

Outreach/Home Care Worker Safety Assessment Tool
Medical Problems/Diagnoses:

Physical Needs:

Height: Weight:

ADL:

- Personal Hygiene
- Toileting
- Dressing
- Mobility
- Cooking
- Shopping
- Driving

Patient/Family wishes about resuscitation:

Environment:

Neighborhood:

Overall safety: Excellent Good Fair

Abandoned Buildings: Yes/No

Proximity: _____

Unguarded Railway Crossings Yes/No

Additional
comments: _____

Building:

Type of Dwelling Home Apt Bldg hotel project Other

Entry Door: Locked/Unlocked

Is client name on doorbell? Yes/No Name:

Number of Floors: _____

Elevator: Yes/No Working: Usually Sometimes Rarely

Hallway and Stairs:

Lighting: Good Fair Poor

Stairs intact: Yes/No

Loiterers: Yes/No Usually Sometimes Rarely

Transportation: Good Fair Poor

Other
(specify) _____

Running water & soap available?: Yes/No

Home heated? Yes/No Other

(specify) _____

Home air conditioned?: Yes/No Other

(Specify) _____

Access to telephone: Yes/No Where is telephone located? _____

Pets in home: _____

Presence of gun(s) or illegal drugs:

Emergency Contacts: Telephone Pager Address

Family/friend:

Medical Care provider:

Others in home:

Name: Relationship: Brief description:

Worker parameters:

Role in home:

Work schedule & arrangements:

Acceptability to client:

Ability to maintain professional boundaries:

Ability to provide for personal first aid and emergency procedures:

Ability to report changes in status:

Nursing Needs (describe):

Assistance with medications: Oral _____ Other _____

Assistance with dressing changes:

Assistance with injections/IVS/TPN:

Other (specify):

Psychological/Emotional Issues:

Mental status:

History of aggressive/impulsive behavior:

Current mental health problems/issues:

Current chemical use problems/issues: