



Name: _____
 PHIN: _____
 D.O.B. _____

Working Alone Safety Assessment - Rehabilitation Services

Complete this form for home visit and file in the patient record

Section #1 Home Accessibility and Hazards (check all that apply)	
➤ Phone	<input type="checkbox"/> Yes <input type="checkbox"/> No Is the driveway and home accessible (eg. Snow cleared, ramps present, handrails, etc.)
➤ Phone	<input type="checkbox"/> Yes <input type="checkbox"/> No Does the client live in an isolated rural location?
➤ Phone	<input type="checkbox"/> Yes <input type="checkbox"/> No Are pets present in the home? <i>If yes, pets need to be secured in a different room during the visit.</i>
➤ Phone	<input type="checkbox"/> Yes <input type="checkbox"/> No Is client/family aware and agrees to follow pet expectations as indicated above?
➤ Phone	<input type="checkbox"/> Yes <input type="checkbox"/> No Are there individuals present in the home who smoke? <i>If yes, please don't smoke for 2 hours prior to the time of the scheduled appointment.</i>
➤ Phone	<input type="checkbox"/> Yes <input type="checkbox"/> No Is client/family aware and agrees to follow the smoking expectations as indicated above?
➤ Phone	<input type="checkbox"/> Yes <input type="checkbox"/> No Does the client have a working land line phone present in the home?
Phone screen completed by: _____ Date: _____	
➤ Observe	<input type="checkbox"/> Weapons observed or client implies weapons are on the premises.
➤ Observe	<input type="checkbox"/> Illegal drugs or excessive alcohol are observed in the home.
➤ Observe	<input type="checkbox"/> Environmental hazards are observed (eg. Broken stairs, poor lighting, excessive clutter, defective equipment).
➤ Observe	<input type="checkbox"/> Persons are observed loitering around the client's home.
➤ Observe	<input type="checkbox"/> There are signs of a pest infestation eg. rodents, ants, insects, bed bugs, etc.
Observation screen completed by: _____ Date: _____	
Section #2 Screening Tool Outcome	
2.1 Overall risk level in providing services as per Care Plan	
<input type="checkbox"/> Low – no further completion of this form is necessary	
<input type="checkbox"/> High – complete remainder of form with supervisor	
Section #3 Safe Visit Plan	
3.1 Safe Visit Plan <input type="checkbox"/> Service Denied <input type="checkbox"/> Service provided with following recommendations for safety:	
3.2 Completed by:	
Signature: _____	Date: _____
Signature: _____	Date: _____