**NB** This form should be used initially when visiting a patient in a specific location for the first time. A new form should be completed if the location of the service user changes

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| --- | --- | --- | --- |
| **Department / service undertaking visit** |  | **Date of assessment** |  |
| **Staff members undertaking the visit / assessment** | **1)** |
| **2)** |
| **3)** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Patient name**  |  | **CHI Number** |  |
| **Patient address** |  |
| **Address being visited**  |  |
| **Tel. Number** |  |
| **GP / Other contact details** |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **N/A** |
| **Pre-visit**  |  |  |  |
| 1. Is there known history of violence / aggression / challenging behaviour?
 |  |  |  |
| 1. Does the patient know you are coming?
 |  |  |  |
| 1. Is the visit during unsocial hours (1630 – 0800) or during weekends?
 |  |  |  |
| 1. Is the visit during hours of darkness?
 |  |  |  |
| 1. Do you require a key or code? (key holder/ key safe)
 |  |  |  |
| 1. Have you diarised this visit in your electronic appointment book? (EMIS / Outlook)
 |  |  |  |
| 1. Does the patient live alone?
 |  |  |  |
| 1. If there are any pets at the address being visited will they be secured for your visit?
 |  |  |  |
| 1. Is parking near to address being visited?
 |  |  |  |
| 1. Is the area leading to the address being visited well lit?
 |  |  |  |
| 1. Is there a secure entrance to the property
 |  |  |  |
| 1. Is the property on the ground floor?
 |  |  |  |
| 1. Does anyone in the property being visited smoke?
 |  |  |  |
| 1. Are there any known infestations in the home?
 |  |  |  |
| **Post-visit**  |  |  |  |
| 1. Were there groups gathering on the route to and from the address visited?
 |  |  |  |
| 1. Did you have a mobile phone signal?
 |  |  |  |
| 1. If present was the secure entrance to the property working?
 |  |  |  |
| 1. Were there hazards associated with the condition of the address being visited?
 |  |  |  |
| 1. Were there any concerns with the patient’s behaviour
 |  |  |  |
| 1. Were there any concerns with anyone else’s behaviour at the address visited?
 |  |  |  |
| 1. Were there any issues with gaining access to the address being visited?
 |  |  |  |
| 1. If there were pets were they secured?
 |  |  |  |
| 1. Was parking available near to the address being visited?
 |  |  |  |
| 1. Was the area leading to the address being visited well lit?
 |  |  |  |
| 1. Were there people smoking in the address being visited at the time of your visit?
 |  |  |  |
| 1. Did you feel there were potential obstructions to you being able to easily exit the address being visited?
 |  |  |  |
| 1. If you have a lone worker device did you leave an amber alert and undertake a status check prior to entering the property?
 |  |  |  |
| 1. Did you feel a sense of threat during your visit?
 |  |  |  |
| 1. Were there other factors affecting your visit, for example, cultural considerations or relationships with neighbours?
 |  |  |  |

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| **Actions required prior to next visit to eliminate or reduce the risks** |
| **Ref No.** | **Actions required** | **To be actioned by** |
|  |  |  |
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| **What will the overall level of risk be when additional control measures have been implemented** |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **Low**  |  |  | **Medium**  |  |  | **High** |  |  | **Very High** |  |  |
|  |
| Remember risk levels that are high or very high may suggest that lone working should not take place ~ action must be taken to reduce the level of risk |