Aurora

Enriching lives, Enriching Communities

Risk Management Policy

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Schedule 5 - 16	Annamaria Das Chaudhary	27/04/2016
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6	Full Review of Policy	
Reviewed by		**Review completed**
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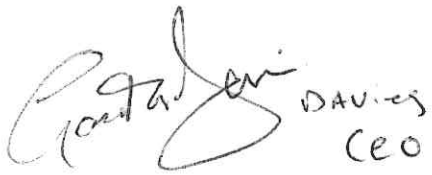
CEO/Board Member signature		**Next Review Date**
		24.02.2029

Mission Statement

Enable people with complex needs to experience the same rights as every other citizen and as equal members of the community.

Contents

1. Purpose and Scope of the Policy

1.1 Health, Safety & Risk Management is the systematic process to positively identify, assess, treat and manage all relevant risks within an organisation. This policy will support Aurora employees to identify, assess and rate risks and to develop strategies in managing risk with people supported, employees and the environment.

1.2 The policy aims to provide the framework and guidance for all Aurora employees on the management of risks, whilst maximising opportunities for the people supported and minimising potential adversity:
This Policy clearly outlines;

- Board Director/Employee roles and responsibility
- A consistent process of risk management, including risk identification, assessment and treatment
- The documentation process supporting risk management

1.3 Aurora understands that the management of risk is an integral part of good management of service delivery. It is a process of continuous improvement that is best embedded into existing practices. The first stage in creating a quality service is ensuring a safe service and managing risks appropriately.

1.4 Through the systematic application of risk management across all aspects in the service, Aurora demonstrates its commitment to the Vision and Mission of the organisation thus providing assurance to all stakeholders.

1.5 The policy applies to all Board Directors and all employees (permanent & relief) and agency staff members working within Aurora.

1.6 This policy should be read and applied in conjunction with the following, (but not exhaustive) list of policies and documents:

- Safeguarding Policy
- NIMS guidance
- Health Act 2007
- HIQA Guidance for Designated Centres-Risk Management (HIQA 2014)
- Complaints Policy
- Fire Safety Policy, PEEPs & CEEPs
- Medication Management Policy
- Positive Behaviour Support Policy
- Missing Persons Policy
- Lone Working Policy
- Open Disclosure Policy
- Health and Safety Statement Policy
- Corporate and designated centres risk registers and person's individual

Risk Assessments and Plans
- Infection Control Policy
- Personal Plans and Support plans including Intimate Care Plans

2. Definitions

Risk:

Risk can be defined as "the chance of something happening that will have an impact on the achievement of organisational stated objectives" or "the effect of uncertainty on objectives".

Risk Management:

Risk Management is a means of identifying, assessing, prioritising and controlling risks across an organisation, with a coordinated and cost-effective application of resources to minimise, monitor and control the probability and/or impact of adverse events or to maximize the realisation of opportunities.

It is important to be aware that not every situation or activity entails a risk that needs to be assed or managed. The risk may be minimal and no greater for the person who uses the service than it would be for someone who is not using a service.

Risk management includes the review, analysis and ongoing evaluation of risk. It is a continuous, proactive and systematic process to understand, manage and communicate risk from an organisation-wide perspective.

This includes both formal risk assessments and dynamic risk assessments.

A dynamic risk assessment is the continuous process of identifying hazards, assessing risk in real-time while working and taking action to eliminate or reduce risk. This Risk Assessment is undocumented.

It is about contributing to strategic decision making in the achievement of an organisation's overall corporate objectives.

Risk Appetite & Tolerance:

Aurora's Approach to Risk
Aurora's Board of Directors and Senior Management Team are prepared to accept a certain level and type of risk to achieve strategic objectives. The organisation regularly reviews these risks at an organisational level to strike the right balance that satisfies all stakeholders. Risk appetite and tolerance levels are agreed upon by the Board and the

CEO.
Risk appetite reflects the level of risk Aurora is willing to pursue or retain to meet its goals. **Risk tolerance** indicates the acceptable deviation from this appetite.
Aurora's appetite for risk may vary across different areas:

- In some cases, it maintains a cautious or minimal tolerance.
- In others, it may adopt a more open approach where key objectives are at stake.

Risk management practices are embedded throughout the organisation, guiding operational decisions. Where projected risks exceed acceptable levels, escalation procedures are followed via the appropriate governance structures. All identified risks are recorded in local, centre-specific, and corporate risk registers.

Risk Management Process:

The systematic application of management policies, procedures and practices to the task of communicating, establishing the context, identifying, analysing, evaluating, treating, monitoring and reviewing risk.

Risk Assessment:

The overall process of risk identification, risk analysis and risk evaluation and evidence of same in a document that is called risk assessment. Risk assessments are to be reviewed in line with policy, or in the event of incidents as necessary to take actions.

Risk Register:

A **risk register** is a dynamic database that captures and tracks risks affecting an organisation, its departments, or individual teams. It provides a centralised record of identified risks, along with their status, potential impact, and mitigation plans.
Because risks evolve over time, the register is continuously updated to reflect the changing risk landscape and the organisation's response. This ensures that risk management remains proactive, relevant, and aligned with strategic objectives.
, its purpose is to support managers to prioritise available resources in order to minimise risk and target improvements to best effect.
Aurora maintains a corporate risk register on an organisational level and individual risk registers for each designated centre.

Controls:

Controls are measures used to manage and mitigate risk. They may fall into two categories:

- **Existing Controls**: These are already implemented, functioning effectively, and actively reducing the likelihood or impact of a risk.
- **Additional Controls**: These are proposed actions or measures that need to be introduced to further manage or modify the risk.

Together, these controls ensure that risks are kept within acceptable levels and aligned with the organisation's risk appetite and tolerance. Regular evaluation of controls helps

maintain effectiveness and supports decision-making.

3. Responsibilities

The Aurora Board of Directors holds ultimate responsibility for ensuring effective risk management across the organisation. To support this, they delegate operational oversight of risk management to the CEO.
The Board agrees upon a formal Risk Appetite and Tolerance Statement that aligns with Aurora's mission, vision, and core values. This statement guides decision-making and sets the boundaries within which risks are assessed and managed.
To support their governance responsibilities, the Board utilises *Board X*, an online platform that facilitates oversight and transparency. This includes access to the corporate risk register, enabling the Board to monitor and manage risk effectively.

3.1 **Aurora CEO**
Ensures that Aurora maintains an organisational/corporate Risk Register which outlines and supports the management of all corporate risk. This Risk Register is reviewed by the CEO with Senior Management team and reviewed and signed off by the Board of Directors.

3.2 **Aurora Senior Management Team**
Is responsible for implementing and ensuring compliance with Aurora's risk management policy and has responsibility for providing oversight, advice and necessary actions concerning the operation of Aurora's risk management policy and related activities. The Senior Management Team is directed by the CEO to implement and manage the agreed risk appetite across the organisation.

3.3 **Oversight & Monitoring Committees in Aurora in relation to Risk Management**
Aurora has multiple committees in place to oversee and manage risks in different areas. All committees operate in line with their Terms of Reference and review risk relevant data to provides assurance to the CEO and Senior Management Team that appropriate and effective systems are in place to manage those risks.

The Following committees are in place:

- ***Health & Safety Committee*** - to promote and maintain a safe and healthy working environment for persons supported, employees, volunteers and visitors within Aurora. The Committee also identifies and assesses health and safety risks within the workplace and aims to recommend and implement measures to control and mitigate identified risks. To comply with all relevant health and safety legislation including Safety, Health and Welfare at Work Act 2005 and any regulations specific to the Health & Social care sector.

- ***Safeguarding Oversight Committee*** – quarterly meetings to review and analyse all data and actions in relation to Safeguarding of people supported in the organisation. This data is provided to the Board, CEO and Senior Management team and also discussed with all layers of managers in designated centres (WCI managers, PICs and Team Leaders) at e.g. QA and Governance meetings.

- ***Restrictive Practices Committee*** – scheduled for all designated centres and people supported annually to ensure a review of all restrictive practices, assessments and plans in place. Review and recommend reduction of restrictions and required restrictions to ensure safety for people supported.

- ***Quality Assurance Meeting*** – quarterly meetings between Quality and Operational function in Aurora to review compliance and quality developments and data, detail of provider audits and practice developments.

- ***Governance Meetings*** – 6 weekly Governance meetings between PICs/Team Leaders and their line managing WCI managers to ensure oversight on operational and resource management and development of strategies to delivery safe and good quality service.

- ***Board Subcommittee Meetings*** – take place quarterly for all relevant areas/function in Aurora to ensure Board members and CEO are kept informed by Head of functions on relevant matters, such as Human Resources, Quality and Standards, Finances and Risk and the Executive Governance subcommittee.

3.4 **Line Managers**

All Aurora managers (Head of Functions, WCI managers, PICs and Team Leaders) are responsible for:

- Implementation of and ensuring compliance with the Aurora's Risk Management Policy in their area of responsibility and will ensure that employees are familiar with this policy.

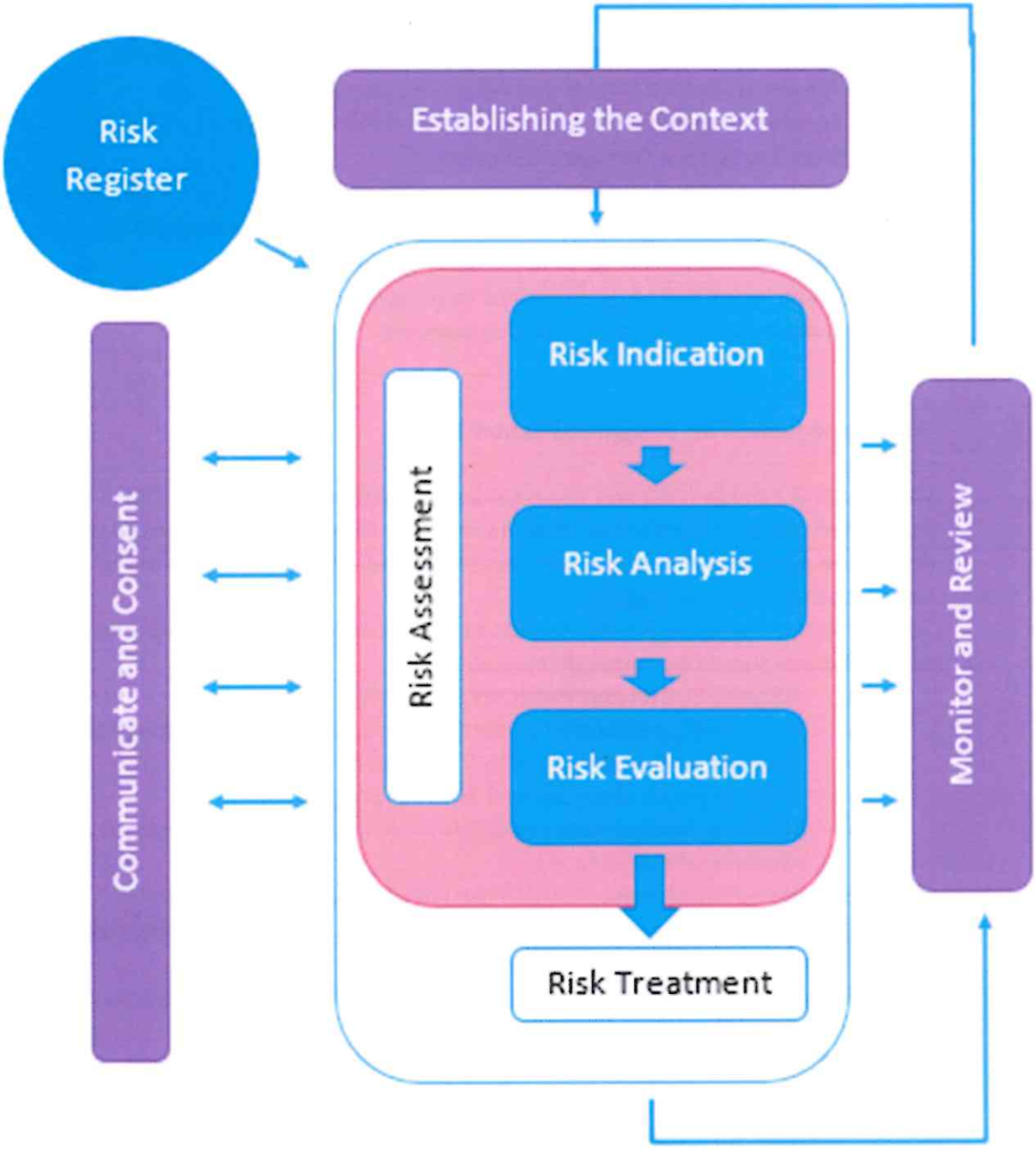
3.5 **Employees**

All employees are required to:

- Be familiar and understand Aurora's Risk Management Policy and Procedures.
- Understand that risk management is fundamental to their working practice within Aurora.
- Have a working knowledge of related risk management procedures.
- Identify and report any potential risks to their Line Manager and on Aurora systems as required.
- Complete risk management training appropriate to their role.

- To complete Individual Risk Assessments, identification of appropriate controls and supporting the implementation of these controls.

4. Risk Management Process



4.1 Risk Management on Organisational Level

Aurora Senior Management Team will identify corporate risks in the following areas:

- Harm to a person (employees, people supported, public)
- Oversight via committee meetings on Safeguarding, Restrictive Practices etc. across the service
- Oversight via Board Subcommittees all departments of the service
- People supported experience within the Service
- People supported risks (e.g. mobility, risk feeding, etc.)
- Business/Service Disruption/Security
- Reputational Risks/Loss of trust or confidence
- Organisational Objectives and Outcomes in line with Strategic Plan
- Compliance (legislative, policy and regulatory)
- Financial (including performance to budget, claims, etc.)
- Environmental/Infrastructure/Equipment

4.2 Risk Management on Designated Centre Level

The Person in Charge (PIC) and Team Leader will actively review risks within the designated centre in collaboration with the team. These risks are assessed to determine appropriate management strategies and are documented on the designated centre's risk register.
To effectively identify and evaluate risks at the house level, the following sources of information should be routinely reviewed:

- **Adverse Events and Incidents** (via NIMS)
- **Safeguarding Concerns** (recorded through Viclarity and SharePoint)
- **Provider and Internal Audits** (captured on Viclarity)
- **HIQA and HSA Inspections & Notifications**
- **Relevant Assessments** (including health, safety, environmental, and operational evaluations)

This structured approach ensures that risks are captured comprehensively, enabling proactive management aligned with Aurora's governance standards.
Assessing risks in the designated centre/location

- The PIC/Team Leader ensures a centre risk register is developed and maintained live.
- PIC/Team Leader and team to develop a risk assessment for each identified risk and ensure review at least yearly; earlier as required based on incidents, changing aspects.
- An action plan (additional controls) is critical for identified risks and management of risk assessments to address any actions to reduce or maintain risk at an acceptable level.

- Any additional controls that cannot be addressed/managed at designated centre level required to be referred to the next managerial level (WCI manager and/or ADOS/DOS) in order to taken actions to manage risks appropriately.

5. Additional useful information for risk management

5.1 Risk description, existing and additional control measures
When areas of risk have been identified it is important that these are described in a manner that accurately and comprehensively ensure that the nature of the risk is captured. It is important when describing the risk to review the potential impact, cause and context of the risk.

5.2 Existing control measures include all measures and actions in place to eliminate and/or reduce a risk identified. This includes, support plans, procedures and policies in place, training received and implemented, emergency arrangements, etc.

When reviewing the existing controls, consideration should be given to their adequacy, method and level of effectiveness when implemented to minimise the risk.

5.3 Additional control measures are actions identified to be taken and implemented to prevent and/or reduce the risk currently in place. Additional control measures help to outline actions that require to be put in place and need to be reviewed within an established timeframe.

5.4 Risk rating and impact scoring
Risk is measured in terms of likelihood and impact; he likelihood of an event occurring combined with its impact (consequence). The HSE Risk Assessment tool (Appendix 1) is guiding the assessment for risk rating in relation to likelihood and impact.

5.5 How to use the scoring table
Choose the risk category. In some instances, the risk can be scored under a number of categories. All areas should be considered when scoring. Assess the impact of the specific risk

6. Guidance and processes to support risk management in Aurora

Assessing Risk in a Designated Centre

Evaluating risks in the designated centre/location

The PIC/Team Leader ensures that any actions identified to improve the control measures on the risks are recorded on the risk assessment with review dates.

The PIC/Team Leader ensures the risk rating on risk assessment and risk register is up to date and reviewed in line with action plan of additional controls.

The PIC/Team Leader ensures a review of risk assessments after each incident/adverse event and implements any learning to inform and guide the re-evaluation of the risk.

The PIC/Team Leader ensures that risks identified and managed in the location with controls in place or to be actioned are discussed with all team members and signed by all.

Risk Register Review

The designated centre risk register and assessments requires an annual review. The following may necessitate a risk register and assessments review outside of the scheduled annual review

- Change of person supported in the designated centre
- Incident review after an adverse event
- Safeguarding plan
- Training requirements or outstanding training
- Audit action plans
- Changes to legislation and/or national guidance
- External inspections (HIQA, HSE, HSA)

A robust risk register review will ensure that all necessary stakeholders are involved in reviewing risks and all relevant team members are informed of additional controls and/or changes.

Risk to be a standing agenda item on all team meetings to develop a culture of effective risk management and good practice.

Risks identified and rated in category Red (15 – 25) to be reviewed quarterly to ensure appropriate management of high risks and controls.

Risk Management on Individual Level

All line managers (Heads of Functions/WCI managers/PICs and Team Leaders) ensure that specific risks related to the safety and welfare of employees working in Aurora and a person supported living in Aurora are identified as part of individual risk assessments as required.

For people supported, the PIC/Team Leader, support team and as far as possible their Circle of Support should be involved to identify and assess any risks associated to the person's health, wellbeing and daily routine to ensure a positive risk-taking approach is applied.

Assessing and Evaluating risk in relation to a person supported

The support team develops a risk assessment for each identified risk.

The risk will be analysed to support a good understanding of the existing control measures in place to manage and/or mitigate the risk. Existing control measures need to be documented on the risk assessment form.

The existing control measures must be evident and implemented in line with associated support plans, guidelines and policies and other relevant documentation to the person supported.

Any additional controls (actions) identified to minimise or mitigate a risk for a person supported are to be documented on the risk assessment with timeframes for review to ensure actions are completed and evidenced.

When evaluating the risk for a person supported, all changing circumstances must be taken into account and risk assessments reviewed in a timely manner.

Positive risk taking to be explored for each person on an individual basis.

Where a control measure (action) is identified to be a restrictive practice, restrictive practice assessment to be carried out in line with Aurora policy.

All person's individual risk assessments need to be reviewed prior to their Annual review & Visioning meeting or earlier as required post incidents, safeguarding incidents, change in needs

Risks evaluated for a person supported as high/Red (15 – 25) require to be reviewed quarterly to ensure appropriate oversight and management.

Managing Identified Risk

Line managers will ensure that risks in relation to the welfare, health & safety of the employees in their department, designated centres and people supported living in Aurora are identified and risk assessments completed as per this policy to all relevant risks including below, but not limited to:

The unexpected absence of any person supported	Aggression and violence	Self-harm, Self-injuries behaviours
Potential Injuries	Managing monies of people supported and house budgets	Safe Medication Management
Infection Prevention Control	Restrictive Practices	Vehicles and Transport
Access and egress to all premises/security of properties	Accidental injuries to people supported, employees and visitors.	Fire
Safeguarding	Electricity and electrical equipment	Lone Working
Manual handling and people moving and handling	All specific equipment and activities	Workstations including use of computers
Working at heights	And others as established by national guidance or identified requirements.	

Managing Identified Risk

PICs and Team Leaders will ensure that the management of risk in relation to people supported is proportional to the risk identified and:

- A Person-Centered Approach
- Supports the person to manage a risk to the greatest extent possible to support independence and the best quality of life
- Focuses on the person's strength and abilities
- Balances their rights, dignity and autonomy with their vulnerability, safety & welfare
- Supports the person to pursue their choices and preferences as much as possible
- Avoids the use of restrictions as far as possible
- Where a restriction is included the relevant assessment and review plan must be followed

The PIC and Team Leader will ensure that control measures for identified and managed risks are in place to reduce the likelihood of the risk occurring and the impact of the risk being as minimal as possible.

Where a risk rating is identified as moderate or high, event with control measures in place, the line manager (WCI/ADOS/DOS or Head of Function) must be consulted to agree any further actions (additional controls).

Monitoring of risk and learning from adverse events

To ensure the appropriate management of risk across the organisation, Aurora is using reporting and monitoring systems to ensure good governance & oversight. All employees are required to adhere to the reporting in line with policies and procedures. Aurora is utilising the following systems for the reporting and monitoring of risks:

NIMS

All incidents and medication errors must be reported immediately on EPOE. Entries must be approved by the PIC/TL within **3 working days** of submission. The incident review must then be completed within a further **3 working days**, ensuring upload to NIMS where applicable.
The total timeframe from submission to completion of the incident review must not exceed **6 working days**

ViClarity

Reporting an Internal Notification of Safeguarding incidents; Safeguarding Plans are further managed via Aurora Sharepoint and HSE Safeguarding portal. Reporting of complaints via the system and evidence of actions taken.

DMS

Daily notes, potential injuries and other relevant information for a person supported.

HIQA Portal and HSE Safeguarding Portal

For the reporting of monitoring notifications and management of Safeguarding plans.

HSA Portal

Any employee injury resulting in an absence from normal duties for more than **three consecutive days (excluding the day of the incident)**

PICs and Team Leaders ensure adherence to reporting via above internal and external systems and oversee on local level risks and trends within the designated centre for people supported and employees.
On provider level the Wellness, Culture & Integration Team works collaboratively with the Health & Safety team to monitor and review the above systems, identify trends and risks on provider level and implements necessary actions to ensure adequate risk management.

All employees must adhere to the following to ensure the appropriate reporting of adverse events and incidents – Report all Health & Safety Incidents immediately on EPOE/NIMS, with the following examples:

Adverse Events
Any incident that results in harm to a person (physical or psychological) or damage to an asset (facilities, systems, financial, etc.).

Near Misses
Events that did not cause harm but had the potential to do so.

Clinical Incidents
Events that occur during the delivery of healthcare services that deviate from expected standards (e.g. pressure sores, etc.)

Sentinel/Serious Reportable Events
Unexpected occurrences involving death or serious physical or psychological injury, or the risk thereof, signaling the need for immediate investigation and response.

Medication Incidents
Any medication error or potential error involving medication, including prescribing, dispensing, or administration.

Incidents Involving HCWs, Public, and Property
Incidents affecting healthcare workers, members of the public, or causing damage to property are also reported.

Other Incident Types
NIMS also captures incidents like unexpected death, unreasonable use of force, unlawful sexual contact, neglect, and inappropriate use of restrictive practices.

If a person supported is engaging e.g. in Self Injurious Behaviours with no immediate injury, a potential injury note has to be completed on DMS system for the person supported. This note must clearly outline the behaviour displayed and potential risk and area of concern on person's body for a potential injury or harm (e.g. bruise, scratch, broken bone, etc.).

The detail of this potential injury note will inform if an injury occurs at a later stage, which requires:

Reporting via NIMS	Medical Intervention

Reporting

Report a Safeguarding concern on Viclarity as Internal Notification. All employees must report Safeguarding concerns in line with Aurora Safeguarding policy and complete a NIMS notification if there is an injury to a person supported requiring medical intervention/first aid, peer to peer, loss or damage of property.

All employees must report a Safeguarding concern via Viclarity as Internal notification and on NIMS where an employee is a person allegedly causing concern (PACC).

All employees must report a complaint received or identified via Viclarity system.

. Any employee injury resulting in an absence from normal duties for more than **three consecutive days (excluding the day of the incident)**

Events and incidents in line with monitoring notifications must be reported by the PIC to HIQA via HIQA portal within timelines (3-day monitoring notifications and Quarterly returns).

All employees must report incidents of potential child protection concern during on shift, please refer to Aurora Safeguarding policy.

Aurora applies Open Disclosure policy to the management of incidents above. All managers to ensure adherence to the policy and communicate incidents to all stakeholders in line with policy.

It is imperative that employees and managers take all necessary immediate actions to adverse events and incidents as per above list to ensure adequate risk management.

All managers must ensure to respond to incidents in line with relevant pathways and timeframes and implement necessary steps for review within their area of remit.

All managers, PICs and Team Leaders monitor the type and frequency of adverse events, e.g. health & safety incidents, medication errors, safeguarding issues, complaints and potential injuries within their areas (using NIMS, Viclarity and DMS). They implement improvements and prevent re-occurrence.

All managers, PICs and Team Leaders support their teams to learn from adverse events and incidents by discussing at e.g. team meetings, completing debriefs and/or Action Learning Analysis.

Following adverse events reporting the risk will be reviewed by the manager and risk rating and control measures will be agreed and implemented. A review date must be set to review the effectiveness of the controls.

The PICs and Team Leaders report to their line managers (WCI managers) via PIC reports and Quality Conversations on risk management within the designated centres. WCI managers report to the ADOS and DOS on designated centre and person supported risks at least on a monthly basis via WCI management and team meetings or earlier as required.

The Director of Services and Health & Safety are monitoring incidents on a monthly basis as part of Senior Management Team review and reporting to CEO.

Aurora's provider audits ensure regular auditing of risk registers across the service in line with Health Act Regulation 23.

7. Appendix 1 – HSE Risk Assessment Tool

HSE RISK ASSESSMENT TOOL

HSE Integrated Risk Management Policy, 2017

1. IMPACT TABLE

	Negligible	Minor	Moderate	Major	Extreme
Harm to a Person	Adverse event leading to minor injury not requiring first aid. No impaired Psychosocial functioning.	Minor injury or illness, first aid treatment required <3 days absence < 3 days extended hospital stay Impaired psychosocial functioning greater than 3 days less than one month	Significant injury requiring medical treatment e.g. Fracture and/or counselling. Agency reportable, e.g. HSA, Gardai (violent and aggressive acts). >3 Days absence 3-8 Days extended hospital Stay Impaired psychosocial functioning greater than one month less than six months	Major injuries/long term incapacity or disability (loss of limb) requiring medical treatment and/or counselling Impaired psychosocial functioning greater than six months.	Incident leading to death or major permanent incapacity. Event which impacts on large number of service users or member of the public Permanent psychosocial functioning incapacity.
Service User Experience	Reduced quality of service user experience related to inadequate provision of information	Unsatisfactory service user experience related to less than optimal treatment and/or inadequate information, not being to talked to & treated as an equal; or not being treated with honesty, dignity & respect - readily resolvable	Unsatisfactory service user experience related to less than optimal treatment resulting in short term effects (less than 1 week)	Unsatisfactory service user experience related to poor treatment resulting in long term effects	Totally unsatisfactory service user outcome resulting in long term effects, or extremely poor experience of care provision
Compliance (Statutory, Clinical, Professional & Management)	Minor non-compliance with internal PPPG's. Small number of minor issues requiring improvement	Single failure to meet internal PPPG's. Minor recommendations which can be easily addressed by local management	Repeated failure to meet internal PPPG's. Important recommendations that can be addressed with an appropriate management action plan.	Repeated failure to meet external standards. Failure to meet national norms and standards / Regulations (e.g. Mental Health, Child Care Act etc). Critical report or substantial number of significant findings and/or lack of adherence to regulations.	Gross failure to meet external standards Repeated failure to meet national norms and standards / regulations. Severely critical report with possible major reputational or financial implications.
Objectives/Projects	Barely noticeable reduction in scope, quality or schedule.	Minor reduction in scope, quality or schedule.	Reduction in scope or quality of project, project objectives or schedule.	Significant project over – run.	Inability to meet project objectives. Reputation of the organisation seriously damaged.
Business Continuity	Interruption in a service which does not impact on the delivery of service user care or the ability to continue to provide service.	Short term disruption to service with minor impact on service user care.	Some disruption in service with unacceptable impact on service user care. Temporary loss of ability to provide service	Sustained loss of service which has serious impact on delivery of service user care or service resulting in major contingency plans being involved	Permanent loss of core service or facility. Disruption to facility leading to significant 'knock on' effect
Adverse Publicity/ Reputation	Rumours, no media coverage. No public concerns voiced. Little effect on staff morale. No review/investigation necessary.	Local media coverage – short term. Some public concern. Minor effect on staff morale / public attitudes. Internal review necessary.	Local media – adverse publicity. Significant effect on staff morale & public perception of the organisation. Public calls (at local level) for specific remedial actions. Comprehensive review/investigation necessary.	National media/ adverse publicity, less than 3 days. News stories & features in national papers. Local media – long term adverse publicity. Public confidence in the organisation undermined. HSE use of resources questioned. Minister may make comment. Possible questions in Dail. Public calls (at national level) for specific remedial actions to be taken possible HSE review/investigation	National/international media/ adverse publicity, > than 3 days. Editorial follows days of news stories & features in National papers. Public confidence in the organisation undermined. HSE use of resources questioned. CEO's performance questioned. Calls for individual HSE officials to be sanctioned. Taoiseach/Minister forced to comment or intervene. Questions in the Dail. Public calls (at national level) for specific remedial actions to be taken. Court action. Public (independent) Inquiry.
Financial	0.33% of budget deficit	0.33 – 0.5% of budget deficit	0.5 – 1.0% budget deficit	1.0 – 2.0% of budget deficit	> 2.0% of budget deficit
Environment	Nuisance Release.	On site release contained by organisation.	On site release contained by organisation.	Release affecting minimal off-site area requiring external assistance (fire brigade, radiation, protection service etc.)	Toxic release affecting off-site with detrimental effect requiring outside assistance.

2. LIKELIHOOD SCORING

Rare/Remote (1)		Unlikely (2)		Possible (3)		Likely (4)		Almost Certain (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%

3. RISK MATRIX

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

8. Appendix 2 – Aurora Risk Assessment

Risk Assessment Form Aurora

Date of Assessment & Planning Meeting:					
Person Supported:				**D.O.B.**	
House Name:					
Meeting attended by:	**Name**		**Role**	**Signature**	
What is the Risk:					
Risk Description	**Impact/Vulnerabilities**	**Existing Controls Measures**	**Additional Controls Measures**	**Person's Responsible for Action**	**Review Date**

Initial Risk			Remaining Risk (To its Lowest Possible Level)			
Likelihood	Impact	Initial Risk Rating	Likelihood	Impact	Remaining Risk Rating	Status (Green/Amber/Red)

Additional Controls (Actions) Review Sheet

Number	Additional Controls	Additional Control (Action) Summary Update	Person Responsible for Action (If Changed)	Action Status Behind schedule/On Schedule/Complete Schedule	Next Review Date
Please sign and date the below confirming that you have read and fully understand the contents of the above mentioned "Risk Assessment"					

Signed By:	Date:	Signed By:	Date:

ACTION: ***If additional control measures are completed, please review & update a new Risk Assessment Form.***

In the event of an incident, what are the things you need to check or do?

Ensure everyone is safe.

Staff involved in the incident must report it on the EPOE by the end of their SHIFT

PIC/TL to check detail [language, accuracy & categorizing] approve/submit incident in the Incident holding/intake folder [EPOE onto NIMS] within 3 days of incident.

Is there a safeguarding concern?
YES
Staff involved need to complete a ViClarity internal notification before end of shift.

Is there a safeguarding concern?
UNSURE
If unsure please contact PIC/TL or Emergency Governance to clarify next steps.

Is it HIQA Notifiable?

PIC / TL / WCI Manager to complete through HIQA Portal within required 3-day notification timeline

Is it HSA notifiable?
If an employee has a work-related injury and are absent for 3 or more days PIC/TL to notify WCI Manager, H&S & HR.
Ensure the employee has a sick certificate noting work related injury.

PIC/TL to commence incident review [what-who-how-action] process on NIMS within the 3-day timeframe from date of incident.

PIC/TL to schedule debrief & offer EAP

PIC/TL to review & update all relevant documents/risk assessments/support plans for person supported as required