







## Risk Assessment Tools

### Generic Baseline Risk Assessment:

Name		CHI		DOB	
Ward or dept		Date		*Time	

Please place a x in appropriate box	Possibility of occurring 1 	Strong Possibility 2  	Almost certain 3   
<b>Problems regarding personal safety</b>			
At risk of wandering			
At risk of coming out of bed			
At risk of falling			
Seizures			
Other:			
<b>Problems with compliance to treatments</b>			
Problems taking medication			
Risk of removing drip / dressings			
Problems with fasting			
Other:			
<b>Problems with communication</b>			
Unable to understand instruction			
Unable to say what's wrong (e.g. pain).			
Other:			
<b>Problems with the environment / sensory sensitivity</b>			
With noise / lights / smells			
With other people around			
Being in a confined space			
Equipment			
Other:			
<b>Problems with eating and drinking</b>			
Can't eat or drink without assistance			
Risk of choking/ swallowing			
Risk of burning / scalding			
Posture and positioning			
Other:			
<b>Problems with agitation/ aggression</b>			
Verbal			
Physical			
Self-injurious behaviour			
Destructive behaviour			
Other:			
<b>Problems with mental health</b>			
Memory			
Depression			
Hallucinations / delusions			
Isolation/ fear			
Anxiety			
Other:			

Completed by (nurse):	
Discussed with (carer):	Relationship

## Generic Risk Assessment Action Plan

Family / Carer available	NO	YES	24hr / Extended attendance / Visiting time / Phone only	
Name	CHI		DOB	
Ward or dept	Date		*Time	
Legal Proxy [AWI Act]	Power of Attorney		Welfare Guardian	Intervention Order
<b>Identified Risk</b>	<b>Level 1-3</b>	<b>Risk Management</b>		<b>Reviewed with carer</b>
<b>Personal safety</b>				
<b>Compliance with treatment</b>				
<b>Communication</b>				
<b>Environment / Sensory sensitivity</b>				
<b>Eating and drinking</b>				
<b>Agitation / Aggression</b>				
<b>Mental Health</b>				
Completed by:				
Reviewed by:				Date:

## Guidelines for completion of Risk Assessments

To be completed for all patients with a Learning Disability and / or Cognitive Impairment on admission or transfer to each clinical area.

This assessment will provide a baseline of risks, needs and controls which will help to inform current documentation and care plan pathways.

### All staff must at all times

- Consider the principles of the Adults with Incapacity (AWI) Act at all times – Treatment must – be in *Best interests; Least restrictive; Least invasive; Take account of past and present wishes; Take account of significant others;*
- Consider the core principles of the Equality Act - It is your **duty** to make reasonable adjustments to ensure access and equity.

### Score 1 Possible



May occur occasionally - has happened before on occasions – reasonable chance of occurring

- Increase observation
- Consider communication
- Adapt environment
- Obtain further information from carers/ family
- Negotiate or identify carer/family attendance
- Make 'reasonable adjustments' as per Equality Duty

### Score 2 Strong Possibility



Strong possibility that this could occur - is likely to occur

- As above in 1 but also further assessment is required
- Seek carer/ family names and phone numbers for advice
- Respect confidentiality but be flexible
- Identify a named contact/ nurse with whom carers can pass on / gain accurate information

### Score 3 Almost Certain



This is expected to occur frequently and will in most circumstances- more likely to occur than not

- As above in 1 and 2
- Implementing written guidance from carers / family OR document verbal guidance accurately
- Introduce any necessary equipment, i.e. hoist
- Seek advice and gain a consensus of opinion
- Consider consistency of approach/ people involved
- Maintain accurate records
- Ensure valid care plan in place and review regularly
- Share information with carers/ family in timely fashion
- Does the patient have capacity?