# Employee Hazard Assessment Tool

With information gathered from the pre-visit and pre-travel assessments, a number of controls should already be in place. However, front-line staff must continue to assess risk as a regular part of their daily work routine. Observation and communication skills are very important when assessing and minimizing risk. Any findings that deviate from what has been deemed acceptable should be immediately reported by the worker, following the reporting procedures established at the organization.

A worker [home/community hazard assessment tool](http://www.pshsa.ca/workplace-violence/) is provided in this handbook as a guide.

Each organization should customize this tool to suit their needs. For instance, specific instructions can be included under the yes/no columns, with directions to the worker that match the organization’s policy and procedures.

# Home/Community Hazard Assessment Tool

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| ENVIRONMENTAL CONDITIONS | | | |
| Risk Factors | **Y/N** | **Suggested Controls** | **Risk-Specific Tips** |
| Has the closest and safest parking spot been located? | **Yes – Proceed to the home**  **No – Call supervisor in case of emergency** | Make sure the vehicle windows are closed and all vehicle doors are locked  Click here to enter text. | [**B1: Planning Travel**](#_B1:_Planning_Travel)  [**B3: Walking in the Community**](#_B3:_Walking_in) [**C4: Parking Your Vehicle**](#_C4:_Parking_Your)  [**C5: Returning to Your Vehicle**](#_C5:_Returning_to)  Click here to enter text. |
| Is entrance visible from the road? | **Yes – Proceed to the home**  **No – Call supervisor in case of emergency** | Map the area prior to visit for potential perpetrator hiding spots (e.g. behind bushes or hedges)?  Turn on high beams if necessary  Click here to enter text. |
| Is neighbourhood well lit? | **Yes – Proceed to the home**  **No – Have phone ready to call 911 if necessary** | Travel in daylight hours whenever possible  Turn on high beams if necessary  Click here to enter text. |
| Is the path from the parking spot to the front door well lit? | **Yes – Proceed to the home**  **No – Have phone ready to call 911 if necessary** | Request client/family install adequate exterior lighting and/or repairs  Ask that entry area light be on prior to visit  Use a flashlight if needed  Click here to enter text. |
| Have driveways, paths and stairs been cleared to allow a worker to exit quickly if needed? | **Yes – Proceed to the home**  **No – Call supervisor** | Ask client/family clear driveways, paths and stairs  Click here to enter text. |
| Are there any uneven surfaces that might impede a quick exit by the worker? | **Yes – Slow down and call supervisor**  **No – Proceed to the home** | Ask client repair uneven surfaces  Click here to enter text. |
| Is there a long approach to the road? | **Yes – Call supervisor in case of an emergency**  **No – Proceed to the home** | Map the area before visiting the home  Click here to enter text. |
| Has the safest route for returning to the vehicle been determined? | **Yes - Proceed to the vehicle**  **No – Call supervisor in case of an emergency** | Carry your keys in your hand  Do not sling your purse or bag over your shoulder or around your neck  Walk around vehicle, and check back seat before unlocking car  Lock doors, keep windows up until underway  Click here to enter text. |

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| COMMUNICATION ACCESS | | | |
| Risk Factor | **Y/N** | **Suggested Controls** | **Risk-specific Tips** |
| Is there access to a telephone, cell phone, reception or 911 communication? | **Yes – Proceed with client care**  **No – Find nearest phone and contact supervisor** | Establish a method of summoning immediate help e.g. carry a cell phone with automatic dial to 911 & /or personal safety alarm device  Follow any “working alone” precautions required  Click here to enter text. | [**B1: Planning Travel**](#_B1:_Planning_Travel)  Click here to enter text. |
| PETS/ANIMALS | | | |
| Risk Factor | **Y/N** | **Suggested Controls** | **Risk-specific Tips** |
| Are there any animals in the home? | **Yes – Consider anything that may affect staff safety and delivery of care**  **No – Proceed with client care** | Ask client/family to secure pets prior to visit as necessary  Click here to enter text. | Click here to enter text. |

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| FIREARMS/WEAPONS | | | |
| Risk Factor | **Y/N** | **Suggested Controls** | **Risk-specific Tips** |
| Are their firearms/weapons in the home? | **Yes – Contact supervisor and if necessary consider consulting police – do not enter dwelling**  **No – Proceed with client care** | Ensure firearms are stored in a locked cupboard and ammunition stored separately  Inform client/family that service will be withheld until firearms are stored, unloaded and in locked cupboard  Click here to enter text. | [**D2: Tips for When a Weapon is Involved**](#_D2:_Tips_for)  Click here to enter text. |
| COGNITIVE ABILITY | | | |
| Risk Factors | **Y/N** | **Suggested Controls** | **Risk-specific Tips** |
| Is the client able to direct their own care? | **Yes – Continue to provide client care**  **No – Contact supervisor** | * **Involve family and make aware of community resources** * Click here to enter text. | **[A1: Client Communication Tips](#_Client_Communication)**  [**E1: Point-of-Care Staff Work Practice Assessment**](#_E1:_Point-of-care_Staff)  Click here to enter text. |
| Is the client refusing to accept care? | Yes – Contact supervisor  No – Continue to provide client care | Consider inter-professional referral  Click here to enter text. |  |

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| CHALLENGING BEHAVIOURS | | | |
| Risk Factor | **Y/N** | **Suggested Controls** | **Risk-specific Tips** |
| Has a behavioral assessment such as the VAT been conducted and documented to determine the client’s risk for violent, aggressive, or responsive behaviour? | **Yes**  **No- Complete the VAT at the first point of contact** | Click here to enter text. | [**A1: Communicating with Potentially Violent Clients**](#_A1:_Communicating_with)  [**A2: Terminating an Interaction with an Angry Client**](#_A2:_Terminating_an)  [**A3: Guidelines for Non-verbal Behavior and Communication**](#_A3:_Guidelines_for)  [**D1: Personal Attack Tips**](#_D1:_Personal_Attack)  [**E1: Point-of-Care Staff Work Practice Assessment**](#_E1:_Point-of-care_Staff)  [**E2: Client Aggressions Risk Factors**](#_E2:_Client_Aggression)  Click here to enter text. |
| Is the client and/or family member(s) exercising or threatening to exercise physical force? | **Yes – Leave the home and contact 911 immediately; contact supervisor**  **No – Continue to provide client care** | Update VAT when safe to do so and communicate risk to all caregivers (See [PSHSA’s ICRA and Flagging Toolkit](http://www.pshsa.ca/workplace-violence/))  Alert supervisor of potential or an identified problem  Click here to enter text. |
| Is of the client exhibiting responsive behaviors to communicate unmet needs such as anxiety, pain, invasion of personal space, change in routine and noise while delivering care? | **Yes – Maintain your personal space. Leave the home immediately and contact supervisor If there is imminent threat of danger,**  **No – Continue to provide client care** | Update VAT when safe to do so  Alert services of potential/identified problems  Limit number of care providers going into the home – consistency of caregivers is important  Click here to enter text. |
| Is the client and/or family member(s) showing signs of illegal drug use or drinking alcohol upon arrival?? | **Yes – Do not enter home and/or leave the home immediately if illegal activities are occurring and contact supervisor**  **No – Continue to provide care** | Advise client/family that services may be withdrawn if identified risks occur during provision of care  Click here to enter text. |