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|   | **Risk Assessment Management Plan – Oral Health.** |

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| **RISK ASSESSMENT** |
| **Name** |  | **Reference Number** |  |
| **Identified Risk** | Risk associated with oral Health.  |
| **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 associated with Oral Health. |
| **Proactive Measures** | **The following risks may need to be considered when considering and assessing oral health care*** Reluctance to eat and drink.
* Mouth and gum infection
* Loose teeth, decayed teeth.
* Loose dentures
* Medication reducing the amount of saliva causing a dry mouth
* Inability to be independent with oral hygiene
* Reluctance to allow for assistance with oral hygiene
* Toothbrush and tooth paste not available
* Unable to access dental care and treatment.
* Staff not trained in oral hygiene care
* Difficulty in communicating
* Pain

**Action::** Create an individual and person centered care plan with the service user and or family as appropriate for oral hygiene care with detailed care for oral health. Awareness of previous dental care and treatmentStaff training and awareness of guidance, (NICE guidelines, CQC guidance)Up to date policy and procedureInvolvement with other health professionals such as GP / dentistAwareness of denture care, use of fixatives.Advice and awareness of a nutritional diet and adequate fluids. |
| **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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