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| **Risk screening tool for off-campus research activities (DOMESTIC)**  **(including private residences, public buildings & spaces, health services & other community based organisations)** | |
| **This is a requirement for all community visits conducted for research purposes. This might include visits for community consultation, to set-up research, collect data or visit at completion of the project.**  **The purpose of this screening tool is to reduce CSU staff and student exposure to unnecessary risks whilst conducting community visits for the purpose of research. A copy of this complete Risk Screening Tool should be stored in the CSU Share Drive with other project related Integrity, Ethics and Compliance documentation** [**https://research.csu.edu.au/integrity-ethics-compliance**](https://research.csu.edu.au/integrity-ethics-compliance) | |
| Please indicate the type of community facility being visited:  Private residence e.g. research participant’s home  Public building or open space e.g. town hall or park area  Health service e.g. local MPS or aged care facility  Other community based organisation  Address/location: ……………………………………………………………………………………………………….  ……………………………………………………………………………………………………................................. | |
| Name of community contact / research participant: ……………………………………………………………………  Contact details: (H)………………………..………. (M) ………………………………….  Names of other people likely to be present: …………………………………………………………………………  Date of proposed visit (single visit) or date range (repeat visits): …………………………………………… | |

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| **SECTION A: MANDATORY REQUIREMENTS**  **TO BE COMPLETED PRIOR TO COMMUNITY VISIT** | |
| **Does the researcher require any of the following mandatory checks?**  Evidence to be provided to research team leader or supervisor prior to community visit and stored in the relevant S Drive folder. | |
| Criminal record check  Working with children’s check  Updated vaccination  Mandatory organisational orientation or training  COVID-19 screening  Access to community sites/facilities  Other: …………………………………………….. | **Yes**  **No**   **Yes**  **No**   **Yes**  **No**   **Yes**  **No**   **Yes**  **No**   **Yes**  **No**  |
| **SECTION B: PRE VISIT SAFETY CHECKS**  **TO BE COMPLETED PRIOR TO COMMUNITY VISIT** | |
| **Has the research participant/organisation/community consented to the visit?**  If "no" do not proceed with visit. | **Yes**  **No**  |
| **Has the research participant and all other persons likely to be present completed a COVID-19 health declaration?** <https://www.csu.edu.au/forms/covid19/health-declaration>  If "no" do not proceed with visit. | **Yes**  **No**  |
| **Can all regulations on hand hygiene, PPE (including face masks) and social distancing practices be followed?**  If "no" do not proceed with visit. | **Yes**  **No**  |
| **Is there mobile phone coverage in the area? (emergency phone number: 112)**  If "no" or unsure, discuss a risk management strategy with your supervisor. | **Yes**  **No**  |
| **Is the meeting place/building/residence visible from the street?**  If ''no" obtain specific directions to the location. | **Yes**  **No**  |
| **Is the meeting place/building/residence easily accessible from the street?**  If "no" detail: ………………………………………………………………………………………………………………………. | **Yes**  **No**  |
| **Is the visit scheduled during daylight hours?**  If "no", discuss a risk management strategy with your supervisor (e.g. 2nd person to accompany). | **Yes  No ** |
| **Are the any animals/pets at the residence/building?**  If "yes" please ask the research participant to restrain animals/pets. | **Yes  No ** |
| **Does anyone in the residence/building smoke?**  If "yes" ask research participant/companions to refrain from smoking during CSU staff/student visit. | **Yes  No ** |
| **Will there be anybody else (other than the research participant) present during the visit?**  If "yes" details: …………………………………………………………………………………………………………………… | **Yes  No ** |
| **Are you aware of any concerns regarding aggression, alcohol and drug use or weapons when visiting the residence/building/community?**  If “yes" discuss with your supervisor prior to community visit. (If firearms are noted please ask research participant to lock them away during your visit).  Details: | **Yes  No ** |
| **Are you aware of anything else that may pose a risk when visiting the residence/community?**  **(eg: weather, road conditions, flooding, etc).**  If "yes" discuss with your supervisor prior to community visit. | **Yes  No ** |
| **Does the research participant’s known history indicate any potential risk?**  If "yes" discuss with your supervisor prior to community visit.  Details: | **Yes  No ** |
| **SECTION C: TRAVEL PLAN & PERSONAL SAFETY PLAN**  **TO BE COMPLETED PRIOR TO COMMUNITY VISIT** | |
| **Has a CSU domestic travel plan been completed and approved?**  <https://finance.csu.edu.au/forms/domestic-travel-booking> | **Yes  No ** |
| **Has a personal safety plan been discussed and approved with the supervisor or research team leader?**  Including (if appropriate) a pre-visit and post-visit text message or phone call, planned time in/out.  Log the personal safety plan in a location agreed to by the supervisor e.g. in the relevant S Drive folder. S drive/web based record | **Yes  No ** |

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| **SECTION D: DURING VISIT** | |
| Remember to lock car doors on route and avoid stopping in isolated places. | |
| On arrival-if you have any concerns or doubts **DO NOT** enter the property/premises. | |
| Has a pre-visit message or phone call to supervisor or team leader been completed? | **Yes  No ** |
| During the visit position yourself in such a way to enable easy exit if necessary | |
| Leave the premises immediately if you feel threatened in any way. Call the police immediately needed. | |
| Has a post-visit/exit message or phone call to supervisor or team leader been completed? | **Yes  No ** |
| Have any incidents of concern been reported to supervisor or team leader? | **Yes  No ** |
| Name of researcher: .................................................................  Name of supervisor/team leader: .......................................................  Date: | |