

Family and Disability Services

Client Contact Risk Assessment COVID-19

Please complete this assessment prior to a scheduled home visit/ face-to-face appointment or, during a phone call with your client. This risk assessment should be used in conjunction with your normal case management framework i.e. *Outcome Star*.

Before the collecting this information please ensure that you have informed the client that you will asking questions about COVID-19 and that you have their verbal consent. If you are unable to obtain consent do not proceed with the questions and seek further advice.

Client Details

Family name:

Given name(s):

Address:

Date of birth:

Client has provided verbal consent to collect and store this information: Yes Date/Time: _____

Health screening and assessment	
Are you OR members of your household feeling unwell with symptoms such as fever, sore throat, cough or shortness of breath? If yes details (names/ages)	<input type="checkbox"/> Y <input type="checkbox"/> N
Have you or members of your household travelled overseas or interstate in the last 14 days? If yes details (family members detail and countries/states visited)	<input type="checkbox"/> Y <input type="checkbox"/> N
Have you or member s of your household had close contact* with someone who has a confirmed case of novel coronavirus (COVID-19)? <i>*face-to-face contact for more than 15 minutes, or have shared an enclosed space for more than two hours.</i> If yes details:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> I don't know
Do you have anyone who lives with you in your home, stays regularly or visits who have visited or travelled through any affected country in the last 14 days? If yes, please provide details (family member's details and countries visited):	<input type="checkbox"/> Y <input type="checkbox"/> N

Family and Disability Services
Client Contact Risk Assessment COVID-19

<p>(c) Do they have/had a high temperature (above 37.4), a cough, sore throat, shortness of breath, exacerbation of current condition: Please provide details:</p>	<input type="checkbox"/> Y <input type="checkbox"/> N
<p>Have you or any members of your household had contact with any confirmed cases of COVID-19? If yes: Is essential care/support needed? Can care/support be rescheduled from 14 days since the last face-to-face contact?</p>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N
<p>Do you have anyone who lives with you in your home, stays regularly or visits who are vulnerable, elderly or have co-existing health conditions?</p>	<input type="checkbox"/> Y <input type="checkbox"/> N
<p>Assessment (do you have any concerns this client may be at risk of contracting or transmitting COVID-19)</p> <p>If yes are any actions required: (please note any clients that have tested positive COVID-19 are required to be added on Risk man)</p>	

Family safety and wellbeing screening and assessment		
Questions	Are these risk factors Yes/No	If Yes, detail safety strategy and enter details
Due to the changes to our current environment from COVID-19, do you see any challenges for you or others in your household in relation safety?		
Due to the changes to our current environment from COVID-19, do you see any challenges for you or others in your household in relation to the mental and emotional health and wellbeing?		
If for any reason your income is impacted, do you think this will be a major risk for you and your family's safety?		
If you or your family are restricted to being isolated at home will this pose a risk for your safety?		

Family and Disability Services
Client Contact Risk Assessment COVID-19

<p>Please detail how the person/family may spend their time during isolation.</p>		
<p>Are you co-parenting? If so, have you considered how you will manage if you are not able to see your children? Or if you have the sole care of your children how you will manage during this time? (discuss and detail the strategies)</p>		
<p>Do you have a support system in place to help you through this challenging time?</p> <p>(Check how people will access their support system)</p>		
<p>On a scale of 1 to 10 How good are you at asking for help, with one being pretty hopeless through to 10 being do it all the time?</p>		
<p>Assessment: Are there safety or wellbeing concerns? If yes what is the Safety plan:</p> <p>What is the concern?</p>		

Family and Disability Services
Client Contact Risk Assessment COVID-19

What is our response?

Who will form this safety plan: (names and contact details)

When will we review this safety plan? How?