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|  | **Risk Assessment Management Plan – Seizure Risk Assessment** |

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| **RISK ASSESSMENT** | | | | | | | | | | | | |
| **Name** |  | | | | **Reference Number** | | | |  | | | |
| **Identified Risk** | Risks to health from seizures | | | | | | | | | | | |
| **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 to be taken to minimise risks associated with seizures | | | | |
| **Proactive Measures** | **The following risks need to be considered for people with a history of or who are considered to be at risk of seizures**   * Is there a history of High seizure frequency? * Is there a history of prolonged seizures, Unobserved seizures? * What type of seizures are known? * Is rescue medication required? * Staff awareness of Epilepsy and treatment? (if approrpaite) * Medication compliance? * Service user awareness of onset of seizures? * Any known triggers? * Situations that may affect aspects of daily living * Are staff aware of SUDEP? * Awareness of other health conditions?   **Action to be taken to minimise the risk of epileptic seizures:**  Creation of individual care plan with the service user / family as appropriate.  Awareness and details of previous history of seizures including any known triggers or warning signs.  Service user ability to be able to communicate own awareness / warning signs / triggers.  Clear details available of any prescribed medicines including any rescue medication detailing usage and availability.  Consent / MCA & BI decision for any treatment needed for episodes of seizures  Staff trained and competent to administer medication.  Medication compliance history.  Staff are trained in dealing with seizures and there is clear guidance for them to follow.  To be aware of aspects of daily living and other medical conditions that may be impacted with a seizure and to create clear plans and risk assessments pertinent to identified potential problems.  Staff aware of SUDEP and associated equipment that may be required on an individual basis and assessment. | | | | |
| **Individual Risk Measures and specific guidance** | *You may want to include some of the following: (this list is not exhaustive)*  *Service user and family awareness and understanding of their condition.*  *Other professionals involved in the care and treatment, EG SALT.*  *Clear guidance on what to do if a seizure occurs in certain circumstances, EG whilst eating, showering.*  *Clear guidance for any equipment used/ frequency of night checks.*  *How to access the local community safely.* | | | | |
| **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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