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|  | **Risk Assessment Management Plan – Falls Risk Assessment** |

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| **RISK ASSESSMENT** | | | | | | | | | | | | |
| **Name** |  | | | | **Reference Number** | | | |  | | | |
| **Identified Risk** | Risks to health from Falls | | | | | | | | | | | |
| **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 risks and measures to be taken to minimise risks associated with Falls | | | | |
| **Proactive Measures** | **The following risks need to be considered for people with a history of or who are considered to be at risk of falling.**   * Conditions that affect mobility or balance. * Prescribed medication. * Environmental hazards. * Previous history of falls. * Consent for use of equipment. * Consent to measures that may be deemed restrictive if applicable.   **Action to be taken to minimise the risk of falls:**  Staff awareness of conditions known to affect mobility and or balance.  Care plan to be created with staff guidance on what to do should a fall occur.  Be aware of medication taken such as psychoactive drugs (such as benzodiazepines) or drugs that can cause postural hypotension (such as anti-hypertensive drugs).  Staff awareness of visual / hearing impairment.  Staff awareness of cognitive impairment.  Consent to equipment used such as alarm mats, bed rails, lap straps.  MCA / BI for those who may be deemed not to have capacity.  Make sure the environment is safe, well-lit, and free of obstruction.  Wet floor signs are in use.  Cables and leads not to be left across the floor  Staff awareness of trip and slip hazards.  Well-fitting footwear.  All falls to be documented and reported to other relevant authorities as applicable and families made aware.  Actions noted if required and staff feedback.  Amendment of care plan.  Referral to other professionals. | | | | |
| **Individual Risk Measures and specific guidance** | *You may want to include some of the following: (this list is not exhaustive)*  *History of falls.*  *Previous injury caused by falls*  *Outside professional input and referrals.*  *Known conditions that may be a cause of falls*  *Name of medication taken that may affect mobility and balance.*  *Who to notify in case of falls and injury.*  *Name of equipment used.*  *Location of consent / MCA paperwork.* | | | | |
| **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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