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Policy and Procedure Feedback Form

A Policy and Procedure Feedback Form is available on the Western Care Association Intranet (under Procedures) which will provide an opportunity to comment on any policy/procedure.
Your comments will be forwarded to the person who has the lead for the on-going development of the policy/procedure.
All comments will be collated by the person responsible and will inform the three-yearly review cycle for updating procedures.

1. FLOWCHART

The Personal Risk Management Plan (PRMP) should be completed to manage a situation of risk that may arise in the course of providing support to an Individual using services.

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Use the PRMP to:

- Describe the risk
- Set out existing controls in response
- Assess the likelihood and severity of harm occurring once these controls are in place
- Assess whether this is sufficient
- Decide whether additional controls are needed
- Decide whether this issue should be escalated through the line management structure for resolution.

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As part of the Personal Risk Management Plan (PRMP), it may be necessary to direct staff to supporting documents/plans that provide detailed guidance in certain situations, i.e. Stress Reduction Plan, FEDS plan.

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Actions while necessary for safety reasons that **restrict rights** should be set out in the Rights Checklists and forwarded where necessary to the Rights Review Committee for review.

The Risk Management Procedure needs to be operated in conjunction with the following policies and procedures which provide guidance that address more specific aspects of risk related practice:

- Developing the Organisational and Local Service Risk Register (WCA 2A.18)
- The Organisation Safety Statement (WCA 2A.7)
- The Department Safety Statement, which includes the Hazard Identification and Management (WCA 2A.8)
- Fire Safety Guidelines (WCA 2A.9)
- The Emergency Procedure (WCA 2A.10)
- The Missing Person's Policy (WCA 2A.11)
- The Policy on Listening and Responding to People (WCA 1.9)
- The Incident Reporting Procedure (WCA 1.10)

2. DEFINING RISK

Risk is often associated with the more immediate dangers that occur in day to day environments where people spend their time. From this perspective risk has been defined as the exposure to harm or danger of the safety and wellbeing, actual or potential, of people in our service, and our employment and others directly involved with our Services such as volunteers, or indirectly involved, such as any member of the general public. The value of this approach is it is practical and gives a particular type of focus to our efforts.

A different perspective suggests a wider and longer term view of Risk. In this perspective the definition of Risk also includes the danger that people will have impoverished lives with little happening by way of participation in the world about them, few connections with others or any real voice in their own lives. This view of Risk suggests the starting point must be to ensure we are aware of the general danger which arises from a focus on limiting or overly restricting people's lives.

3. GENERAL POLICY OF THE ASSOCIATION

Western Care is a community based organisation with a long history of voluntary involvement which supports people with a learning disability to achieve the things which are most important to them. This includes those things that are important *to* and *for* the person. It includes preferences in everyday life as well as hopes and dreams for the future.

In order to address the issues arising in the pursuit of the preferences, hopes and dreams of people with learning disabilities the Association requires a *good decision making process around areas of risk*. The decision making process is described through this procedure.

The Association offers services for *children and adults requiring varying degrees of support.* Some people need *full 24 hour support* on an all year round basis. Others may require only *occasional contact* with support staff. Inevitably the greater level of support that is provided the more control the service will have over the environments the person uses. The opposite is also true; as involvement decreases the less control or influence the service will have over the person and the environments the person uses or the lifestyle they chose. The greater the control we have over the environment the more responsibility we have to ensure risks are managed.

In order to support people with learning disabilities to achieve their Personal Outcomes *we support people in making everyday choices*, expressing preferences and pursuing their own hopes and ambitions. Given the infinite variety of individual needs, wishes and circumstances and taking into account the wide range of services, supports and environments *it is impossible to exhaustively catalogue every possible risk.* Such a venture would be both unworkable and inappropriate. Instead we should focus on the consequences of risk to determine how serious the risk is. We also need to determine how likely it is to occur. We need to consider how important it is to or for the person that this risk is resolved. Then we can attempt to manage the risk.
Harm can occur from:

- Accidents – for example from using equipment or from familiar activities e.g. you may have cooked dinner every day without harm occurring, but one day you may get scalded by boiling water by accident
- New Activity – Trying out something new may involve risks that we would normally not encounter in our daily routines
- Other people who might upset or hurt us, sometimes without even realising it
- Environment –from hazards in our day to day environment. Also a change in the environment, for example, a regular activity that occurs safely everyday like walking downtown may pose a risk when the council are laying pipes and the person may have to take a different route that they are not used to
- Self-Harm or Self Injury.

4. PURPOSE AND GENERAL OPERATING PRINCIPLES OF RISK MANAGEMENT PROCEDURE

Risk should neither be avoided nor ignored. The purpose of this procedure is *to help manage risk*. It must *promote* the pursuit of people's preferences and choices which become known to us by learning about the person and working through the Individual Planning process. Considerations must address the balance of two significant Outcomes; Safety and Rights. We must avoid restricting people where possible while at the same time support them to pursue their preferences safely.

Our duty of care requires that we do not expose people to predictable risks without having *planned* for appropriate supports to be available.

The Risk Management Procedure is designed to *assist staff to problem solve* around issues of risk which arise from supporting people to participate in a wide range of activities and supports their general right of exercising choice.

The key to successful risk management involves using *evidence* to make judgements that consider a person's right to pursue their wishes or preferences and *balance* these considerations with the duty of care to avoid situations of unnecessary and unconsidered risk.

Risk assessment must be evidence based as far as possible. *Judgements* about what a person is or is not capable of coping with should *be based on evidence* from the past, for example, the person's incident information. This evidence then has to be weighed in the light of previous and present circumstances. The past should not be unreasonably the cause of restrictions in a person's life. People change as time passes. Everyone is entitled to be treated fairly. Restrictions should not be imposed or continued without due process as per the Rights Policy.

Risk assessment must also involve common sense and bring *general experiences* to bear in making judgements. There will not always be very specific evidence from the past to guide the decisions, particularly in the case of new activities. In order to guide decision making a *risk analysis framework* is provided below.

The intention of this procedure is to *support adults/children, families and staff* to work out the best solutions in situations where risk is identified. The procedure can only work in the spirit that it is intended if it is used in a problem solving manner. All parties have to *engage with the process* bringing their own knowledge and judgement to bear on a situation in a *mutually supportive* and *mutually accountable* way. Support Circles/Networks are ideal forums for sharing solutions and reaching agreed strategies.

The procedure should ensure staff have a *sound decision making framework* and the security of knowing the *Association will support them* through use of this procedure. The procedure is intended also to ensure the Board of Directors, families, our funders and the general public have *confidence in the decision making* processes around the area of risk. When Support Circles/Networks are actively problem solving around risk, there is an additional safeguard in the process of agreeing a shared solution.

5. THE PERSONAL RISK MANAGEMENT PLAN

The stages in this process are as follows:

1. Describe the risk/vulnerability for the person and state what harm can happen to the person or others
2. Set out existing controls/measures that are in place as a response
3. Assess the likelihood and severity of harm occurring with these controls in place
4. Assess whether this is sufficient
5. Decide whether additional controls are needed
6. Reassess the risk once additional controls are in place
7. Decide whether this issue should be escalated through the line management structure for resolution.

Activities are planned based on the priorities and preferences as defined by the person using the services. Whether risk arises from the pursuit of a personal goal or from the places and activities the person participates in their day to day routines and environments the nature of the potential risk needs to be considered. In the case of children the family will have a more significant role in decision making. As the child matures they should be encouraged to take a more active part in decision making.

The Frontline Manager completes a Personal Risk Management Plan (Appendix 1) with the Named Staff and the person where possible. Specify if this person has a significant diagnosis that is relevant to a review of their risks, i.e. epilepsy, diabetes, autism, mental health. Next the location where the risk occurs is noted, whether in all locations or in specific day/residential/community settings. This is followed by a description of the risk/vulnerability for the person and the harm that can happen to the person or others. The measures currently in place to reduce/address the risks are also listed. This is not intended to duplicate the level of detail that may exist in other documentation such as a Stress Reduction Plan or an Epilepsy plan. It should provide critical information that serves as a quick reference to remind staff of the key supports that are in place to respond to specific challenges.

The level of risk is scored with the Risk Rating Tool (Appendix 2). It is important to ensure that this is scored on the basis of the existing controls being in place. Each risk is scored using the Risk Rating Tool which estimates how likely (Likelihood Score) that harm will occur and if it does occur how severe will the impact be (Severity Score). The Risk Score is computed by multiplying the Likelihood Score by the Severity Score (L X S = R). The score can be identified as High, Medium or Low on the Standard Risk Matrix which is a table showing how scores are graded (see Appendix 1). Typically a risk score below 9, which is the absolute mid-point on the scale, is acceptable as a lower level risk.

It is important to present the risks in order with the most serious risks, i.e. those with the highest score coming at the top and the least serious risk at the end of the plan. The location of each risk should also be indicated whether it occurs in all environments or only in specific ones.

As the scores increase above 9 additional measures need to be considered to reduce the risk. Additional measures should be proportionate to the risk. For example a risk score of 10 is marginally above the acceptable level whereas a risk score of 25 represents the maximum level of risk. Therefore the level of urgency, detail and prioritisation for solutions should reflect the degree of risk.

Once the result of additional measures is factored in the risk is re-rated. This is called the Residual Risk Score. This means that when the proposed additional measures are taken it is predicted that the Risk Score will reduce to a more acceptable level.

Many risks that arise can be addressed through additional measures taken by the FLM and local staff team. The FLM may also involve MDT and organisation support functions who may already be involved with these particular issues in the service. At times problem solving for local service risks will require the active involvement of the Senior/Regional Service Manager/Head of Department. When the additional measures are specified the risk is rerated i.e. scored again and the Residual Risk Score is calculated. This will indicate if the risk is acceptable or if it needs to be formally escalated by the local service to the next level of management.

There will also be some cases where the risk cannot be managed within the resources or capabilities of the local service. These then become the subject of a more formal escalation process to the Senior/Regional Services Manager/Head of Department. This could particularly be the case where resource requirements are significant or where a complex solution such as a service reconfiguration is required.

If it is not possible to reduce the risk to a satisfactory level following rerating of additional measures and the establishment of the Residual Risk Score the risk is escalated by the Senior/Regional Service Manager/Head of Department to the Executive Director. This follows the same type of process that has been undertaken by the FLM and Senior/Regional Service Manager/Head of Department whereby some initial problem solving is explored first before formally escalating the risk. The Executive Director will escalate those local service risks that cannot be satisfactorily addressed to the Quality and Safety Committee of the Board of Directors.

While the risk scores represent a simple measure to draw attention to the estimated level of risk there are other considerations about what determines an acceptable level of risk. In the case of a person using services for example these considerations include the particular circumstances of the person and how important the activity is for them. Risk management is not risk avoidance. It is a problem solving process that ensures the relevant people are informed and engaged in solutions.

This process should not disempower the FLM or deter them from engaging in the problem solving process with their staff team and with the MDT and organisational support functions where these are involved. It should also not become a problem passing exercise at any level as it has the potential to become a defensive practice which results in avoidance and disengagement. The process cannot work without each party assuming their responsibilities in problem solving at each stage in the risk reduction/escalation process.

6. MAINTAINING RECORDS

The Personal Risk Management Plan (PRMP) should be used in conjunction with the Safety and Protection sections of the person's Individual Planning Booklet and their Annual Action Plan. Once completed it should be filed in the safety section of the Individual Planning Folder.

The Named Staff should ensure that a copy of the PRMP is provided to the Link Staff in the relevant services via the FLM *where there is a common risk experienced* to ensure that they have a shared and consistent approach. The Link Staff should contain the copy of the PRMP in the person's Link File in that service. In the case of non-centre-based staff such as autism resource workers, family support workers, community facilitation staff, etc., these records should be maintained in the way that is normal within that service.

At all times, staff should try to include the individual/family in assessing the risk and agreeing to the solution but also to let them know where the record of the agreed decisions are kept and who will see them. The final section of the plan should be used to set out who was involved in reviewing the risks and agreeing the plan. All staff working with an Individual should review the finalised plan and sign it as evidence that they have been informed of the plan and will adhere to it.

If there are additional controls needed or if any aspect of the risk management plan requires escalation through the line management structure, then a copy of the PRMP should be filed with the local service risk register forms. Each line manager should maintain a file with their relevant risk forms for their service. This allows the line manager to actively manage these actions and update the documentation once actions have been addressed. The line manager should always ensure that the updated form is logged in the Individual Planning Folder. For further information see Western Care's Policy on Developing the Organisational and Local Service Risk Register (WCA 2A.18)

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APPENDIX 1

Risk Rating Form for the Person Using the Service

PERSONAL RISK MANAGEMENT PLAN (PRMP)

Personal Risk Rating Score For: _____ **Relevant Diagnosis:** _____

Date Completed: _____ **Form Completed By:** _____

List the locations where this risk occurs – home, community, day service etc.	**Describe the risk/vulnerability for the person and state what harm can happen to the person or others**	**Describe the Existing Measures you have in Place to Manage the Risk**	**Risk Score** (L X S=R)	**Is this Satisfactory**	**Describe any additional measures you require to put in place to reduce the risk**	**Re-rated Risk Score** (L X S=R)	**Risk Escalation; If the risk is not reduced to a satisfactory level then forward this to the Executive Director through your line manager**

PERSONAL RISK MANAGEMENT PLAN AGREEMENT

Date Completed: _____

Next Review Date: _____

Signed By: _____
All Present

_____

_____

Person Using Supports / Services ----------

Family/Advocates/Representatives _____

Person Leading the Risk Management Process:
(e.g. Usually the Frontline Manager with the support of other staff involved) _____

Read By:
(To be signed by all staff who support this individual)

Risk Rating Tool

The purpose of Risk Rating is to determine the level of significance of the risk.

Risks are rated by considering two key factors:

1. Likelihood; this refers to how likely it is that harm will occur.

2. Severity; how serious would the consequences be if harm occurs.

To determine the Risk Rating, you score likelihood and severity separately using the Scoring Guidance below:

LIKELIHOOD RATING									
Rare / Remote (Score 1)		**Unlikely (Score 2)**		**Possible (Score 3)**		**Likely (Score 4)**		**Almost Certain (Score 5)**	
Actual Frequency	Probability	Actual Frequency	Probability	Actual Frequency	Probability	Actual Frequency	Probability	Actual Frequency	Probability
Occurs every 5 years or more	1%	Occurs every 2-5 years	10%	Occurs every 1-2 years	50%	Bimonthly	75%	At least monthly	99%

SEVERITY RATING				
Negligible (Score 1)	**Minor (Score 2)**	**Moderate (Score 3)**	**Major (Score 4)**	**Extreme (Score 5)**
Adverse event leading to minor injury not requiring first aid.	Minor injury or illness, first aid treatment required <3 days absence < 3 days extended hospital stay.	Significant injury requiring medical treatment e.g. fracture Agency reportable, e.g. HSA, Gardaí >3 Days absence 3-8 Days extended hospital stay.	Major injuries / long term incapacity or disability (loss of limb) requiring medical treatment	Incident leading to death or major permanent incapacity. Event which impacts on large number of people including members of the public.

Take your scores and multiply the Likelihood by Severity score to get the Risk Rating score. Now check the table below to see if the Risk Rating score falls into the High, Medium or Low category of Risk Rating. The nature of actions required to address different categories of risk; High, Medium, Low, are specified. Control measures are defined as those measures which are required to reduce the risk.

Example:

- Likelihood Score = 4, Severity Score = 4
- Risk Rating – Likelihood x Severity Score, 4 x 4 = 16
- Risk Category = High
- Action - *Immediate action required. Activity should be stopped until control measures can be implemented to reduce risk to medium rating.*

RISK MATRIX					
	Negligible (Score 1)	**Minor (Score 2)**	**Moderate (Score 3)**	**Major (Score 4)**	**Extreme (Score 5)**
Almost Certain (Score 5)	5	10	15	20	25
Likely (Score 4)	4	8	12	16	20
Possible (Score 3)	3	6	9	12	15
Unlikely (Score 2)	2	4	6	8	10
Rare / Remote (Score 1)	1	2	3	4	5

RISK RATING	**Descriptive Risk Rating**	**ACTION**
15 – 25	High	Immediate action required. Activity should be stopped until control measures can be implemented to reduce risk to medium rating
6 – 12	Medium	Activity can proceed, but with caution, and ensuring control measures are maintained. Efforts should be made to reduce risk rating to low
Less than 5	Low	Activity can proceed. Control measures must be monitored and reviewed as required to ensure they remain suitable and sufficient.