

Working 'Off-Site' Safety and Security Checklist – HOME VISITS

Home Visit address:	Date:
Checklist completed by (parent's name):	
<p><i>This checklist is an important part of our Occupational Health and Safety Policy in maintaining the safety of our employees. Please put an 'x' in the relevant boxes below and add comments where needed.</i></p> <p><i><u>Please note, this information is required prior to your first OT home visit.</u></i></p>	

1. Are there any ramps or stairs where the visit is taking place?..... Yes No

If yes, in what condition are the ramps or stairs?..... Please state:
2. Is there adequate lighting of internal and external areas?..... Yes No
3. Are there any animals in the home?..... Yes No

Would you consider them safe with visitors?..... Yes No
4. Are any firearms kept in the home?..... Yes No
5. Will there be other people in the home when your OT visits?..... Yes No
6. Does anyone in the home have physical or cognitive functioning conditions or disabilities to be aware of?..... Yes No

Is there a history of resistive behaviour / aggression that we need to be aware of?..... Yes No
7. Have there been any incidents in the client / family situation which could increase the risk to the OT's safety?..... Yes No
8. Are there any safety concerns relating to mental health, abuse or behaviour the OT needs to know about?..... Yes No
9. To your knowledge, have you or anyone in your home recently been exposed to or contracted an infectious disease, including but not limited to Chickenpox, Gastroenteritis, Hepatitis A and B, Influenza, Measles, MRSA, Whooping Cough, Cytomegalovirus (CMV)?..... Yes No

Please inform us if this changes between now and the OT home visit
10. Who will be present for the OT home visit? **Please state**.....
11. Please provide details if there anything else the OT should know about before they come to see you?

PLEASE NOTE THAT YOU ARE RESPONSIBLE FOR THE SAFETY AND WELFARE OF YOUR CHILD DURING OCCUPATIONAL THERAPY APPOINTMENTS