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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.
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| **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.*

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| **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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