|  |  |
| --- | --- |
|   | **Risk Assessment Management Plan – Syringe Driver.** |

|  |
| --- |
| **RISK ASSESSMENT** |
| **Name** |  | **Reference Number** |  |
| **Identified Risk** | Risk Assessment for the use of a syringe driver  |
| **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 associated with the use of a syringe driver |
| **Proactive Measures** | **The following risks may need to be considered when using a syringe driver:*** Staff not trained and deemed competent to use a syringe driver.
* Patient does not have explanation of use.
* Consent not obtained from patient / MCA not in place as needed.
* Drug regime not in place and medicines not checked for compatibility for inclusion in the syringe driver.
* PRN not prescribed for breakthrough pain
* Annual maintenance not evidenced for the syringe driver
* Inflammation at site of cannula
* Insufficient supply of cannula stock in house
* Lack of batteries for the syringe driver
* Syringe driver not clearly labelled
* Alarm constantly sounding

**Action:**Evidence of consent and documentation that explanation has been givenDetailed person centered care plan in place with regime clearly detailed for staff awarenessAwareness of labelling requirementsDrug regime in placeStaff trained in the use of syringe driver with evidence of refresher training as requiredManufactures instructions available for reference and awareness of troubleshooting directions. Sufficient stock of batteries and cannula in housePolicy and procedure in placeSyringe driver evidenced as fit for purpose and annual maintenance evidenced |
| **Author(/s)** | **Print Name** | **Position / Relation** | **Signature** |
|  |  |  |
|  |  |  |
| **Cosignatories** **(Staff Team)** | **Print Name** | **Position / Relation** | **Signature** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

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