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|  | **Risk Assessment Management Plan – Positive Behaviour Support** |

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| **RISK ASSESSMENT** | | | | | | | | | | | | |
| **Name** |  | | | | **Reference Number** | | | |  | | | |
| **Identified Risk** | Risk associated with known behavioural episodes which could negatively impact on the individual or other service users | | | | | | | | | | | |
| **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** | | | | |
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| **RISK MANAGEMENT PLAN** | | | | | |
| **Purpose** | The purpose of this risk management plan is to identify the risk due to known behavioural episodes which could negatively impact on the individual or other service users. | | | | |
| **Proactive Measures** | **The following risks may need to be considered with known behavioural episodes:**   * Known mental health diagnosis * Aggressive episodes towards other people, physical and verbal * Noted triggers that impact on behaviours * Repetitive behaviours causing agitation to others * Restlessness, like pacing up and down, wandering and fidgeting * Night-time waking and sleep disturbance * Communication problems * History of self-harm * Physical restraint required * Prescribed medication for behavioural episodes * SVA matters already under investigation   **Action::**   * Staff training for positive behaviour support including restraint if appropriate with clear rationale and appropriate mental capacity and best interests assessments. * Detailed care plan with full staff guidance including distraction techniques to be used with rationale for how to support & de-escalate positively and proactively,   manage the environment, seek assistance, and keep the person and others safe.   * Full documentation for all behavioural episodes with any lessons learnt as appropriate. * Involvement of other professionals with contact details and crisis intervention plans and protocols * Safe area identified for de-escalation periods * Detailed care plan with rationale for the use of medications with detailed PRN protocols in place for use of “as required” medicines. * Report any safeguarding issues * Awareness of known preferences and wishes for care matters | | | | |
| **Individual Risk Measures and specific guidance** | *You may want to include some or all of the following: (this list is not exhaustive)*  *Previous involvement of outside professionals with contact details*  *DOL’s application if appropriate*  *Amount of family input in place*  *Detained under section*  *Review of crisis intervention plans and protocols* | | | | |
| **Author(/s)** | **Print Name** | **Position / Relation** | | **Signature** | |
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| **Cosignatories**  **(Staff Team)** | **Print Name** | | **Position / Relation** | | **Signature** |
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|  | **RISK ASSESSMENT REVIEW** |  |
| **Date** | **Notes** | **Name & Signature** |
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