|  |  |
| --- | --- |
|  | **Risk Assessment Management Plan – Self Administration of Medication.** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **RISK ASSESSMENT** | | | | | | | | | | | | |
| **Name** |  | | | | **Reference Number** | | | |  | | | |
| **Identified Risk** | Risks associated with self-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** | | | | |
|  | | |  | | | |  | | | | |
|  | | |  | | | |  | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **RISK MANAGEMENT PLAN** | | | | | |
| **Purpose** | The purpose of this risk management plan is to identify the risks and measures taken to minimise risks associated with Self Administration of Medication. | | | | |
| **Proactive Measures** | **The following risks may need to be considered for people who choose to self-administer their own medication.**   * Inability to fully understand the prescribed medication and its usage. * Inability to understand when support may be needed either verbal or physical. * Unsafe storage areas. * Overstock of medication available. * Understock of medication, * Not taken as prescribed. * Side effects of medication noted but not understood. * Other residents entering the room unaccompanied. * Disposal of unwanted medicines   **Action to take to reduce the identified risk:**  Create an individual care plan with staff guidance.  Any support needed to administer medicines, verbal or practical.  Consent form in place and client’s awareness of prescribed medicines and side effects.  Consent from GP.  PILs available for reference.  Safe locked storage area, key available only to client and staff.  Sufficient medication for one week / month as appropriate available in safe storage in client’s room.  Evidence of client receiving medication weekly / monthly.  Sufficient medication in the premises for continuity of medications.  Audit to check medication is taken as prescribed, and plan in place if not taken as required.  PRN protocols in place.  Staff and client aware of sign and symptoms of possible side effects.  Safe storage area locked when not in use.  No medication left out in an open space in the room.  Regular medication review.  Regular review of competence of client to continue to self-medicate.  Evidence of appropriate disposal of unwanted / discontinued medication. | | | | |
| **Individual Risk Measures and specific guidance** | *You may want to include some or all of the following: (this list is not exhaustive)*  *Location of consent form.*  *GP consent*  *Individual medication storage details.*  *Details of prescribed medication, whether tablets / eye drops / ear drops / topical creams.*  *Reference to NICE / RPG guidelines / company policy for self-medication.*  *Staff trained to give medication and deemed competent.* | | | | |
| **Author(/s)** | **Print Name** | **Position / Relation** | | **Signature** | |
|  |  | |  | |
|  |  | |  | |
| **Cosignatories**  **(Staff Team)** | **Print Name** | | **Position / Relation** | | **Signature** |
|  | |  | |  |
|  | |  | |  |
|  | |  | |  |
|  | |  | |  |
|  | |  | |  |
|  | |  | |  |
|  | |  | |  |
|  | |  | |  |
|  | |  | |  |
|  | |  | |  |
|  | |  | |  |

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