

PARTICIPANT DETAILS

PARTICIPANT DETAILS			
Given name/s		Family name	
Preferred name		Date of Birth	
Address			Phone number:
Email address			Preferred contact method
Participant Requirements / Preferences			
Specific requirements and preferences	(interests, physical/cultural/belief-based requirements, communication needs):		
Known Medical Conditions or Allergies			
Specify	Effect	Treatment	

Emergency Contacts			
Name/s:		Phone:	
Email address			
CARER / GUARDIAN DETAILS			
Family name		Given name/s	
Email address		Phone number	
Postal address			
In-person contact	Specify frequency for participants who live alone:		

RISK ASSESSMENT DETAILS

Persons Involved in Risk Assessment

Was the participant involved in the assessment?	<input type="checkbox"/> yes	<input type="checkbox"/> Declined Reason:
		<input type="checkbox"/> Unable Reason:
Staff Involved		
Others Involved		
Daily Personal Activities – for participants living alone		
Sole Support Worker	<input type="checkbox"/> yes	Reason: <input type="checkbox"/> Participant preference Other:
	(If yes, a <i>Monitoring and Supervision Plan</i> is required)	

Information Sharing and Privacy		
Privacy Policy Explained	<input type="checkbox"/> yes	Comments / feedback:
Sharing information	<input type="checkbox"/> Consent to share information documented	
	Other Provider/s	List:
	Comments	



INSERT DOCUMENT CODE
PARTICIPANT RISK ASSESSMENT

STEP 1. IDENTIFY RISKS

Risk category	Risk factors	Tick all applicable risks
Daily Personal Activities Support – for participants living alone		
Personal contact	No regular face-to-face contact with other NDIS providers	<input type="checkbox"/>
	Limited or irregular face-to-face contact with relatives, friends or other people	<input type="checkbox"/>
Physical Mobility	Relies on other people to be physically mobile or to facilitate their physical mobility	<input type="checkbox"/>
	Uses equipment to enable them to be physically mobile or to facilitate their physical mobility.	<input type="checkbox"/>
Communication	Without the assistance of another person the participant has limited or no ability to communicate.	<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"/>
Note: If supports will be delivered by sole support worker, and any of the above risks apply, a <i>Monitoring and Supervision Plan</i> must be created.		

Medical conditions and interventions			
Fractures, cuts <input type="checkbox"/>	bruising, abrasions <input type="checkbox"/>	seizures <input type="checkbox"/>	respiratory conditions <input type="checkbox"/>

allergies <input type="checkbox"/>	skin conditions <input type="checkbox"/>	endocrine conditions <input type="checkbox"/>	diabetes <input type="checkbox"/>
sleep disorders <input type="checkbox"/>	constipation <input type="checkbox"/>	incontinence <input type="checkbox"/>	dementia <input type="checkbox"/>
obesity <input type="checkbox"/>	teeth and gum conditions <input type="checkbox"/>	night time checking required <input type="checkbox"/>	missed appointments <input type="checkbox"/>
medication <input type="checkbox"/>	not taking medication <input type="checkbox"/>	decline to participate in medical examinations or procedures <input type="checkbox"/>	decline to follow medical advice <input type="checkbox"/>
infectious disease <input type="checkbox"/>	Other (specify)		
Personal care			
Feeding <input type="checkbox"/>	toileting <input type="checkbox"/>	showering/ bathing <input type="checkbox"/>	dental hygiene <input type="checkbox"/>
shaving <input type="checkbox"/>	grooming <input type="checkbox"/>	Other (specify)	
Eating and drinking			
Swallowing difficulty <input type="checkbox"/>	choking on food <input type="checkbox"/>	enteral feeds – plus oral intake <input type="checkbox"/>	enteral feeds – nil by mouth <input type="checkbox"/>
food allergies <input type="checkbox"/>	specialised diet <input type="checkbox"/>	texture modified diet <input type="checkbox"/>	thickened fluids <input type="checkbox"/>

overnight feeds required <input type="checkbox"/>	food refusal <input type="checkbox"/>	dehydration <input type="checkbox"/>	posture and positioning <input type="checkbox"/>
alertness <input type="checkbox"/>	modified utensils or equipment <input type="checkbox"/>	behaviour related to eating or drinking <input type="checkbox"/>	Pica (eating non-food items) <input type="checkbox"/>
environment <input type="checkbox"/>	Other (specify)		
Accidental movement			
Startle reflex <input type="checkbox"/>	panic behaviour <input type="checkbox"/>	grabbing, holding, leaning <input type="checkbox"/>	sudden body movements <input type="checkbox"/>
falling, tripping <input type="checkbox"/>	bumping, running <input type="checkbox"/>	Other (specify)	
Manual handling			
Transfers <input type="checkbox"/>	mobility <input type="checkbox"/>	vehicle access <input type="checkbox"/>	moving in bed <input type="checkbox"/>
personal care tasks <input type="checkbox"/>	Other (specify)		
Environmental risks			
Electrocution <input type="checkbox"/>	Fire lighting, flammables <input type="checkbox"/>	Smoking (e.g. in bed) <input type="checkbox"/>	Sharps/ knives <input type="checkbox"/>
Poisons <input type="checkbox"/>	Water hazard/ bathing <input type="checkbox"/>	Sun exposure <input type="checkbox"/>	Wandering, absconding <input type="checkbox"/>

Traffic (roads and rail) <input type="checkbox"/>	Travel (private/public transport) <input type="checkbox"/>	Other (specify)	
Mental health and wellbeing			
Suicide risk <input type="checkbox"/>	self-harm/ self-injury <input type="checkbox"/>	mental health diagnosis <input type="checkbox"/>	self-neglect <input type="checkbox"/>
hoarding <input type="checkbox"/>	Other (specify)		
Financial risks			
Low income <input type="checkbox"/>	limited understanding of money <input type="checkbox"/>	challenges developing and sticking to a budget <input type="checkbox"/>	vulnerable to financial exploitation <input type="checkbox"/>
losing wallet/ purse/ bag <input type="checkbox"/>	debt <input type="checkbox"/>	gambling <input type="checkbox"/>	Other (specify) <input type="checkbox"/>
Social risks			
Exploitation <input type="checkbox"/>	unsafe sex <input type="checkbox"/>	physical abuse/ threats <input type="checkbox"/>	verbal abuse/ threats <input type="checkbox"/>
harassment/ stalking <input type="checkbox"/>	emotional abuse <input type="checkbox"/>	sexual abuse/ threats <input type="checkbox"/>	neglect <input type="checkbox"/>
use of projectiles or weapons <input type="checkbox"/>	property damage <input type="checkbox"/>	harm to animals <input type="checkbox"/>	domestic violence <input type="checkbox"/>
criminal/ illegal behaviour <input type="checkbox"/>	social isolation <input type="checkbox"/>	lack of informal supports <input type="checkbox"/>	strangers <input type="checkbox"/>

anti-social peers <input type="checkbox"/>	other housemates <input type="checkbox"/>	other visitors to home <input type="checkbox"/>	family and carers <input type="checkbox"/>
discrimination <input type="checkbox"/>	homelessness <input type="checkbox"/>	leaving care <input type="checkbox"/>	Other (specify)
Substance use			
Drugs <input type="checkbox"/>	medication misuse <input type="checkbox"/>	alcohol <input type="checkbox"/>	smoking <input type="checkbox"/>
Other (specify)			
Other			
Other identified risks:			

STEP 2. ADDRESS RISKS IDENTIFIED IN STEP 1

RISK MANAGEMENT PLAN (See APPENDIX for Consequence Rating Table and Example Risk Management Plan)					
Type of Risk	Likely Effect Level		Risk Treatment	Person Responsible	Review Date
	Participant	Others			



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PARTICIPANT RISK ASSESSMENT

AUTHORISATION

AUTHORISATION					
Authorised by:			Role		
Signed			Date		
Participant / guardian signature			Date		
Copy supplied to participant?	<input type="checkbox"/>	yes	Copy placed on participants file?	<input type="checkbox"/>	yes
			Date for Review		

DAILY PERSONAL ACTIVITIES

SUPPORT WORKER

SUPPORT WORKER DETAILS – Complete where services provided by sole support worker			
Family name		Mobile Phone	
Given names		Email address	
SELECTION CRITERIA			
Worker Suitability		Participant Requirements / Preferences	
Mandatory NDIS Worker Orientation Module	<input type="checkbox"/>	e.g.: male / female support worker	<input type="checkbox"/>
NDIS Worker Screening Check / National Police Check	<input type="checkbox"/>		<input type="checkbox"/>
100 pts I.D. on file	<input type="checkbox"/>		<input type="checkbox"/>
Other / comments			<input type="checkbox"/>

Worker Competencies			
Relevant qualifications (not applicable <input type="checkbox"/>)	<input type="checkbox"/>	Feedback process	<input type="checkbox"/>
Specify:		Reporting process	<input type="checkbox"/>
Relevant experience	<input type="checkbox"/>	Incident reporting process	<input type="checkbox"/>
Specify:		Can identify and respond to all risks identified above	<input type="checkbox"/>
Other factors:		Other / Comments	
WORKER REPORTS SUBMITTED TO*			
Name		Position / Role	
Email address		Phone	

MONITORING AND SUPERVISION PLAN

Risk Monitoring and Supervision – Participants Living Alone – Sole Support Worker									
Participant Risk*			Monitoring Types and Frequencies						
Identified Risk	Comment	Risk Level	Communication with participant*			Worker Reports	On-site Monitoring*	On-site Supervision	Other Supervision *
			Feedback	In-person	Other (specify)				
<i>E.g.: Infection</i>	<i>Has history of infections</i>	<i>High</i>	<i>Quarterly survey</i>	<i>6 monthly</i>	<i>phone monthly</i>	<i>Twice weekly - Mon & Thurs</i>	<i>Every 2 Months</i>	<i>6 monthly</i>	<i>Fortnightly by phone</i>
<i>E.g. Needs assistance with mobility</i>	<i>May be unable to return to chair/ access phone</i>	<i>Low</i>	<i>as above</i>	<i>as above</i>	<i>as above</i>	<i>Report incidents</i>	<i>as above</i>	<i>as above</i>	<i>as above</i>

<i>Add more lines as required</i>									

COMMUNICATION WITH OTHER PROVIDERS

Information Sharing and Privacy			
Ensure that the Privacy Policy has been explained and the participant has consented to share information (page 2).			
Provider 1			
Provider name			Key contact name:
Key contact phone		Key contact email:	
Frequency of contact			method of contact

Provider 2			
Provider name		Key contact name:	
Key contact phone		Key contact email:	
Frequency of contact		method of contact	

AUTHORISATION (MONITORING AND SUPERVISION PLAN)

AUTHORISATION			
Authorised by:		Role	
Signed		Date	
Copy supplied to participant?	<input type="checkbox"/> yes	Copy placed on participants file?	<input type="checkbox"/> yes
		Date for Review	

APPENDIX

CONSEQUENCE RATING

CONSEQUENCE RATING TABLE					
<i>Use this table as a reference when assessing the risk consequence for each risk identified in the client risk assessment</i>					
Consequence Category	Insignificant (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Client's Safety	Less than first aid injury or Brief emotional disturbance.	First aid injury	Substantial injury resulting in medical treatment or Temporary impairment or Development /exacerbation of mental illness requiring treatment or Emotional disturbance impacting more than two days – does not require treatment.	Any cases of abuse/neglect of the person. Significant injury causing permanent impairment or Severe, long lasting or significant exacerbation of mental illness requiring long-term treatment or Significant faults allowing significant abuse/neglect of people receiving support.	Avoidable death of a person or Systemic faults allowing widespread abuse/neglect of people receiving support.
Others' Safety	Nil or minor first aid injury or	First aid injury	Substantial injury resulting in medical treatment or Temporary impairment or	Development /exacerbation of psychological injury requiring treatment.	Preventable fatality.

	Brief emotional disturbance.		Psychological injury impacting more than two days– does not require treatment.	Significant injury causing permanent impairment or Severe, long lasting or significant exacerbation of mental illness requiring long-term treatment.	
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EXAMPLE RISK MANAGEMENT PLANS

RISK MANAGEMENT PLAN					
Type of risk	Likely effect level		Risk Treatment (What will be done to reduce the risk?)	Person Responsible (Who will do this?)	Review Date (How will this risk, and risk reduction plan, be reviewed?)
	Participant (0-5)	Others (0-5)			
Daily Personal Activities support from sole support worker – participants living alone					
<i>Sole support worker – risk of neglect or abuse</i>	5	0	<i>Refer to Monitoring and Supervision Plan</i>	<i>Supervisor (name)</i>	<i>Date</i>

Other Risks					
<i>Risk of falling due to mobility/ balance challenges.</i>	<i>3 (moderate) or 4 (major) – could cause temporary or permanent impairment</i>	<i>0 – not applicable</i>	<i>Handrails in the client’s home; walking aid/ panic alarm; physical therapy to reduce fall likelihood; presence of support workers for higher risk tasks, e.g. showering</i>	<i>Support workers Physiotherapist Key worker to arrange house upgrades and walking aid</i>	<i>Review in 3 months to assess whether any falls have occurred and review risk reduction strategies if these are not working well</i>

FURTHER INFORMATION

In November 2020 the NDIS Commission introduced requirements for providers of Assistance with Daily Personal Activities supports including: enhanced participant risk assessments; regular communication with participants; face-to-face in-person monitoring, and; supervision of support workers. This document is an effective way to:

- map identified participant risks to establish appropriate monitoring programs,
- clearly organise information to support participant understanding,
- attach all required data to the Service Agreement and ensure compliance,
- manage monitoring and supervision tasks and generate evidence of compliance.

This document is designed to ensure compliance with the NDIS Commission's objectives and requirements:

The NDIS Commission recognises that any NDIS participant who is provided with personal support in their own home may experience a level of risk if those supports are provided by the same individual NDIS worker for any extended period of time. This risk is likely to be greater where the NDIS participant lives alone.

The NDIS Commission wishes to be satisfied that NDIS providers are ensuring that the provision of personal support to NDIS participants who live alone and are supported by the one individual worker, have worked with the participant to assess any risks to them, have established appropriate arrangements for monitoring the quality of those supports and to monitor the participant's satisfaction with them.

The new condition concerns the delivery of personal supports to participants who live alone only. It is designed to ensure that participants choosing to be supported by a single individual NDIS worker can continue to exercise that choice.

COMMUNICATIONS: The NDIS Commission requires that providers communicate regularly with participants and that “face-to-face communication with the participant in the participant’s home” must be included “(as far as practicable).”

The Commission does not specify other means of communication. The Participant Details section provides space to note the participant’s **‘preferred contact method’** and assumes that this method will be used. If not, make a note in this plan or in the *Service Agreement*.

Communications with the participant must occur at an “appropriate frequency.” *Appropriate frequency* means that face-to-face communications are frequent enough to limit ill-effects should other risk treatments fail.

We have included **regular participant feedback** in the Communication section. Our example ‘Quarterly survey’ illustrates that both the method and frequency should be recorded in this plan. Where multiple feedback collections methods will be used, make note of this in this plan or in the *Service Agreement*.

ON-SITE MONITORING: The NDIS requires that a procedure is in place to monitor the implementation of the *Service Agreement* (including this risk assessment and monitoring plan). The NDIS does specify the kind of procedure but says it “must include someone other than the support worker checking directly with the participant.” They must visit the participant in their home to, with appropriate frequency, and determine “the participant’s level of satisfaction with the type, quality and frequency of personal support being provided.” We assume that the ‘someone other’ should have appropriate qualifications or experience.

This plan calls this procedure *on-site monitoring*. If your organisation develops a procedure with further elements other than on-site monitoring by another person, specify them in this plan or in the *Service Agreement*.

OTHER SUPERVISION: This plan supplies space for supervision other than in-person in the participant's home. This may be used to note supervision specific to the relevant participant and their needs. Because the *NDIS Practice Standards* require a "system to identify, plan, facilitate, record and evaluate the effectiveness of training and education for workers is in place to ensure that workers meet the needs of each participant," we expect that the support worker's full supervision program will be documented elsewhere.

WORKER REPORTS SUBMITTED TO: The NDIS requires that "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." We've assumed that you'll nominate someone to oversee this requirement, and it might not be the support worker's supervisor.

COMPLIANCE: Compliance with these requirements means conducting risk assessments, implementing strategies, monitoring results, reviewing and improving. This document aims to make compliance easier, more effective and more assured. All the best!