VERSION 1.0 | November 2026 | Therapist study use

# Home-visit safety checklist

Kinetic Flow | Centurion and surrounding areas

Client / appointment reference: _____ Date: _____

## Before leaving

[ ] Client goals and eligibility screened; stop signs reviewed

[ ] Address, mobile contact and access confirmed

[ ] Emergency contact and emergency plan considered

[ ] Safe parking and travel arrangements planned

[ ] Consent and privacy needs discussed

[ ] Suitable room space, bed/table and surface confirmed

[ ] Portable equipment inspected and clean linen packed

[ ] Hand hygiene supplies and appropriate waste supplies packed

[ ] Phone charged; reasonable lone-worker check-in planned

[ ] Appointment falls within verified professional scope

## On arrival

[ ] Symptoms and consent rechecked; referral decision revisited

[ ] Stable treatment surface and safe transfer assessed

[ ] Trip hazards, pets, lighting and privacy reviewed

[ ] Adequate ventilation and hand hygiene available

[ ] Bolsters, draping and appropriate temperature arranged

[ ] Client can communicate discomfort and stop treatment

[ ] Emergency exit/access and contact arrangements clear

## Before departure

[ ] Client comfortable, orientated and safely positioned

[ ] Any new concern reported and referral instructions explained

[ ] Aftercare limited to appropriate general advice

[ ] Reusable equipment cleaned / linen contained

[ ] Appointment record completed securely

[ ] Check-out completed where lone working

[ ] Follow-up offered only where clinically and professionally justified

## Home-specific observations / incidents

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Therapist signature: _____ Time out: _____