



Kidney Solutions Environment Risk Assessment

Patient's Name: _____

Address: _____

Date of Assessment: _____

Assessor Name: _____

I. General Information

1. Type of residence: (e.g. house, apartment, townhouse) _____
2. Number of occupants: _____
3. Gender of occupants: _____
4. Presence of pets: **Yes No** (If yes, please specify type and behavior) _____
5. Presence of aggressive dog: **Yes No** (If yes, please provide details) _____

6. Any other environmental risks identified? _____
7. Does anyone else in the house have an infection? _____

II. Safety Risks

1. Electrical condition:
 - Are there any exposed wires or electrical hazards? **Yes No**
 - Are the electrical outlets and switches in good condition? **Yes No**Comment: _____
2. Water supply system for Reverse Osmosis machine:
 - Is the water supply system adequate for the Reverse Osmosis machine? **Yes No**
 - Are there any signs of water damage or leaks? **Yes No**Comment: _____
3. Fire safety:
 - Are there working smoke detectors in the residence? **Yes No**
 - Is there a fire extinguisher present and easily accessible? **Yes No**

Comment: _____

4. Slip, trip, and fall hazards:

- Are there any tripping hazards (e.g. cords, rugs, clutter)? **Yes No**
- Are the floors and walkways clear and well-maintained? **Yes No**

Comment: _____

III. Infection Control Risks

1. Cleanliness and hygiene:

- Is the residence clean and well-maintained? **Yes No**
- Are there any signs of pest infestation (e.g. rodents, cockroaches)? **Yes No**

Comment: _____

2. Waste management:

- Is there a designated area for waste disposal? **Yes No**
- Are waste disposal facilities adequate and easily accessible? **Yes No**

Comment: _____

IV. Patient-Specific Risk

1. Medical condition:

- Does the patient have any medical conditions that may impact their ability to receive home-based dialysis?
Yes No
- Are there any specific medical needs or requirements that need to be addressed? **Yes No**

Comment: _____

2. Cognitive and Physical abilities:

- Does the patient have any cognitive or physical limitations that may impact their ability to receive home-based dialysis? **Yes No**
- Are there any specific accommodations or modifications that need to be made to ensure the patient's safety and well-being? **Yes No**

Comment: _____

V. Mitigation Strategies

Based on the risks identified above, the following mitigation strategies will be implemented:

1. _____
2. _____
3. _____

VI. Conclusion

Based on the environment risk assessment, the following recommendations are made:

- 1. _____
- 2. _____
- 3. _____

Signature of Assessor: _____

Date: _____

RISK MATRIX

5	LOW	MODERATE	HIGH	SEVERE	SEVERE
4	LOW	MODERATE	HIGH	HIGH	SEVERE
3	LOW	MODERATE	MODERATE	HIGH	HIGH
2	LOW	LOW	MODERATE	MODERATE	MODERATE
1	LOW	LOW	LOW	LOW	LOW
Likelihood	1	2	3	4	5

Impact

LIKELIHOOD = Probability of the risk event actually occurring.

Score	Descriptor	Approximate Probabilities
1	Improbable; Rare	0 - 0.04
2	Unlikely	0.05 - 0.24
3	Possible	0.25 - 0.54
4	Likely	0.55 - 0.89
5	Certain	0.9 - 1

IMPACT = Degree of Severity

Score	Descriptor
1	Insignificant - Negligible effects. Minimal/no injuries. Minor financial loss
2	Minor - Minor injuries. Medium financial loss. Medium administrative difficulties;
3	Significant - Moderate injuries/require medical treatment. High financial loss. Extensive delays in project.
4	Major - Severe injuries. Large financial loss. Fundamental redesign of program
5	Catastrophic - Catastrophic - death. Permanent impact. Massive financial loss.

Likelihood X Impact (L x I)	
Score 0 – 5	Low
Score 6 – 10	Moderate
Score 12 – 16	High
Score 20 – 25	Severe