

Participant name:	File no:
Participant phone number:	Date of birth:
Address:	
Person completing assessment:	Date completed: Review date:

Risk context
What is the support / service / task to be provided?
Who will be providing the support? <i>(Qualification, skills, experience)</i>
Where will the support be delivered?
Is there any other information relevant to this participant or risk assessment?

Participant Risk Assessment

Risk assessment matrix

0 – 5 = Low Risk		SEVERITY of the potential injury/damage				
6 – 10 = Moderate Risk		Very minor injury or damage to equipment or property 1	Non-reportable injury, minor damage to equipment or property 2	Reportable injury, moderate damage to equipment or property 3	Major Injury, single Fatality or critical damage to equipment or property 4	Multiple Fatalities, Catastrophic Loss to Business 5
11 – 15 = High Risk						
16 – 25 = Extremely High						
LIKELIHOOD of the hazard happening	Almost Certain 5	5	10	15	20	25
	Will Probably Occur 4	4	8	12	16	20
	Possibly Occur 3	3	6	9	12	15
	Remotely Possible 2	2	4	6	8	10
	Highly Unlikely 1	1	2	3	4	5

Action Chart - Guidance			
Score	Action by whom	Action	Communication process
16-25	Dept. CEO/WHSO	Cease task until process put in place to lower risk score to 10 or less	Contact WHSO
12-15	Participant Support Coordinator	Cease task until process put in place to lower risk score to 10 or less	Contact Coordinator/WHSO
6-10	Participant Support Linker	Job may continue under supervision from Linker	Contact Linker/WHSO
		Job may continue with monitoring	Contact Linker/WHSO
1-5	Support Worker	Support Worker to employ Workplace Health and Safety methods and adhere to Life Choice policies	Support Worker

Participant Risk Assessment

Guide for Selection of Consequences Rating	Descriptor	Description
Extremely High (Unacceptable Risk) 16-25	Almost Certain	<ul style="list-style-type: none"> • Death through accident or workplace acquired illness • Significant asset destruction or other financial loss greater than \$10M • Major national TV/news coverage for several days • Parliamentary intervention e.g., Royal Commission • Catastrophic long term environmental harm • Total cessation of operations for greater than 23 weeks
High Risk 11-15	Will Probably Occur	<ul style="list-style-type: none"> • Multiple serious injuries or workplace acquired illness resulting in hospitalisation for more than 4 weeks and/or serious permanent disability • Loss of asset or other financial loss greater than \$1M to \$10M • Major national TV/news coverage • Parliamentary inquiry • Significant long term environmental harm • Total cessation of operations for greater than 2 days to 3 weeks
Moderate Risk 6-10	Possibly Occur	<ul style="list-style-type: none"> • Serious injury or illness resulting in hospitalisation for 3 days to 4 weeks • Loss of asset or other financial loss greater than \$50,000 to \$1M • Local TV/media exposure • Significant release of pollutants with mid-term recovery • Total cessation of operations for less than 2 days
Low Risk 0-5	Remotely Possible	<ul style="list-style-type: none"> • Injury or illness resulting in time away from workplace or less than 3 days in hospital • Loss of asset or other financial loss from \$5,000 to \$50,000 • Minor transient environment harm • Minor disruption to services
Low Risk 0-5	Highly Unlikely	<ul style="list-style-type: none"> • No injuries, or minor injury requiring first aid • Minor loss of asset or other financial loss less than \$5,000 • Brief pollution but no environmental harm • No disruption to services

Participant Risk Assessment

a) Risk assessment table for NDIS providers subject Additional Condition of Registration under s73 of NDIS Act

If Life Choice provides assistance with daily personal activities, and the participant for whom this risk assessment is being conducted ***lives alone***, and ***receives care from only one support worker***, please complete this table, as part of our obligations under the [Additional Condition of Registration](#).

Risk factors	Does risk factor exist?	
	Yes	No
The participant is not receiving, from any other NDIS provider, supports or services that involve regular, face-to-face contact with the participant.	<input type="checkbox"/>	<input type="checkbox"/>
The participant or the participant's plan indicates that the participant has limited or no regular, face-to-face contact with relatives, friends or other people with whom the participant is well-acquainted.	<input type="checkbox"/>	<input type="checkbox"/>
Without the assistance of another person the participant has limited or no physical mobility.	<input type="checkbox"/>	<input type="checkbox"/>
The participant uses equipment to enable them to be physically mobile or to facilitate their physical mobility.	<input type="checkbox"/>	<input type="checkbox"/>
Without the assistance of another person the participant has limited or no ability to communicate with others.	<input type="checkbox"/>	<input type="checkbox"/>
The participant uses equipment to enable or facilitate communication with others, including to enable or facilitate the use of a phone or other device.	<input type="checkbox"/>	<input type="checkbox"/>

If any risk factor has been identified as existing in relation to the participant, the provider must ensure that:

(a) there is a documented plan for supervision of the participant's support worker that is appropriate having regard to the participant's risk factors and the plan is implemented;

(b) all of the provider's key personnel receive regular reports in relation to the care and skill with which personal support is being provided to the participant by the support worker, with the regularity of the reports being appropriate having regard to the participant's risk factors; and

(c) appropriate action is taken by the provider, without any unreasonable delay, to address any concerns identified in those reports.

Please refer to the [Additional Condition imposed under section 73G of the NDIS Act](#), for more information on your obligations.

Participant Risk Assessment

b) Standard risk assessment table

Area	Risks identified	Impact on whom		Risk rating	Risk management strategy	Person responsible	Date completed
What area of support or life domain does the risk relate to?	What type of risks may occur during the provision of supports to this particular Participant?	Who would be impacted?		Level of risk? (considering likelihood & seriousness)	How could the risk be prevented or impact minimised?	Who will be responsible for undertaking the strategy?	
		Participant	Staff				

Participant Risk Assessment

Area	Risks identified	Impact on whom		Risk rating	Risk management strategy	Person responsible	Date completed
Mobility <ul style="list-style-type: none"> • ability to manage on own • use of aids • indoors/outside • how does Participant transfer (independently / with supervision / with hoist)? 							

Participant Risk Assessment

Area	Risks identified	Impact on whom		Risk rating	Risk management strategy	Person responsible	Date completed
Personal care <ul style="list-style-type: none"> • ability to manage tasks independently • feeding • dressing & grooming • showering • toileting & continence • grooming • other 							
Cognition <ul style="list-style-type: none"> • is Participant oriented in time and place? • is Participant able to accept direction? • memory issues 							

Participant Risk Assessment

Area	Risks identified	Impact on whom		Risk rating	Risk management strategy	Person responsible	Date completed
Communication <ul style="list-style-type: none"> • hearing issues • speech issues • English language skills (interpreter required?) • use of aids 							
Behaviour <ul style="list-style-type: none"> • behaviours of concern • support needs • nature of issues • triggers: language, people, situations 							
Lifts / assistance <ul style="list-style-type: none"> • manual handling • personal care • transport • other activities 							
Violence risk <ul style="list-style-type: none"> • physical aggression • verbal aggression • history of threatening staff • self-harm • substance abuse 							

Participant Risk Assessment

Area	Risks identified	Impact on whom		Risk rating	Risk management strategy	Person responsible	Date completed
Health / medical <ul style="list-style-type: none"> • nutrition & swallowing • epilepsy • general health • medication • skin conditions • allergies • level of support required 							
Mental health <ul style="list-style-type: none"> • nature of issues • triggers: language, people, behaviours • relapse prevention plan • support networks 							
Home / environment <ul style="list-style-type: none"> • dangerous objects onsite • any potentially dangerous animals on premises • other who reside or visit premises • issues with access to premises • safe place to park and exit 							

Participant Risk Assessment

c) Emergency and Disaster Management – Continuity of supports

Area	Critical supports identified	Risk rating	Continuity of supports strategy	Person responsible	Date completed
What are the emergencies that could impact on the client's supports?	In the event of this emergency, which supports that are critical to the client's health and safety could be impacted?	Level of risk? (considering likelihood & seriousness)	What measures are in place to ensure that supports that are critical to the client's health and safety continue to be delivered in the event that this risk occurs?	Who will be responsible for undertaking the strategy?	Click to enter date.
Infectious disease outbreak <ul style="list-style-type: none"> social distancing requirements infection of clients PPE requirements 		Choose an item.			Click to enter date.
Bushfire <ul style="list-style-type: none"> evacuating residence/accommodation smoke inhalation 		Choose an item.			Click to enter date.
Flood <ul style="list-style-type: none"> evacuating residence/accommodation relocation limited access to technology/communication devices 		Choose an item.			Click to enter date.
Power outage <ul style="list-style-type: none"> loss of operation of aids/equipment 		Choose an item.			Click to enter date.

Participant Risk Assessment

<ul style="list-style-type: none"> • loss of lighting etc. 					
<p><i>Duplicate these blank rows if you wish to add more rows to the table</i></p>		Choose an item.			Click to enter date.

Additional comments:

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