

# EMPLOYEE PRE-HOME VISIT RISK ASSESSMENT

**Employee to complete this form before each home visit:**

Student Name(s): _____	Employee Name: _____
Student's phone/cell #'s: _____	Cell#: _____
Home Visit Address: _____	Employee's Emergency Contact Tel #: _____
	Principal/Supervisor phone/cell# is in your phone and the ringer is "on": <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>RISK ASSESSMENT</b> <i>Do you and your Principal/Supervisor agree this home visit is necessary?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No Risk Assessment Date: _____ Date of Visit: _____	This visit is assessed as: <input type="checkbox"/> Low Risk <input type="checkbox"/> Moderate Risk <input type="checkbox"/> High Risk* <i>*See back of this form. If High Risk CANCEL or relocate to reduce the risk and must discuss with supervisor.</i>
---	---

**Safe Work Procedures**

1. Complete this form using Risk Assessment tools BEFORE every Home Visit.
2. Provide this form to your Principal/Supervisor and confirm the timing of your visit and check-in.
3. Contact your Principal/Supervisor before entering the home/site visit.
4. Conduct home/site visit.
5. Check-in at designated time.

**Failure to Check-in** (within 10 mins):

- o Check-in contact (Principal/Supervisor) will make 3 attempts to contact you (the employee).
- o If you cannot be reached, your check-in contact (Principal/Supervisor) will:
  - Contact the student/student's home directly.
  - Contact your emergency contact(s)
  - Call 911 and Superintendent

<b>VISIT TIMING</b>	
Home Visit Scheduled for (date/time): _____	Expected length of visit: _____
Check-in Time (date of home visit): _____	
Check-in With: Name: _____	Cell: _____

<b>BEFORE YOUR VISIT</b> – Principal/Designate completes this section. <input type="checkbox"/> Inform the employee of any foreseeable risk. (complete Pre-Home Risk Assessment) Tick if there are any known reports of: <input type="checkbox"/> Criminal activities, domestic violence, mental illness, alcohol/drug abuse, or aggressive pets? <input type="checkbox"/> Any <i>Response Plans</i> in place for this student or family? <input type="checkbox"/> Past reports of in-school violence? <input type="checkbox"/> Conversation with family that item(s) will be places outside in a designated area.  Principal/Designate Signature: _____
--

<b>EMERGENCY EXIT PLAN</b> – Confirm you have considered each item before this visit by ticking the boxes. <input type="checkbox"/> Carry cellular phone in-hand and keep immediately accessible to call 911 if the situation warrants. <input type="checkbox"/> Do not enter the home if you do not feel safe or comfortable  <u>If uncomfortable for any reason:</u> <input type="checkbox"/> Be prepared to disengage and leave the home/site immediately. <input type="checkbox"/> Report any out of the ordinary situations to your Principal/Supervisor, no matter how small they may seem.
---

I have read and understand the foreseeable risk of the home visit and will follow the safe work procedure.

Employee Name: \_\_\_\_\_ Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## PRE-VISIT RISK ASSESSMENT - HOME VISIT

Risk Level	Factors under Consideration	Safety Measures
<b>Low</b>  <i>Yes</i>	Home Visit: <ul style="list-style-type: none"> <li>• The situation/location is familiar and low risk.</li> <li>• Pre-visit risk assessment done – no personal security hazards identified.</li> <li>• No overt neighbourhood/housing/travel hazards.</li> <li>• Cellular service available.</li> </ul>	<ul style="list-style-type: none"> <li>• Principal/Supervisor consult required in advance of visit</li> <li>• Principal/Supervisor reviewed all foreseeable hazards.</li> <li>• Weekday daytime visit only.</li> <li>• Home visit notification delivered in advance.</li> <li>• Conduct on-site OUTDOOR risk assessment.</li> <li>• Ensure check in/out procedures are in place.</li> <li>• Emergency exit plan in place.</li> </ul>
<b>Moderate</b>  <i>Maybe</i>	Home Visit: <ul style="list-style-type: none"> <li>• Site known or familiar.</li> <li>• Initial risk assessment complete – minor hazards identified*, but documented and controlled.</li> <li>• Complex at-risk neighbourhood or location dynamics that potentially present a hazard.</li> <li>• Isolated area.</li> <li>• Inclement weather.</li> <li>• Gaps in cellular service.</li> </ul>	<ul style="list-style-type: none"> <li>• Principal/Supervisor consult required in advance of visit</li> <li>• Principal/Supervisor reviewed all foreseeable hazards.</li> <li>• Weekday daytime visit only.</li> <li>• Home visit notification delivered in advance.</li> <li>• Conduct on-site OUTDOOR risk assessment.</li> <li>• Ensure check in/out procedures are in place.</li> <li>• Emergency exit plan in place.</li> <li>• Additional staff member required for visit.</li> </ul>
<b>High</b>  <i>No!</i>	Home Visit: <ul style="list-style-type: none"> <li>• Site or situation poses real and known hazards.</li> <li>• After typical work hours/weekends/holidays visits are prohibited.</li> <li>• Initial risk assessment identifies workplace violence or other hazards.</li> <li>• Complex at-risk neighbourhood/housing dynamic that presents a real or perceived hazard.</li> <li>• Isolated area.</li> <li>• Gaps in cellular service/no cellular service.</li> </ul>	District staff are <u>not</u> permitted to conduct home or community visits that are assessed as high risk.  If the factors can be mitigated/addressed so that the risk is reduced, the visit may go ahead with Principal/Supervisor approval.

### Outdoor Risk Assessment (Onsite)

Call the home prior and assess the current risk. *Postpone the visit if you believe your safety is at risk:*

\*\*\*If for ANY reason your onsite assessment causes you to question your safety, LEAVE

- Threatening behavior, yelling, aggression, etc.

- Signs of intoxication.
  - Your visit is unwelcome.
  - Unexpected people are present or unrestrained/hostile pets (out/in).
-