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|  | **Risk Assessment Management Plan – Mobile Heater Risk Assessment** |

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| **RISK ASSESSMENT** | | | | | | | | | | | | |
| **Name** |  | | | | **Reference Number** | | | |  | | | |
| **Identified Risk** | Risks of using a mobile heater in the service | | | | | | | | | | | |
| **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** | When using a mobile heater in the service there is a risk of burns / fire / faulty heating appliance and for some people a lack of awareness of risk to themselves or others. Identified common risk and action is noted below and will be included in the care plans as appropriate. | | | | | | | | | | | |
| **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 the use of a mobile heater in the service. | | | | |
| **Proactive Measures** | * No awareness of the need for a mobile heater * Mobile heaters not checked to make sure they are fit for purpose. * Mobile heaters placed in an unsafe area / position * Residents unaware of the risk of mobile heaters * People sustaining a burn from touching the heater * Fire risk if clothing / materials are placed on the heater * Trip hazard * Leakage from an oil filled heater * Electrical fault * Leads across the floor * Room becomes too hot and no temperature control in the room   **Action to be taken to minimise the risk of the use of a mobile heater:**   * Care plan with clear staff guidance for the use of a mobile heater * Visual check before heater is used to make sure it is fit for purpose * PAT testing in place and deemed to be safe for use. * Consent from the resident for the use of the heater. * Capacity assessment to make sure the resident is able to understand the risk * MCA / BI as appropriate * Regular checks in the area the heater is used, * To ensure no clothes / materials are place in the heater * All mobile heaters are included on the fire risk assessment for the service * Staff awareness of what to do if a problem is noted and to remove the mobile heater is removed from use and repaired / replaced. * Family awareness of use if applicable. * No leads to be left across the floor that may cause a trip hazard * Staff awareness of what to do if there is leakage from an oil filled appliance * Regular checks to make sure the room is not too hot that may impact on people’s health and welfare. * To make sure that any problems with the general heating in the home is rectified as a matter of urgency. * Staff to be aware of reporting to the person on charge any noted problems with the general heating in the home and to inform relevant authorities as appropriate in line with the execution of duty of candour. | | | | |
| **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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