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

|  |
| --- |
| **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** |
|  |  |  |
|  |  |  |

|  |
| --- |
| **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** |
|  |  |  |
|  |  |  |
| **Cosignatories** **(Staff Team)** | **Print Name** | **Position / Relation** | **Signature** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

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