|  |  |
| --- | --- |
|  | **Risk Assessment Management Plan – Respiratory Care Risk Assessment.** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **RISK ASSESSMENT** | | | | | | | | | | | | |
| **Name** |  | | | | **Reference Number** | | | |  | | | |
| **Identified Risk** | Risks associated with identified respiratory needs | | | | | | | | | | | |
| **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 risks and measures taken to minimise risks associated with identified respiratory problems | | | | |
| **Proactive Measures** | **The following risks may need to be considered for people with identified Respiratory problems.**   * Staff not aware of identified respiratory problems * Breathless on exertion * Mobility problems * Staff not trained in the use of oxygen if required * Not aware of the need for PRN medication for episodes of breathlessness. * No involvement of respiratory professionals.   **Action:**  Create care plan with specific staff guidance for how to assist individuals with respiratory problems  Identity areas where there is seating to allow individuals to rest when mobilising.  Make sure there is equipment available to assist as needed, example wheelchair.  If there is oxygen in use staff must be trained on how to use it.  Awareness of individuals awareness and wishes and preferences for episodes of breathlessness  Details of involvement of outside health professionals  Awareness and availability of prescribed medication  Awareness of possible infection and how / when to involve the GP | | | | |
| **Comments / input:** | *You may wish to include: (delete as necessary)*  *Signposting for oxygen care plan and risk assessment if applicable*  *PRN medication prescribed* | | | | |
| **Author(/s)** | **Print Name** | **Position / Relation** | | **Signature** | |
|  |  | |  | |
|  |  | |  | |
| **Cosignatories**  **(Staff Team)** | **Print Name** | | **Position / Relation** | | **Signature** |
|  | |  | |  |
|  | |  | |  |
|  | |  | |  |
|  | |  | |  |

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