

<b>Employee Info</b>	<b>Yes</b>	<b>No</b>
Badge present		
Employees' last name on badge		
Cell phone or other device for communicating		
Working alone		
Lanyard around neck or other objects around neck		
Check in and out with employer or central location		
Visible Weapon: Specify type _____		

	<b>2-way radio</b>	<b>Cell phone</b>	<b>Other</b>
Means of communicating with employer			

Observer _____	Time In _____	Time out _____	Subject ID _____
Patient Type	<input type="checkbox"/> Adult	<input type="checkbox"/> Pediatric	<input type="checkbox"/> Hospice
Patient	<input type="checkbox"/> Height _____	<input type="checkbox"/> Weight _____	
Dwelling	<input type="checkbox"/> Single family	<input type="checkbox"/> Multi-family	
Neighborhood	<input type="checkbox"/> Urban	<input type="checkbox"/> Suburban	<input type="checkbox"/> Rural

Temperature

Outside Home \_\_\_\_\_

Inside Home \_\_\_\_\_

Weather conditions: \_\_\_\_\_

<b>Exposures for Slips/Trips/Falls</b>		
<b>Outside of patient home</b>		
<input type="checkbox"/> uneven pavement	<input type="checkbox"/> cluttered walkway	<input type="checkbox"/> precipitation
<input type="checkbox"/> animals	<input type="checkbox"/> Stairs without railing	<input type="checkbox"/> lighting inadequate
<input type="checkbox"/> Slip/Trip/Fall, no decent to ground		<input type="checkbox"/> slip/trip/fall to the ground
<b>Within the home</b>		
<input type="checkbox"/> uneven walkways	<input type="checkbox"/> cluttered walkway	<input type="checkbox"/> animals
<input type="checkbox"/> stairs without railing	<input type="checkbox"/> lighting inadequate	<input type="checkbox"/> narrow walkways
<input type="checkbox"/> Electrical cords	<input type="checkbox"/> throw rugs	<input type="checkbox"/> water or grease on floor
<input type="checkbox"/> Slip/Trip/Fall, no decent to floor		<input type="checkbox"/> slip/trip/fall to the ground

<b>Sharps</b>	<b>Number Times</b>
---------------	---------------------

<b>Unsecured Needle encountered</b>	<i>Place hash mark for each time observed.</i>
Non-Safety Needle used	
Safety Needle used	
Sharps Container Used	
Improvised Sharp Container Used	
Needle left uncapped	
Needles reused	
Used Needles recapped	

<b>Environmental in Home</b>		
<input type="checkbox"/> Mold/Mildew	<input type="checkbox"/> Roaches	<input type="checkbox"/> Farm Animal
<input type="checkbox"/> Dust	<input type="checkbox"/> Pesticides	<input type="checkbox"/> Rat/Mice
<input type="checkbox"/> Bed Bugs	<input type="checkbox"/> Dog	<input type="checkbox"/> Bird
<input type="checkbox"/> Lice	<input type="checkbox"/> Cat	<input type="checkbox"/> Reptile

<b>Tobacco Smoke</b>	Cigarettes	Cigars	Electronic Cigarettes	Other
Smell in Home				
Active Smoking				
Smoking allowed but not active				
Smoking outside home				

<b>Hand Hygiene- place hash mark for each time observed.</b>		
<b>Number of Times</b>	<b>Before Contact With Patient</b>	<b>After Contact With Patient</b>
Hand sanitizer used		
Washed hands with soap and water		
Dried hands with reusable towel		
Dried hands with disposable towel		



<b>Community Surveillance</b>	<b>Observed</b>
<b>Known High Crime Rate Area</b>	
<b>Violent Activity</b>	
<b>Nearby Law Enforcement</b>	
<b>Loitering</b>	
<b>Unrestrained Animals</b>	
<b>No safe place to park (where parked _____)</b>	
<b>Clear walking Path to Patients Home</b>	
<b>Patient Factors for Aggression</b>	<b>Observed</b>
<b>Confusion</b>	
<b>Alcohol Intoxication</b>	
<b>Drug abuse/ Drug Paraphernalia</b>	
<b>Verbal Abuse</b>	<b>Observed</b>
<b>Remarks about employee race/ethnicity/gender/age/identity</b>	
<b>Yelling or shouting at employee</b>	
<b>Other verbal abuse</b>	
<b>Sexual Abuse</b>	<b>Observed</b>
<b>Sexually explicit comments</b>	
<b>Sexually teased</b>	
<b>Sexual jokes</b>	
<b>Sexual gestures (i.e. using parts of the body to suggest sex)</b>	
<b>Sexist remarks (i.e. gender-based insults)</b>	
<b>Exposure to sexually explicit materials</b>	
<b>Asking for dates</b>	
<b>Asking to be touched in areas of the body that are sexually oriented</b>	
<b>Groped or fondled</b>	
<b>Unnecessarily exposing themselves in front of employee</b>	
<b>Offered money for sex</b>	
<b>Asking intrusive questions about the employees body</b>	
<b>Asking intrusive questions about the employees sex life</b>	
<b>Threats of Violence</b>	<b>Observed</b>
<b>Verbal threats to harm employee</b>	
<b>Firearms in the home</b>	
<b>Showing behaviors of self-harm</b>	

Physical Violence	Observed
Throwing objects at worker	
Intentional spitting or putting other bodily fluid on employee	
Physically restrain employee [STOP and Consider Calling 911]	
Choke employee [STOP and CALL 911]	
Physical violence (e.g., hitting, biting, slapping, punching, swinging) [STOP and Consider Calling 911]	
Cat / Dog nip or attack	

Source of Aggression			
<input type="checkbox"/> Pets	<input type="checkbox"/> Family Member	<input type="checkbox"/> Neighbors	<input type="checkbox"/> Patient

Injuries	Observed
Employee Injured	
Patient Injured	
Supervisor Notified	
Seek Immediate Care	

Describe type of injury and part of body injured:

---



---

<b>Ergonomics- <i>place hash mark for each time observed.</i></b>	<b>Kneel</b>	<b>Reach</b>	<b>Lift</b>	<b>Bend</b>	<b>Pull/push</b>	<b>Stoop</b>
Reposition in Bed						
Transfer from bed to chair						
Transfer chair to bed						
Transfer bed to wheelchair						
Transfer wheel chair to bed						
Transfer bed to bathroom						
Lift from floor to bed						
Transfer to/from toilet						
Transfer to/from bathtub/shower						
Change bedding						
Change clothes						
Move Furniture						
Move medical equipment						
Patient care / assessment						
Other						

<b><i>Place hash mark for each time observed.</i></b>	<b>Slide board</b>	<b>Lift</b>	<b>Lift assist device</b>	<b>Air assist device</b>	<b>Shower chair Raised toilet</b>	<b>Other</b>
Reposition in Bed						
Transfer from bed to chair						
Transfer chair to bed						
Transfer bed to wheelchair						
Transfer wheel chair to bed						
Transfer bed to bathroom						



CPR								
Other								

Cleaning / Chemical use- *place hash mark for each time observed.*

	Location	Kitchen				Bathroom				Patient Area		
	Task	Floor	Dishes	Clean appliances	Cleaning counters	Clean bathtub	Floor	Clean toilet	Clean sink	Bed	Floor	Furniture
Product name												
Manufacturing Container												
Improvised Container												
Premixed												
Diluted												
Spray												
Wipe												
Pour												
Use of PPE												
Used Gloves												
Used Gown												
Used Eyewear												
Used Mask												
Used Respirator												
Ergonomics												
Reaching												
Bending												
Stooping												
Kneeling												
Push/Pull												

Spill/Splash of hazard (body fluid/chemical)