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|  | **Risk Assessment Management Plan – Administration of Covert medication.** |

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| **RISK ASSESSMENT** | | | | | | | | | | | | |
| **Name** |  | | | | **Reference Number** | | | |  | | | |
| **Identified Risk** | Risks associated with covert administration of medication. | | | | | | | | | | | |
| **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 taken to minimise risks associated with administration of Covert Medication. | | | | |
| **Proactive Measures** | **The following risks may need to be considered for people who have their medication administered in a covert manner.**   * Client unable to understand the need for medication. * Client does not have the capacity to understand the consequences of their refusal. * Refusal for all oral medication in known form. (Tablets, liquid offered from spoon / medicine pot) * Unable to understand their medication. * If the medicine is deemed essential to the person’s health and wellbeing. * Is this in the persons best interest and the least restrictive option. * What options are available if the person refuses covert medication. * Is the planned medication unpalatable.   **Action to take to reduce the identified risk:**   * Mental capacity assessment and best interest decision in place. * Evidence this is the least restrictive option. * Care plan in place with clear staff guidance. * GP and pharmacy agreement for covert administration. * Pharmacy agreement that medication may be disguised in food and drink * The medicine policy includes a clear explanation of the covert medicines process. * The policy is specific specific and up to date. * Staff have read and understand and follow the policy. * Each medication individually must identify the need for covert administration for each medicine prescribed. * Each medication individually must describe if it is able to be crushed / placed in foodstuffs. * New medicines added or the dose changes of an existing medicine the need must be identified again. * Consider the time needed for continued use of covert medicines. * Regular formal reviews are scheduled. * Able to obtain medication in format acceptable for covert administration. * Identify what action is needed if there is continued refusal of medicines. * Staff awareness of side effects and allergies. * Inform DOL’s as this would be considered a restrictive practice. | | | | |
| **Individual Risk Measures and specific guidance** | *You may want to include some or all of the following: (this list is not exhaustive)*   * *Dates of planned reviews with GP and pharmacist.* * *What food / fluids the medicine is to be disguised in* * *Make sure all relevant staff can access and are aware of the company covert medication policy, NICE, CQC and RPS guidelines and how to locate them for reference.* * *Have family / POA been made aware and agreed this is in the person’s best interest.* | | | | |
| **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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