Kerry Parents & Friends Association

Risk Management Policy

Written by:	**Assistant Director of Services**
Reviewed by:	**Assistant Director of Services**
Approved by:	**Marie Linehan, Chief Executive**
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Distributed to:	**All Organisation**
Monitoring Mechanism:	**Assistant Director of Services**

Date Printed:

1   Introduction

1.1   Kerry Parents and Parents Association is committed to the protection of the health and safety of people who access its services. In order to ensure that the best practices are in place the organisation has identified a process, which is designed to promote a proactive approach to the assessment and management of risk, which complies with current Safety and Health at Work Legislation (1989-2005), whilst promoting independence, opportunities and skill acquirement for the people we support.

1.2   This document will be updated and revised in line with changes in legislation and National policy.

2   Aims of the policy

2.1   Kerry Parents and Friends Association aims to identify ways to support the people who attend our services to ensure that issues relating to risk and protection are addressed proactively.

2.1.1.   This document aims to ensure that staff are aware of the process for risk assessment and their responsibilities with regard to the continued management of risk.

2.1.2.   The policy will include procedures for the following:

Hazard identification and assessment of risks throughout the centre;

a) The measures and actions in place to control the risks identified;

b) The measures and actions in place to control the following specified risks:

   i)   The unexpected absence of any resident,

   ii) Accidental injury to residents, visitors or staff,

   iii) Aggression and Violence and

   iv) Self harm

c) Arrangements for the identification, recording and investigation of and learning from serious incidents or adverse events involving the people we support.

d) Arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the person's quality of life have been considered.

e) KPFA shall ensure that there are systems in place in the centre for the assessment, management and ongoing review of risk, including a system in place for responding to emergencies.

3   Scope of the Policy

3.1   This document applies to the people we support and staff, volunteers and planned visitors to the organisation, including contractors and service consultants.

4   Definitions

4.1   Hazard - something with the potential to cause harm
Risk can be defined as: - The likelihood of the harm occurring.
Control measures: A control measure is any process, policy, device, practice or other action that acts to minimise negative risk or enhance positive opportunities. (Appendix 1)

4.1.2.   A risk assessment is a careful examination of what, could cause harm to people, with a view to identifying what precautions should be taken.

5   Responsibilities

5.1   Organisational

5.1.1   KPFA will ensure that this document is made available to all staff and the people we support at the start of their employment / placement in the organisation.

5.1.2   It is the responsibility of KPFA to ensure there is a safety statement for the organisation, which is based on a risk assessment of activities in the workplace, and the relevant legislation.

5.1.3   KPFA is responsible for the appointment and training of safety representatives in its Centres

5.1.4   KPFA is responsible for putting in place a consultation process for employees. Health and Safety should be an agenda item for every staff meeting.

5.1.5   The organisation is responsible for ensuring that a clear risk assessment and management system exists within the organisation and is made known to all relevant staff members.

5.1.6   The Association has a legal responsibility for ensuring that the premises under their control incorporate a safe working environment.

5.1.7   KPFA must ensure that all that is reasonably practicable will be done to reduce and minimise risk.

5.1.8   KPFA must ensure that there is a system in place for safe procedures/working for each piece of equipment/activity.

5.2 Line Managers

5.2.1 It is the responsibility of all line managers to ensure that staff have access to this document during their induction to the service, and at all times afterwards.

5.2.2 Ongoing training for the people we support is the responsibility of all line managers.

5.2.3 Line managers must ensure that staff and the people we support are notified of the availability of training in the skills of risk assessment and management.

5.2.4 The line manager will ensure that staff are aware of the promotion of effective risk management, as identified in the organisation's other policies, procedures and guidelines, including, but not restricted to:

- All Health and Safety policies
- Each Centre's Safety Statement
- The document on the Delivery of Personal and Intimate Care.
- The document on the Management of Behaviour that Challenges.
- The document on the Medication Management policy and procedures.
- The document on Absconding. Missing Person/Absconding
- The Document on Safeguarding Vulnerable Adults at Risk from Abuse

5.3 Staff

5.3.1 Staff are responsible for ensuring that they are familiar with the contents of this document.

5.3.2 Staff must follow the procedures outlined in this document; staff found to be in breach of the procedures will be subject to Kerry Parents and Friends Association's disciplinary procedure.

5.3.3 Staff must ensure that they document all relevant information, incidents and events by following Kerry Parents and Parents Association's procedure on record keeping and risk assessment guidelines.

5.4 People we support

5.4.1 People we support/or advocate will discuss with staff, any exposure to risks which affect their well being / safety.

5.4.2 People we support/or advocate will discuss with staff, any episodes or events that affect their wellbeing / safety.

6   Incident Management

6.1   Incident Reporting

An incident form on the Xyea system must be completed for all incidents. Incident reporting shall include the identification, reporting, investigation, immediate corrective action and long term preventative action of all incidents.

Each member of staff has a duty to notify their line manager through the Xyea system of any Incidents or "Near Misses" they are involved in.

6.2   Incident Identification

All staff are responsible for the identification of incidents as defined in this document. The categories to which an incident may relate are:

- Absence without leave, whereabouts unknown.
- Implementation of care and treatment and ongoing monitoring/review.
- Medication error.
- Restrictive Practices.
- Disruptive, aggressive behaviour.
- Resident abuse (by staff/third party).
- Self-harming behaviour.
- Death.
- Slips, trips and falls.
- Infection control incident (including sharps injury).
- Medical device / equipment.
- Infrastructure (including staffing, facilities, environment).
- Fire related (including arson).
- Accidental injury to visitors, residents or staff.
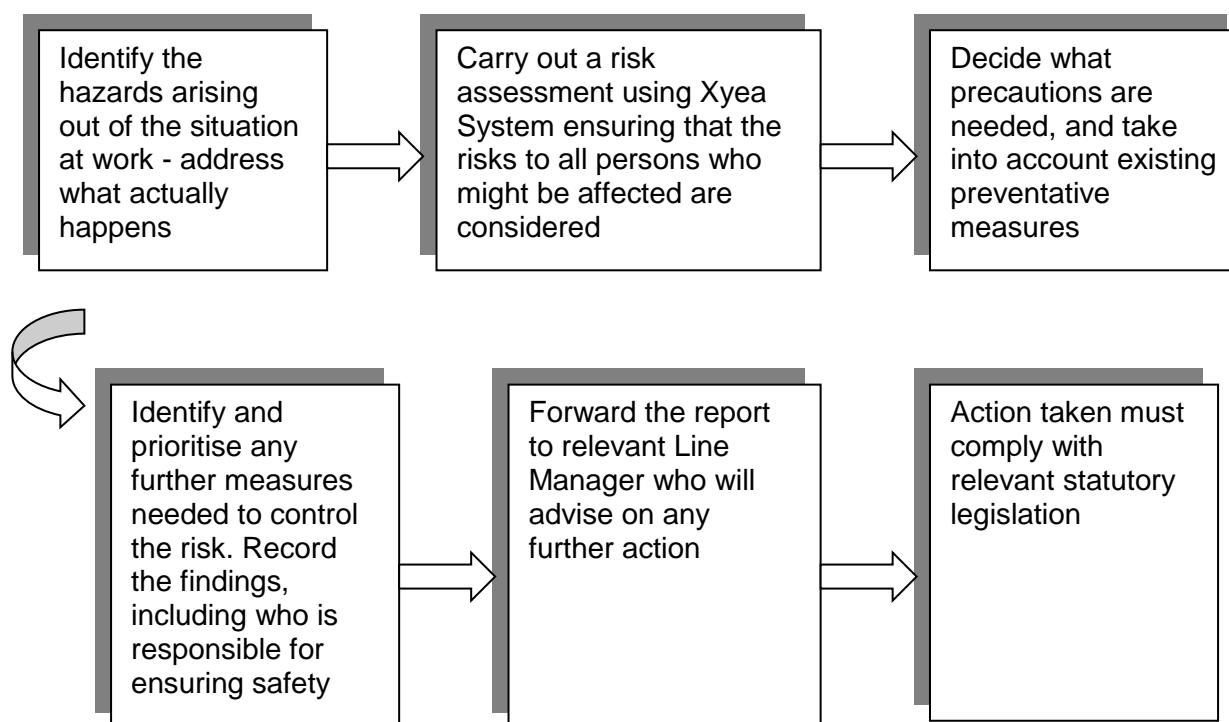
6.3   Corrective Action

All staff involved in the identification of an incident have the responsibility to determine whether corrective action is required immediately to minimise the effect of the incident or rectify the incident.

7   Risk Assessment

7.1   Any risk assessment process should not: -

- Be used to inhibit people.

- Be used to the detriment of the person's quality of life.

- Be a tool designed to limit activities inherent in every day lives.

- Stop at identifying risk. The challenge only begins when the risk has been identified.

7.2   The steps for carrying out risk assessments are as follows

Identify the hazards arising out of the situation at work - address what actually happens	→	Carry out a risk assessment using Xyea System ensuring that the risks to all persons who might be affected are considered	→	Decide what precautions are needed, and take into account existing preventative measures

Identify and prioritise any further measures needed to control the risk. Record the findings, including who is responsible for ensuring safety	→	Forward the report to relevant Line Manager who will advise on any further action	→	Action taken must comply with relevant statutory legislation

7.3   The assessment of hazards should identify how an accident could occur.

7.4   If a hazard is deemed to be present, the next step is to determine the likelihood of causing an accident and the consequences of this happening.

7.5   Some hazards are obvious such as those relating to machinery or chemical preparations. Other hazards may not be as obvious, but could be the cause of many accidents, e.g. untidy work areas, poorly maintained areas.

7.6   Hazards can include but are not necessarily limited to the following:

Physical Hazards

Health Hazards

Human Factors

Physical Hazards

- Mishandling goods
- Falling objects
- Fire
- Hand tools
- Introduction of new machinery
- Handling loads
- Faulty equipment
- People tripping, slipping or falling
- Hot substances or surfaces
- Collisions
- Electricity and electrical goods
- Poor housekeeping

Health Hazards

- Noise
- Unsuitable light levels
- Radiation
- Injury due to poor design of tasks or machinery
- Biological agents – virus, hepatitis, tuberculosis
- Dust levels
- Vibration
- Extremes of temperature
- Chemicals – flammability, exposure to skin or lungs

Human Factors

Some groups are particularly vulnerable, such as

- People we support
- Young workers
- New or inexperienced workers
- Pregnant workers
- Older workers

7.7 The risk assessment may be carried out by any staff who has received training in this area. All Staff will receive appropriate training.

7.8 The staff member must complete the Risk Assessment Form on Xyea using the Risk Matrix (see figure 3) following the guidelines for Risk management process (Appendix 2)

7.9 Risks that need to be escalated are to be assigned to the relevant Line Manager to ensure implementation of actions and review and that the process for risk escalation is followed (see figure 1). The Risk Register is updated simultaneously.

7.10   Reasonably practicable measures are required to either prevent accident occurrence or to limit the consequences. These measures need to be permanent in nature to achieve an ongoing reduction of risk.

7.11   The Line Manager will assist in making recommendations for the staff member to follow in circumstances where there are a range of issues under consideration.

7.12   Where risk has been identified which may prevent the individual from undertaking an activity or outing, the staff and Line Manager should ensure that all possible solutions have been explored to best manage the situation, so as not to limit the individual's independence or access to opportunity.

7.13   A regular review process should be in place for individuals who have been assessed as being at risk to themselves or others, the review should take into account changes in the individual's circumstances including but not necessarily limited to: -

- Improved staff ratio.

- Improved behaviour.

- Improved resources / building access.

- Improved financial opportunities.

7.14   The Risk Assessment of people we support is to be stored in their file or on the Xyea system until all individual risks have been inputted on the Xyea system.

8.0 Management of Specific Risks:

The following details Statements of Intent for key policies in relation to Risk Management.

8.1   **Unexpected Absence of a Person Supported**: KPFA shall follow missing person's procedure for person supported to define roles and responsibilities in the event of a person supported going missing. Review of risk assessment will take place and the incident recorded on the Xyea system.

8.2   **Accidental Injury to persons supported, visitors or staff:** All person's supported and staff at KPFA shall be provided with immediate assistance by the manager in the event of any injury or sudden illness. KPFA Incident policy will be followed to record follow up and conduct risk assessment on the Xyea system.

8.3   **Self Harm:** KPFA shall endeavour to protect each person supported from self harm through completing ongoing risk assessments to determine whether the person supported is at risk. Sufficient control measures will

be implemented on the basis of these assessments which will be recorded in the person supported individual file for any person who engages in self harm. KPFA will ensure they are assessed and under the care of a psychiatrist. Any person who engages in self harm will be appropriately assessed and their behaviour support plan will set out their specific support needs.

8.4 **Aggression and Violence:** KPFA is committed to providing a safe environment for all people's supported. KPFA has policies on the Management of Behaviour that Challenges and Safeguarding Vulnerable Adults at Risk from Abuse to deal with aggression and violence. Where a person supported is subject to aggression and violence this will be considered abuse under KPFA Safeguarding Policy regardless of who is the perpetrator of that abuse. KPFA will deal with all safeguarding issues as they arise with relevant risk management including control measures to ensure the safety and welfare of the person supported.

References

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Matheson Ormsby Prentice 2003. "Accidents and Claims Part 1". Shelflife Magazine.

National Patient Safety Agency Guidance Contributory Factors Classification System Version 1.

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The Safety Health and Welfare at Work Act, 1989 ("the 1989 Act"), Irish Government Publications, Dublin.

The Safety Health and Welfare at Work (General Application) Regulations, 1993 ("the1993 regulations"). Irish Government Publications, Dublin.

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The Health and Safety Authority "Guideline on Safety Statements" published 1996 updated 2002, reference 4/4. The Health and Safety Authority, Dublin.

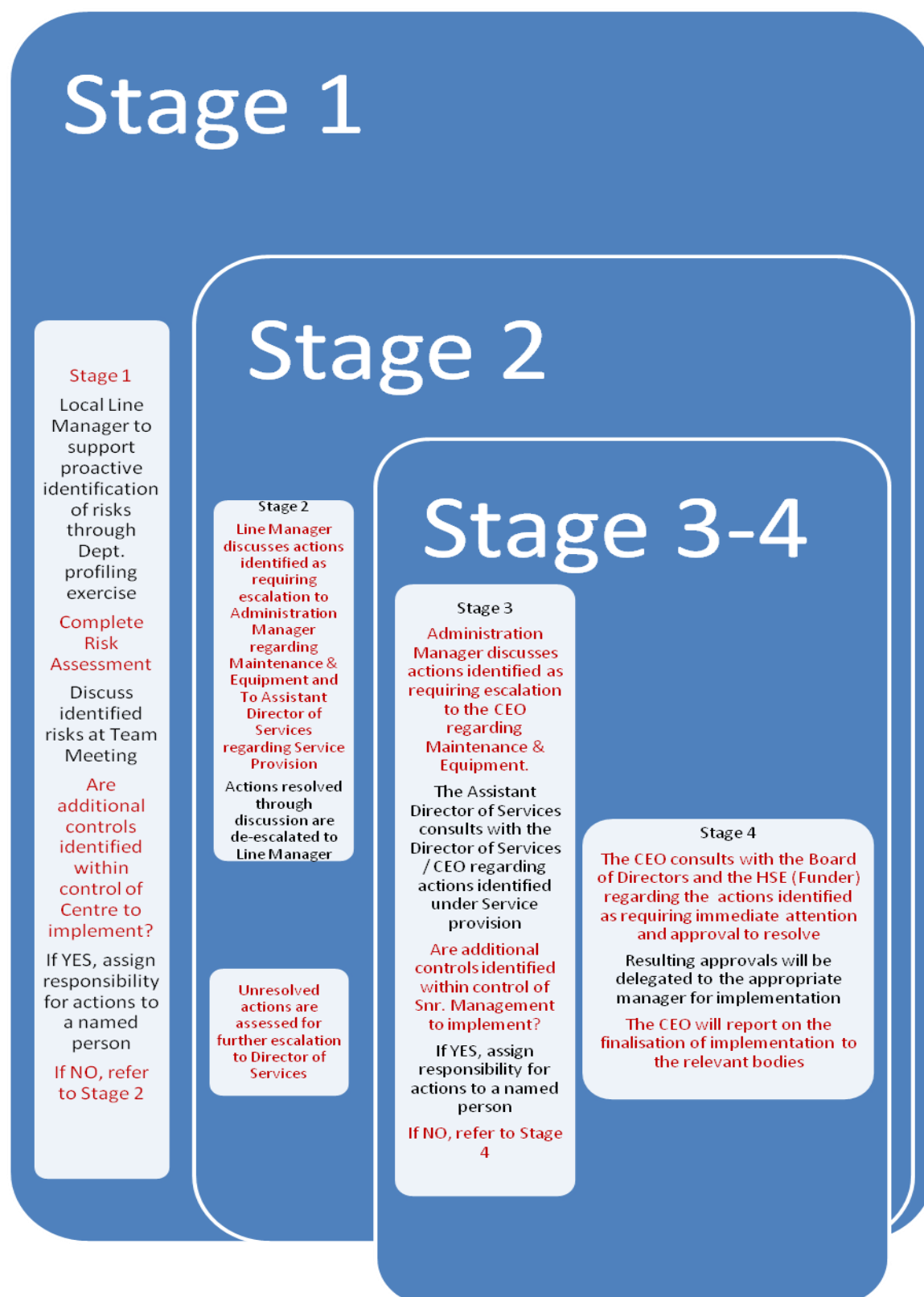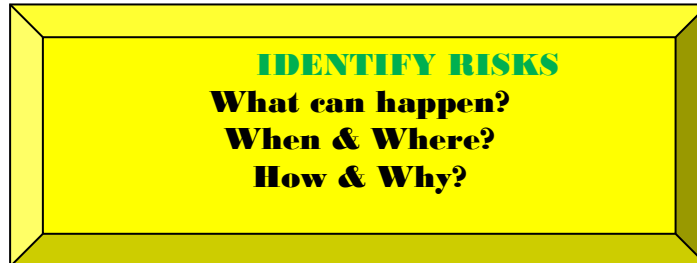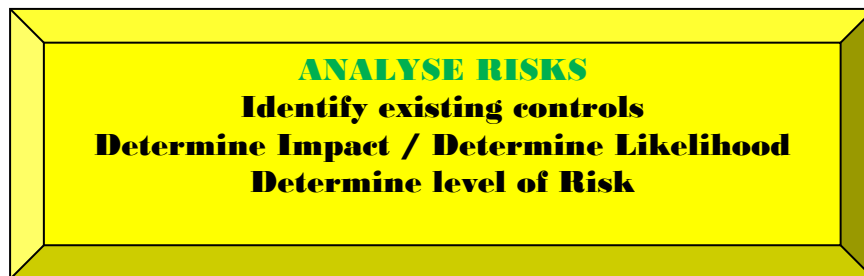**Figure 1**   **THE RISK MANAGEMENT PROCESS**

Stage 1

Stage 1

Local Line Manager to support proactive identification of risks through Dept. profiling exercise

Complete Risk Assessment

Discuss identified risks at Team Meeting

Are additional controls identified within control of Centre to implement?

If YES, assign responsibility for actions to a named person

If NO, refer to Stage 2

Stage 2

Stage 2

Line Manager discusses actions identified as requiring escalation to Administration Manager regarding Maintenance & Equipment and To Assistant Director of Services regarding Service Provision

Actions resolved through discussion are de-escalated to Line Manager

Unresolved actions are assessed for further escalation to Director of Services

Stage 3-4

Stage 3

Administration Manager discusses actions identified as requiring escalation to the CEO regarding Maintenance & Equipment.

The Assistant Director of Services consults with the Director of Services / CEO regarding actions identified under Service provision

Are additional controls identified within control of Snr. Management to implement?

If YES, assign responsibility for actions to a named person

If NO, refer to Stage 4

Stage 4

The CEO consults with the Board of Directors and the HSE (Funder) regarding the actions identified as requiring immediate attention and approval to resolve

Resulting approvals will be delegated to the appropriate manager for implementation

The CEO will report on the finalisation of implementation to the relevant bodies

Figure 2   **Risk Development Process**

Step 1

COMMUNICATE & CONSULT

Step 2

IDENTIFY RISKS
What can happen?
When & Where?
How & Why?

Step 3

ANALYSE RISKS
Identify existing controls
Determine Impact / Determine Likelihood
Determine level of Risk

Step 4

EVALUATE RISKS
Compare against criteria
Set Priorities
Treat Risks

Step 5

MONITOR & REVIEW

N.B.

It is important to communicate and consult and monitor and review throughout the development process. Identify & assess options, prepare & implement treatment plans and analyse and evaluate residual risk.

Figure 3

Rating Matrix

Likelihood and Impact Guidance for Risk Rating - Updated

IMPACT RATINGS	Guidance on Impact:	Rare (1)	Unlikely (2)	Possible (3)	Likely (4)	Almost Certain(5)
Extreme/ Catastrohpic (5)	Incident leading to death or major permanent incapacity. Event which impacts on large number of patients or member of the public. Permanent psychosocial functioning incapacity.	5	10	15	20	25
Major (4)	Major injuries/long term incapacity or disability (loss of limb) requiring medical treatment and/or counselling. Impaired psychosocial functioning greater than six months.	4	8	12	16	20
Moderate (3)	Significant injury requiring medical treatment e.g. fracture and/or counselling. Agency reportable, e.g. HSA, Gardaí (violent and aggressive acts). >3 Days absence 3-8 Days extended hospital stay. Impaired psychosocial functioning greater than one month less than six months.	3	6	9	12	15
Minor (2)	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.	2	4	6	8	10
Insignificant/ Negligible (1)	Adverse event leading to minor injury not requiring first aid. No impaired Psychosocial functioning.	1	2	3	4	5

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

L I K E L I H O O D

Risk Review Frequency:
Risks rated 1-3: 6 mths to 1 yr reviews
Risks rated 4-6: Reviewed monthly/quarterly
Risks rated 15-25: Reviewed weekly/monthly

Xyea

Appendix 1

Control Measures

What is a Control Measure?

A control measure is any process, policy, device, practice or other action that acts to minimise negative risk or enhance positive opportunities. It is essential consequently, when seeking to minimise the risk posed by any hazard to have in place sufficient controls.

Classification of Internal Controls

There are two main ways of classifying the nature of internal controls available

1. By function i.e. what are they attempting to do
2. By robustness i.e. their level of effectiveness in preventing risks occurring

Classification by Function

• **Preventative:**

These focus on preventing errors or exceptions, examples include:
- Standards, policies and procedures are the most basic type of preventive control.
- Segregation of duties also acts as a preventive control against fraud.
- Authorization / Approval levels also prevent the risk of an illegal act and are thus preventive in nature.

• **Detective:**

These are designed to detect errors or irregularities that may have occurred, examples include:
- Reviews
- Reconciliation
- Variance Analysis
- Audit

• **Directive:**

These are designed to tell employees what to do, examples include:
- Written Policies
- Reporting lines
- Supervision
- Training

• **Corrective:**

These are designed to correct errors or irregularities that have been detected, examples include:
- Continuity Plans e.g. major incident plans, business continuity plans
- Insurance
- Contract terms

Appendix 2

Guidelines for Risk Management Process
Kerry Parents and Friends Association

August 2017

Risk reviews
Risk management is dynamic in nature from the constantly changing external and internal environments. KPFA must monitor not only risks but also the effectiveness and adequacy of existing controls. Monitoring and review is a planned part of the risk management process and involves regular checking and reviewing. Analysing and learning from risk events, including near-misses, changes, trends, successes and failures is managed through the Quality and Standards monthly meetings.

The manager has the responsibility for ensuring monitoring and reviews happen within the appropriate timeframe. KPFAs monitoring and review process encompasses all aspects of the risk management process for the purposes of:

- Ensuring that controls are effective and efficient in both design and practice
- Obtaining further information to improve risk assessment
- Detecting changes in the external and internal context, including changes to risk criteria and to the risks, which may require revision of risk management and priorities
- Identifying emerging risks.

Risks must be reviewed in a timeframe relevant to the severity of the rating assigned to the risk. Document any actions or events that change the status of a risk, for example:

- Changes to a risk rating as a result of improvements in controls
- A new risk that has been identified.
- Following an incident

See the table below for timeframe for review:

Risks rated	Frequency of review
15 and above	Monthly
6 to 14	Every 3 months
1 to 5	Annually

The following steps outline the process for reviewing risks and associated controls. It is important to remember that each control has a review date independent of the associated risk and therefore has to be changed separately at each review. It is acceptable for the control review date and the risk review date to be the same

Step 1:
Review the **Details**: Ensure the details are still relevant and accurate. Take care to review the risk owner as sometimes a staff may no longer be within the particular services and the risk should be reassigned.

Review the **Description**: Does it describe the risk accurately ensuring that it is evident what the risk is due to such as "risk of injury due to tripping on high step"

Review the **Consequence:** does the consequence reflect what could happen if the risk was left unmanaged

Review the **Rationale** for the risk: this can be used to highlight how the risk exists or any specific reason why the risk is greater in this instance

DETAILS

Location/Unit: `<Choose From>` ⌄   ID: `____`

Title: `_____`

Owner: `<Choose From>` ⌄

Status: `Active` ⌄   Status Change Date: `_____`

DESCRIPTION

`_____`

CONSEQUENCE

`_____`

RATIONALE

`_____`

Step 2:
Review the **Category**: Is the risk in the correct category
Review the **Risk rating**: This is determined by how great the risk would be if no controls were put in place
If any financial impact has been included review to see if this is still correct

CATEGORY

Primary category: Secondary category:

`<Choose From>` ⌄   `<Choose From>` ⌄

RATING

❓ Likelihood: `<Choose From>` ⌄   Impact: `<Choose From>` ⌄   Score: `__` `_____`

FINANCIAL IMPACT

Yearly occurrences: `___`   Occurrence cost: `_____`   Annualised financial impact: `_____`

Step 3:
Review the controls associated with the risk: check that the description is relevant to the control

CONTROL DETAILS

Short Description:		**Organisation Wide:**	☐
Control in Force From:			
To:			
Status:	<Choose From> ▾		
Owner:	<Choose From> ▾		

Review the date that the control is in force until and change accordingly. This is best matched to the review date of the associated risk A drop down calendar is available when you click on the calendar symbol to the right of the box from hwere you can choose the next reveiw date.

CONTROL DETAILS

Short Description:		**Organisation Wide:**	☐
Control in Force From:			
To:			
Status:	<Choose From> ▾		
Owner:	<Choose From> ▾		

Review the description of the controls.
Are they still relevant ot the risk?
It is important that the controls accurately respresent the actions or equipment being taken to minimise the risk in practice.

DESCRIPTION

If the action or piece of equipment is not currently in practice it should be recorded as an unapproved control until it has been approved and is put into practice. To choose unapproved for a control click on the arrow to the right of the status option. There are four options available to choose from; In force; Overdue; Closed/Lapsed or Unapproved. Click on unapproved this highlights that you have identified a control that is needed to minimise the risk but it is not in force at present.

CONTROL DETAILS

Short Description:		**Organisation Wide:**	☐
Control in Force From:			
To:			
Status:	<Choose From> ▾		
Owner:	<Choose From> ▾		

Attach any actions that are necessary to support the controls such as the risk being discussed at team meetings.

For an unapproved control documentation attached should reflect the work being done to have the control approved this could include application for funding, maintenance requests etc

Attaach any documentation that is relevant to any action taken such as minutes of team meeting

Ensure that each control is related to a risk by ensuring the control has been attached to the risk

This is done on the risk assessment page in the box marked control measures. There are 2 options Option 1: Choose an existing control: this is where you have already completed the control and wish to attach it to the risk.

Option 2: Add a new control: this gives you the opportunity to generate a control from the risk assessment page.

Following this process the control will be related to the risk

Step 4
Review the Residual risk: This is the level of risk that remains after all efforts to identify and minimise the **risk** have been made. When reviewing the residual risk look at three main areas

1. How strong the controls are in minimising the risk

    Use the matrix which is located by clicking on the question mark beside the word "Likelihood" to review the frequency of the event

RESIDUAL RISK

❓ Likelihood: <Choose From> ▼   Impact: <Choose From> ▼   Score: [ ] [ ]

See rating history: ☐

2. Review the actual frequency of the event happening rather than using the wording in the likelihood rating such as "rare", "possible" etc. As all risk is possible the actual frequency of the event happening is the guide to setting the rating rather than the wording of the likelihood rating

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

L I K E L I H O O D

3. Review the impact of the event. For example if the event has happened a number of times in the past month and the impact was first aid treatment each time then the rating of minor would be used to determine the impact giving the risk a rating of 10

IMPACT RATINGS	Guidance on Impact:					
Extreme/ Catastrohpic (5)	Incident leading to death or major permanent incapacity. Event which impacts on large number of patients or member of the public. Permanent psychosocial functioning incapacity.	5	10	15	20	25
Major (4)	Major injuries/long term incapacity or disability (loss of limb) requiring medical treatment and/or counselling. Impaired psychosocial functioning greater than six months.	4	8	12	16	20
Moderate (3)	Significant injury requiring medical treatment e.g. fracture and/or counselling. Agency reportable, e.g. HSA, Gardaí (violent and aggressive acts). >3 Days absence 3-8 Days extended hospital stay. Impaired psychosocial functioning greater than one month less than six months.	3	6	9	12	15
Minor (2)	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.	2	4	6	8	10
Insignificant/ Negligible (1)	Adverse event leading to minor injury not requiring first aid. No impaired Psychosocial functioning.	1	2	3	4	5

I M P A C T

e.g.

RESIDUAL RISK

Likelihood: Almost certain | Impact: Minor | Score: 10 | Medium Risk

See rating history: ☐

Step 5

Use the Risk Review box to record any status change or anything relevant that emerges during a risk review

Remember to change the date of the next review by clisking on the review date box. A drop down calendar allows for setting the next review date

RISK REVIEW

Risk Review:

Last Review Date: | Review Date: 08/08/2017

Step 6

Use the documents attached box to attach any documents that support the efforts to minimse the risk such as minutes of team meetings or other meetings, maintenance requests etc

DOCUMENTS ATTACHED

Attach