**Risk Management Worksheet Examples**

These examples accompany the Risk Management Policy and Procedures Template and Risk Register Template and are illustrative **only**, they do not assess or control the risks described. These documents are freely downloadable from QCOSS’ [Human Services Quality Framework Resources page](https://www.qcoss.org.au/sector-building/human-services-quality-framework-resources/).

**Simple Example**

**1. Risk Identification**

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| **Describe the risk, including the type of risk (physical, governance, human resource, etc.), what potential risk events may be (e.g., fire, breach of regulation, barrier to retaining skilled workforce, etc.) and circumstance or other factors that could influence risk level.** |
| We increasingly hold appointments with clients through Microsoft Teams. When using an online platform for appointments, there is a possibility that appointments will be unexpectedly cancelled or otherwise cannot go ahead (a business continuity risk and a potential risk to client wellbeing) as planned due to disruptions such as internet outage or platform issues. While individual clients can be contacted via phone, this may not be a suitable alternative for group sessions or meetings with multiple parties. |

**2. Risk Assessment**

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| **Consider the likelihood of the risk event under the current circumstances and potential consequences if it occurs. Identify any assumption that influence your assessment and consider whether these may be inaccurate or likely to change.** | | | | | | | | |
| **What is the likelihood?** | Rare | Unlikely | | **Possible** | | Likely | | Almost certain |
| **How severe are the consequences?** | Insignificant | **Minor** | | Moderate | | Major | | Catastrophic |
| **What is the risk level?** | Low | | **Medium** | | High | | Extreme | |
| **What *assumptions* influence this assessment?** | Because we have alternative contact details for all clients, we should generally be able to communicate with them if this occurs. Some clients are distressed by this, even if a phone appointment is offered instead. | | | | | | | |

**3. Risk Approach**

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| **What kind of approach to this risk do you think is appropriate?** |
| We cannot guarantee access to Teams but risk of disruption, particularly to clients, can be reduced. |

**4. Risk Treatment**

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| **What strategies will mitigate this risk?** | |
| Informing clients in advance of the possibility of phone appointments where Teams is not working, both in the Client Handbook and during intake or early appointments. We can also record client preferences for alternative plans (e.g., contact via text to reschedule rather than calling for a phone appointment) where appropriate. We should collect alternative contact details (e.g., phone number, email address) for others who may be involved in team meetings (e.g., other service providers) and agree a process for notification/contact while setting up meetings and group sessions. | |
| **Is there residual risk?** | |
| **Residual risk assessment:** | Low |
| **Approach to residual risk:** | Accept |
| **Additional risk treatments:** | N/A |

**5. Implementing Risk Controls**

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| **What will implementing risk controls involve and who will be responsible for them?** | | |
| **Action:** | **Responsible person:** | **Due date:** |
| Update client handbook with information about potential disruptions | Operations Manager | 18/08/20XX |
| Update intake/initial appointment procedure to guide staff in providing information about potential disruptions | Operations Manager | 18/08/20XX |
| Update meeting/group session booking procedure to include information for attendees about potential disruptions and include collection of contact details | Operations Manager | 18/08/20XX |
| Ratify updated procedures | Management Committee | 31/08/20XX |

**5. Monitoring and Ongoing Management**

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| **How will the management of this risk be monitored and maintained or updated?** | | |
| **Action:** | **Responsible person:** | **Due date:** |
| Collect reports of Teams appointment disruptions and report to Operations Manager | Team Leaders | 30/11/20XX |
| Include questions about Teams appointment experience in annual client feedback survey | Operations Manager | 14/12/20XX |
| Analyse results of monitoring activities | Operations Manager and General Manager | 14/01/20XX |
| Update risk management plan (if appropriate) | Operations Manager | 28/01/20XX |

**Complex Example**

**1. Risk Identification**

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| **Describe the risk, including the type of risk (physical, governance, human resource, etc.), what potential risk events may be (e.g., fire, breach of regulation, barrier to retaining skilled workforce, etc.) and circumstance or other factors that could influence risk level.**  *For risks associated with multiple risk events, identify all potential risk events, number them for ease of reference, and apply the steps below to each type of risk event. You can use separate worksheets for each or use the extra spaces in the relevant segments below by clicking the downward arrows.* |
| Risk of physical injury to a staff member during while providing support in a client’s home. Hazards vary between client homes and potential consequences vary from insignificant to catastrophic. However, the more severe consequences are much less likely, while more minor consequences are much more likely, so the overall risk level can be assessed similarly.  Key influencing factors are:   * The state of the client’s home, such as if they have issues with hoarding and/or squalor, if renovations are happening, if there are structural issues with the home * The client’s previous behaviour, such as whether they are generally calm and behave respectfully or have a history of violence, threats or escalated behaviour * Any other people or pets who may be present and what is known about their behaviour * The knowledge and capacity of the worker/s regarding environmental hazards, safety behaviours, de-escalation strategies, etc.   We will consider three potential risk events:   1. An injury or illness with long term or fatal effects. 2. An injury or illness that requires hospital admission or lengthy medical care or rehabilitation. 3. An injury or illness that causes no ongoing effects and requires no treatment, first aid only or one instance of medical care. |

**2. Risk Assessment**

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| **Consider the likelihood of the risk event under the current circumstances and potential consequences if it occurs. Identify any assumption that influence your assessment and consider whether these may be inaccurate or likely to change.**  *If you identify multiple potential consequences with different severities, make each of these a risk event and assess them separately.* | | | | | | | | |
| **What is the likelihood?** | **Rare** | Unlikely | | Possible | | Likely | | Almost certain |
| **How severe are the consequences?** | Insignificant | Minor | | Moderate | | Major | | **Catastrophic** |
| **What is the risk level?** | Low | | Medium | | **High** | | Extreme | |
| **What *assumptions* influence this assessment?** | Staff have a moderate level of knowledge about personal protection and environmental hazards and will make some efforts to be aware of and protect their own safety. Staff will use guidance and judgment but home visits involve intrinsic risk of harm, with some harms potentially severe. | | | | | | | |

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| **Consider the likelihood of the risk event under the current circumstances and potential consequences if it occurs. Identify any assumption that influence your assessment and consider whether these may be inaccurate or likely to change.** | | | | | | | | |
| **What is the likelihood?** | Rare | Unlikely | | **Possible** | | Likely | Almost certain | |
| **How severe are the consequences?** | Insignificant | Minor | | **Moderate** | | Major | Catastrophic | |
| **What is the risk level?** | Low | | Medium | | **High** | | | Extreme |
| **What *assumptions* influence this assessment?** | As above. | | | | | | | |

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| **Consider the likelihood of the risk event under the current circumstances and potential consequences if it occurs. Identify any assumption that influence your assessment and consider whether these may be inaccurate or likely to change.** | | | | | | | | |
| **What is the likelihood?** | Rare | Unlikely | | Possible | | **Likely** | Almost certain | |
| **How severe are the consequences?** | Insignificant | **Minor** | | Moderate | | Major | Catastrophic | |
| **What is the risk level?** | Low | | Medium | | High | | | **Extreme** |
| **What *assumptions* influence this assessment?** | As above. | | | | | | | |

**3. Risk Approach**

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| **What kind of approach to this risk do you think is appropriate?**  *Identify whether accepting, reducing/sharing/transferring, controlling or avoiding the risk is appropriate and outline the reasons for your decision.*  *If reducing/sharing/transferring or controlling the risk, continue through all steps.*  *If accepting or avoiding the risk, go to Step 6.* |
| The risk of catastrophic harms should be reduced and controlled and, where they cannot be reduced/controlled to an acceptable level they will need to be avoided. Risks of moderate and minor harms should be controlled.  Other associated risks, such as the financial risks to the organisation of serious illness or injury, should also be shared through the purchase of appropriate insurances. A separate risk assessment plan will be needed for those associated risks. |

**4. Risk Treatment**

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| **What strategies will mitigate this risk?**  *Outline the strategies you recommend to reduce or control this risk.* | |
| All home visits come with some level of risk, but we need to take all reasonable steps to minimise these risks. It is essential to have an appropriate process for identifying particular risk factors, such as trip and infection hazards due to hoarding/squalor, the presence of potentially dangerous pets and client behaviours that indicate elevated risks to staff.  A procedure and well-designed client home risk assessment form are to be developed and implemented. In summary, the procedure must cover the following steps to be taken before any work is undertaken in a client home or a staff member/volunteer visits a client at home:   * The relevant coordinator/manager visits the client home and starts the risk assessment from the street front, progressively filling in the risk assessment form (and ending the process if they identify a serious risk, such as a structural issue or violent behaviour). * The coordinator/manager makes a risk assessment for the individual home and recommends any conditions to reduce risks that should be in place (e.g., if a staff member is to visit only if the client’s dog is restrained, a particular family member is not present, etc.). * An upper management member with risk management responsibilities reviews the documentation and directs staff visiting the home to take specific risk management strategies where appropriate. * The risk management documentation is shared with any staff member who will visit the home prior to their visit and be instructed as to the conditions they need to check are in place. | |
| **Is there residual risk?**  *If yes, work through Steps 2-4 and summarise assessment, approach and control strategies for the residual risk.* | |
| **Residual risk assessment:** | If staff follow procedures and training instructions, the likelihood of harms will reduce but we cannot reduce risk to acceptable levels through procedures and training alone. The likelihood of severe effects can be reduced but the risk level remains high. |
| **Approach to residual risk:** | Where there are indicators of serious hazards, the risk will need to be avoided. In particular, where a risk cannot be effectively reduced, such as where a home is structurally unsound, we should refuse service provision at home and connect the person with resources that could help repair the home and make it safe to visit. |
| **Additional risk treatment strategies:** | Training for all existing staff in updated procedures and the processes they need to use is essential and must also be integrated into induction for new staff. Training must cover identifying hazards in home visits and implementing decision-making regarding refusing or ending a home visit due to risks. Supervisors should also integrate discussions of these into team meetings and individual supervision sessions.  In addition to a specific policy and set of procedures, all general service delivery policies, procedures and processes to support them should be updated as relevant to integrate home visit risk management practices.  Regular reviews of home visit safety practices and the effects of training will need to be undertaken to confirm whether staff are acting in accordance with instruction and identify any needs for further training/guidance.  Staff training and support must include:   * All staff receiving training at induction and refresher training every year on outreach safety. * All staff being provided with and be instructed on the use of PPE appropriate to their roles. * The client handbook being updated with responsibilities for making sure homes are safe for staff visits and informing clients that services may be refused if risks to safety are not addressed, as well as how they can contact us to receive help in reducing safety risks.   Procedures and processes to support determinations that a home visit is too risky, and communicating to staff and affected clients, is required, including:   * Amending the procedure outlined above to include recommendation by the coordinator/manager or upper manager that a home not be visited. * Identifying the person/people responsible for communicating this to the client and providing support to address issues. * Service delivery policies and procedures updated with instructions about staff rights to refuse to enter or stay in a home if they believe they are unsafe. |

**5. Implementing Risk Controls**

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| **What will implementing risk controls involve and who will be responsible for them?**  *Detail the actions required to implement your risk treatment strategy.*  *If further actions are required, use the ‘insert row’ function.* | | |
| **Action:** | **Responsible person:** | **Due date:** |
| Integration of home visit safety and risk management as standing item in team meeting agendas and individual supervision templates | Coordinators/managers | 21/02/20XX |
| Home visit safety training for all staff | General Manager | 28/02/20XX |
| Updates to all relevant polices and procedures, and other guiding documents, including home risk assessment template drafted | Coordinators and General Manager | 28/02/20XX |
| Updates to all polices, procedures and other guiding documents ratified | Management Committee | 14/03/20XX |
| Training for all staff and managers in the new policies, procedures and processes. | General Manager | 14/03/20XX |
| Updates to Client Handbook and communication of responsibilities for providing a safe home visit environment to all clients | General Manager | 21/03/20XX |

**6. Monitoring and Ongoing Management**

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| **How will the management of this risk be monitored and maintained or updated?**  *Detail the actions required to monitor and update your risk treatment strategy.*  *If further actions are required, use the ‘insert row’ function.* | | |
| **Action:** | **Responsible person:** | **Due date:** |
| Regular team and individual supervision discussions | All staff | Ongoing |
| Training evaluation and gap training needs identification | Coordinators and General Manager | 28/03/20XX |
| Policy, procedure and other guiding document update implementation review | Coordinators and General Manager | 14/06/20XX |
| Overall review | General Manager and Management Committee | 28/06/20XX |
| Gap training | Coordinators and General Manager | 28/07/20XX |
| Risk management plan update | General Manager and Management Committee | 28/08/20XX |