b>
<b>Refer to matrix on page 4</b>
<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/> Catastrophic

<b>SECTION B: ACTIVITIES OF DAILY LIVING</b>	<b>YES</b>	<b>NO</b>
Does the client collect/hoard items?	<input type="checkbox"/>	<input type="checkbox"/>
Are there concerns regarding the use of internal heating/cooking appliances?	<input type="checkbox"/>	<input type="checkbox"/>
Are there concerns regarding personal hygiene?	<input type="checkbox"/>	<input type="checkbox"/>
Does the client smoke?	<input type="checkbox"/>	<input type="checkbox"/>
If so, are there safety concerns regarding their smoking?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>		

**SECTION B: LEVEL OF RISK**

Refer to matrix on page 4

Low     Moderate     High     Catastrophic

**SECTION C: RISKS ASSOCIATED WITH HOME VISITS**

YES

NO

Are there large or aggressive animals?

Are there concerns regarding accommodation or household issues?

Comments:

**SECTION C: LEVEL OF RISK**

Refer to matrix on page 4

Low     Moderate     High     Catastrophic

**SUPPORTS IN PLACE TO MANAGE RISK**

Where high to catastrophic risks have been identified across a range of areas, the following recommendations will be considered, implemented and adjusted accordingly as per individual needs:

<b>Recommendation re: staff ratio</b>	<input type="checkbox"/> 1 Staff
	<input type="checkbox"/> 2 DCA Staff or 1 DCA staff and 1 member of staff from another organisation
<b>Recommendation re: location</b>	<input type="checkbox"/> Inappropriate for Direct Care Australia staff to work with client in community settings, e.g., due to absconding behavior
	<input type="checkbox"/> Appropriate location for supports to be discussed and implemented
<b>Recommendation re: support planning</b>	<input type="checkbox"/> Individual interventions as per participant, their family and clinical team, to be outlined in case notes
	<input type="checkbox"/> Behaviour support plan required
<b>Recommendation re: additional risk mitigation strategies</b>	<input type="checkbox"/> Consideration and discussion re: appropriate clinical team, e.g., relating to experience and clinical skill
	<input type="checkbox"/> Consideration and discussion re: service types according to individual needs
	<input type="checkbox"/> Consideration and discussion re: other appropriate providers
	<input type="checkbox"/> DCA deemed unsuitable to support participant and alternative options discussed and provided

**RISK MATRIX**

		Consequences				
		<b>Insignificant (1)</b> No injuries / no business disruption / minimal financial loss or harm to reputation	<b>Minor (2)</b> First Aid treatment/ possible business disruption / medium financial loss and/or harm to reputation	<b>Moderate (3)</b> Medical treatment / likely business disruption / high financial loss and/or harm to reputation	<b>Major (4)</b> Hospital / definite business disruption / large financial loss and/or harm to reputation	<b>Catastrophic (5)</b> Death / business closure / massive financial loss and/or harm to reputation
Likelihood	<b>Almost Certain (5)</b> Often occurs / once a week	<b>Moderate (5)</b>	<b>High (10)</b>	<b>High (15)</b>	<b>Catastrophic (20)</b>	<b>Catastrophic (25)</b>
	<b>Likely (4)</b> Could easily happen / once a month	<b>Moderate (4)</b>	<b>Moderate (8)</b>	<b>High (12)</b>	<b>Catastrophic (16)</b>	<b>Catastrophic (20)</b>
	<b>Possible (3)</b> Could happen or known to happen / once a year	<b>Low (3)</b>	<b>Moderate (6)</b>	<b>Moderate (9)</b>	<b>High (12)</b>	<b>High (15)</b>
	<b>Unlikely (2)</b> Hasn't happened yet but could / once every 10 years	<b>Low (2)</b>	<b>Moderate (4)</b>	<b>Moderate (6)</b>	<b>Moderate (8)</b>	<b>High (10)</b>
	<b>Rare (1)</b> Conceivable but only in extreme / once in 100 years	<b>Low (1)</b>	<b>Low (2)</b>	<b>Low (3)</b>	<b>Moderate (4)</b>	<b>Moderate (5)</b>