|  |  |
| --- | --- |
|  | **Risk Assessment Management Plan – Purposeful Walker** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **RISK ASSESSMENT** | | | | | | | | | | | | |
| **Name** |  | | | | **Reference Number** | | | |  | | | |
| **Identified Risk** |  | | | | | | | | | | | |
| **Assessment Date** |  | | | | | | | | | | | |
| **Risk Factors** | **Likelihood** | | | | | | | **Severity** | | | | |
| Rare | | | | | | 1 | None / Trivial | | | | 1 |
| Unlikely | | | | | | 2 | Minor / No Injury | | | | 2 |
| Likely | | | | | | 3 | Moderate / First Aid | | | | 3 |
| Very Likely | | | | | | 4 | Severe / Medical assistance | | | | 4 |
| Almost Certain | | | | | | 5 | Extreme / Fatal | | | | 5 |
| **Risk Matrix** | **=** | | **Severity** | | | | | | | | | |
| **Likelihood** | | **1** | | | **2** | | **3** | | **4** | **5** | |
| **1** | | 1 | | | 2 | | 3 | | 4 | **5** | |
| **2** | | 2 | | | 4 | | 6 | | 8 | 10 | |
| **3** | | 3 | | | 6 | | 9 | | 12 | 15 | |
| **4** | | 4 | | | 8 | | 12 | | 16 | 20 | |
| **5** | | 5 | | | 10 | | 15 | | 20 | 25 | |
| **Risk Level and Action** | **Level** | | | | | | | **Action** | | | | |
| 1 – 4 | NO CURRENT RISK | | | | | | No further action, but ensure controls are maintained and monitored | | | | |
| 5 – 9 | LOW RISK | | | | | | Develop management plan and review quarterly | | | | |
| 10 – 16 | MEDIUM RISK | | | | | | Develop management plan and review monthly | | | | |
| 16+ | HIGH RISK | | | | | | Develop management plan and review subject to each occurrence | | | | |
| **Assessment Summary** |  | | | | | | | | | | | |
| **Author(/s)** | **Print Name** | | | **Position / Relation** | | | | **Signature** | | | | |
|  | | |  | | | |  | | | | |
|  | | |  | | | |  | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **RISK MANAGEMENT PLAN** | | | | | | | |
| **Name:** |  | | |  | | |  |
| **DOB:** |  | | |  | | |  |
| **Room:** |  | | |  | | |  |
| **Designated Safe Walking space(s)** |  | | | | | | |
| **Purpose** | The purpose of this risk management plan is to reduce the risk of residents with dementia inadvertently transmitting or contracting Covid 19 infection.  It is difficult for people in memory care to cooperate with prevention measures, such as instructions not to touch their eyes, nose, and mouth. Therefore, staff may need to provide memory care residents with additional support and closer supervision to ensure infection control procedures are followed. | | | | | | |
| **Proactive Measures** | **Keeping Individuals in Particular Areas**  Wandering can cause residents in memory care to leave a safe environment. The risk for wandering increases when residents become upset, agitated, or face stressful situations.  Provide residents with safe spaces to wander. Consider placing familiar items around residents who wander to reduce any anxiety caused by unfamiliar environments.  Use visual prompts to remind residents of restricted access.  Staff to monitor the perimeter of these safe spaces in the least restrictive way possible and support residents using their preferred methods of support and communication. Environmental factors can be altered to deter residents form leaving the safe area, making inviting and light spaces with independent and engaging activities away from doorways.  Provide distraction through supervised and structured daily activities, including some form of daily exercise, such as individual walks outside with staff members.  **Where time and staff allow – Member of staff to support a resident to walk outside safely.**  **Keep Door handles, surfaces, mobility equipment, call bells etc sanitised.**  **Remove all unnecessary trinkets and object form communal areas/safe wandering spaces.**  **Hand Hygiene (includes use of alcohol-based hand rub or handwashing).**People living with Dementia may require extra supervision and support to perform appropriate hand hygiene.  Place residents on a supervised “hand hygiene schedule.” Have staff stand with the resident and wash their own hands to provide encouragement. Staff can also give demonstrations of thorough handwashing techniques.  Put dementia-friendly instructional signs with pictures on the bathroom window or wall reminding everyone to wash their hands with soap for 20 seconds.  Encourage residents to sing a song to remind them to wash their hands for at least 20 seconds.  If the resident is unable to complete handwashing to this extent on their own or with prompting, wear gloves and use soap and a washcloth to perform this task for the person.  Use an alcohol-based hand sanitizer if there is concern that good hygiene is not being practiced, or if staff or the resident cannot get to a sink to wash their hands. Alcohol-based hand rub is the preferred method of hand hygiene when indicated. Handwashing with soap and water is indicated when hands are visibly dirty and after using the toilet.  Be sure to use moisturizer on clean hands after repeated washing to ensure they do not get dry and irritated.  **Refrain from touching face**  Ensure the skin on the resident’s face is clean and moisturized, not dry and irritated.  Ensure eyeglasses are clean and comfortable.  Ensure men are shaven, if they shave regularly.  Ensure there are no sores or other causes of pain within the mouth, and that regular oral hygiene is completed.  Ensure lips are adequately hydrated, and not chapped or dry.  **Restricting Unnecessary Visitors**  It is essential to restrict visits except for certain compassionate care situations, such as end-of-life. The number of these visitors must be restricted to 2. Any visitors that enter the home in EOL situations should be required to perform hand hygiene and use personal protective equipment. Anyone exhibiting symptoms of a respiratory infection should not be permitted to enter the care home at any time, even in end-of-life situations. | | | | | | |
| **Resident Comments** |  | | | | | | |
| **Author(/s)** | **Print Name** | **Position / Relation** | | | **Signature** | | |
|  |  | | |  | | |
|  |  | | |  | | |
| **Cosignatories**  **(Staff Team)** | **Print Name** | | **Position / Relation** | | | **Signature** | |
|  | |  | | |  | |
|  | |  | | |  | |
|  | |  | | |  | |
|  | |  | | |  | |
|  | |  | | |  | |
|  | |  | | |  | |
|  | |  | | |  | |
|  | |  | | |  | |
|  | |  | | |  | |
|  | |  | | |  | |
|  | |  | | |  | |

|  |  |  |
| --- | --- | --- |
|  | **RISK ASSESSMENT REVIEW** |  |
| **Date** | **Notes** | **Name & Signature** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |