

PARIS MANUAL DOWNTIME COMMUNITY RISK SCREENER
For Manual Procedures in the Event of a PARIS System Downtime

Team:	Staff Name:
Client Name:	PARIS ID:
Address:	PHN:
Visit Type: (Select One from the List Below)	Date:
<input type="checkbox"/> Pre-Visit (Tel/FTF*) <input type="checkbox"/> Initial Visit <input type="checkbox"/> Review Visit	Primary Information Source:

* **FTF:** Face to Face. May be face to face source.

Pre-Visit Screen: Complete prior to Initial Visit and provision of service. If incomplete, refer to Initial Visit screen.

Initial Visit: Complete, following up on hazards/risks identified during Pre-Visit. Identify further risks to staff.

Review: Complete an update (reassessment) if there is a change in the client or work site risk or following a staff injury.

Enter: H if hazard present; R if risk present; N if no hazard/risk; NK if hazard/risk is not known or not assessed.
Response for each question is required.

Hazard / Risk Factor					Comments
ENVIRONMENT					
Site Access/ Location	<input type="checkbox"/> H	<input type="checkbox"/> R	<input type="checkbox"/> N	<input type="checkbox"/> NK	
Phone access	<input type="checkbox"/> H	<input type="checkbox"/> R	<input type="checkbox"/> N	<input type="checkbox"/> NK	
Pets / Animals	<input type="checkbox"/> H	<input type="checkbox"/> R	<input type="checkbox"/> N	<input type="checkbox"/> NK	
Smoking	<input type="checkbox"/> H	<input type="checkbox"/> R	<input type="checkbox"/> N	<input type="checkbox"/> NK	
Oxygen	<input type="checkbox"/> H	<input type="checkbox"/> R	<input type="checkbox"/> N	<input type="checkbox"/> NK	
Work Space Hazards "visual scan"	<input type="checkbox"/> H	<input type="checkbox"/> R	<input type="checkbox"/> N	<input type="checkbox"/> NK	
MSI					
Client Mobility	<input type="checkbox"/> H	<input type="checkbox"/> R	<input type="checkbox"/> N	<input type="checkbox"/> NK	
Ergonomics	<input type="checkbox"/> H	<input type="checkbox"/> R	<input type="checkbox"/> N	<input type="checkbox"/> NK	
VIOLENCE/SOCIAL					
Violence/ Aggression/ Abuse	<input type="checkbox"/> H	<input type="checkbox"/> R	<input type="checkbox"/> N	<input type="checkbox"/> NK	
Firearms/Weapons	<input type="checkbox"/> H	<input type="checkbox"/> R	<input type="checkbox"/> N	<input type="checkbox"/> NK	
Client/Family / Others Receptiveness / Behaviour	<input type="checkbox"/> H	<input type="checkbox"/> R	<input type="checkbox"/> N	<input type="checkbox"/> NK	
Substance Use	<input type="checkbox"/> H	<input type="checkbox"/> R	<input type="checkbox"/> N	<input type="checkbox"/> NK	
Cognition	<input type="checkbox"/> H	<input type="checkbox"/> R	<input type="checkbox"/> N	<input type="checkbox"/> NK	
OCC HEALTH					
Infectious/Communicable Disease	<input type="checkbox"/> H	<input type="checkbox"/> R	<input type="checkbox"/> N	<input type="checkbox"/> NK	
BBF/ Biohazard	<input type="checkbox"/> H	<input type="checkbox"/> R	<input type="checkbox"/> N	<input type="checkbox"/> NK	
Infestation	<input type="checkbox"/> H	<input type="checkbox"/> R	<input type="checkbox"/> N	<input type="checkbox"/> NK	
Sanitation	<input type="checkbox"/> H	<input type="checkbox"/> R	<input type="checkbox"/> N	<input type="checkbox"/> NK	
OTHER:					
	<input type="checkbox"/> H	<input type="checkbox"/> R	<input type="checkbox"/> N	<input type="checkbox"/> NK	

Action: Complete 2nd page "Risk Control Plan" if any of the responses were "R" - a risk to staff is identified.
Refer to "Instructions for Use", "Script" & "Reference Guide" for further information on the Community Risk Screen Tool.

RISK CONTROL PLAN

Community Risk Screen Tool

Control Plan: To be completed and followed up after the Pre & Initial visits have been done. Hazards that pose a risk to staff need to be eliminated or reduced in order to make it safe to visit. This should be done by the clinician, manager and/or supervisor and/or officer with input from involved staff. Control Plans are to be specific to the program.

Environmental Risk Identified	Action Plan / Planned Controls to Reduce or Eliminate Risk
Access to Site Pets/Animals Smoking Oxygen Work Space Slips/Trips/Falls	
MSI Risk Identified	Action Plan / Planned Controls to Reduce or Eliminate Risk
Client Mobility Other ergonomic or potential MSI risks	
Violence/Social Risk Identified	Action Plan / Planned Controls to Reduce or Eliminate Risk
Violence Aggression Weapons Family/Other Behaviour Cognition Substance Use	
OCC Health Risk Identified	Action Plan / Planned Controls to Reduce or Eliminate Risk
Infection Alert Communicable disease BBF/Biohazard Infestation Sanitation	
Other Risks Identified	Action Plan / Planned Controls to Reduce or Eliminate Risk

Please indicate when the information from this Form has been entered into PARIS:

Note: Once downtime information has been entered in PARIS, discard this working sheet.