|  |  |
| --- | --- |
|  |  |
| **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 organisationAddress/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): …………………………………………… |

|  |
| --- |
| **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 checkWorking with children’s checkUpdated vaccinationMandatory organisational orientation or trainingCOVID-19 screeningAccess 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 ** |

|  |
| --- |
| **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:  |