



Dignity of Risk Acknowledgement

Explanation

HomeWise Health (HWH) partners with our clients to provide the care and services they need for their health and well-being. This includes considering safety in their daily activities and supporting them in making informed decisions about the risks involved.

HWH has a duty of care for its clients and believes that clients have the right to decide about participating in activities involving a degree of risk. We provide care while supporting our clients' dignity of risk for quality of life experiences and making suitable choices for all aspects of care, lifestyle, comfort, and well-being that meet the client's individual needs.

On occasion, our carers have concerns that some of the activities in which our clients wish to engage may cause harm, and we wish to ensure that their concerns are discussed with their client and the client, should they recognise the concern about the potential for harm and still wish to proceed will confirm this understanding.

Risk Assessment Matrix

HWH staff assess the consequence of harm by considering the probability of the event resulting in harm and the potential impact using the following risk matrix.

		Consequence				
		Insignificant	Minor	Moderate	Major	Extreme
		Little to No Effect	Effects are felt but Not Critical	Effects are felt but Not Critical	Serious Impact to Course of Action and Outcome	Could Result in Disasters
L i k e l i h o o d	Rare < 10%	1	2	3	4	5
	Unlikely 10% to 20%	2	4	6	8	10
	Possible 20% to 50%	3	6	9	12	15
	Likely 50% - 90%	4	8	12	16	20
	Almost Certain > 90%	5	10	15	20	25

When the risk is assessed as a “5” or greater (an amber or worse warning), we require the CCMs to discuss the activity with the client to ensure an understanding of the potential risks, including the likelihood of it occurring and the level of harm that may result.



Activities Desired to be Undertaken

- 1. _____ Risk#(____)
- 2. _____ Risk#(____)
- 3. _____ Risk#(____)
- 4. _____ Risk#(____)
- 5. _____ Risk#(____)

Documentation & Communication Process

Agreed Escalation Process

Review & Reassessment

Date

Date

Date



HWH Undertaking

HomeWise Health agrees to the following:

- Staff and management will exercise their duty of care in caring for the client and their chosen activities
- HWH will effectively manage the outcomes of the activities through documentation and regular communication
- Care instructions will be reviewed regularly for effectiveness and when circumstances change or incidents impact the client's needs, goals, and preferences.

HWH Representative:	
Signature of HWH Representative:	

Client Agreement

The client (and/or their representative) agree to the following:

- I would like to exercise my right to choose the activities detailed that maintain my independence and well-being
- I acknowledge the probability and impact of the personal risks involved in the above activities assessed as a ____ (Number)
- I am willing to accept the above risks and take full responsibility for any unforeseen circumstances arising from undertaking these risks

Client Name:	
Date:	
Client Representative Name:	
Signature of Client/Representative:	