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|  | **SR12- Risk Assessment Record** |  |

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| Operations/Work Activities covered by this assessment: | | | **Administration of medication to children in foster care** | | | | | | | | | | | | | | | | | | | |
| Site Address/Location: | | | Meadow house | | | | | | | Department/Service/Team: | | Fostering | | | | | | | | | | |
| **Note:** | | | | | | | | | | | | | | | | | | | | | | |
| Hazards  Considered  *Step 1 (Clause 3.1)* | Who might be  harmed and how  *Step 2*  *(Clause 3.2)* | Existing Control Measures:  *Step 3*  *(Clause 3.3)* | | | Risk Rating | Further action *Step 3*  *Consider hierarchy of controls i.e. elimination, substitution, engineering controls, signage/warning and/or administrative controls, (PPE as a last resort)* | | | | | Actions Step 4 (Clause 3.4) | | | | Risk Rating | | |
| Likelihood | Severity | Risk Rating | |  | | | who | when | | | complete | Likelihood | | | Severity | Risk Rating | | |
| *(Name)* | *(Date)* | | | *(Date)* |
| The wrong dosage of medication is administered to a child/ Wrong medication is administered to the wrong child  Child is able to access medication | Child is under/over medicated this could result in injury, death, or life limiting condition | **Ongoing safeguards:**  Foster carers should refer to the guidance provided in the safe caring policy.  Information should be included in placement request/ child’s risk assessment prior to the child being placed.  Medication recording forms should be routinely completed by the foster carer and checked by the supervising social worker as part of the foster carer’s supervision. | | | L | H | M | | Prevention    FC to complete mandatory training/ seek advice from SSW  GP/ paediatrician review | | | SSW/ FTM |  | | |  |  | |  | | |  | |
|  | Child may consume medication resulting in death | It is essential that the appropriate medication label is in place and Medication administered should be in accordance with the prescribers instructions  **Immediate action:**  In the event that the wrong dosage is given to a child immediate medical advice should be sought.  The child’s social worker and/or parents (if applicable) and supervising social worker should be notified immediately. Outside of office hours the Fostering out of hours team and EDT should be informed.  **Within 48 hours**:  The foster carer will be required to complete an incident report and debrief with the supervising social worker.  **Ongoing issues:**  If a reoccurring pattern emerges, further considering is to be given to additional training and the matter is to be discussed as part of the foster carer annual review process (foster carer suitability).  Foster carers are expected to complete mandatory training and any child specific training that is recommended by the Supervising Social Worker.  GP/ paediatrician review  FTM to report through well worker system on Mosaic. | | |  |  |  | |  | | |  |  | | |  |  | |  | | |  | |
| Near miss |  | In the event of a near miss, Inform the social worker, supervising social worker or the out of hours team should be informed.  The foster carer will need to complete an incident report and debrief with SSW within 48 hours of the incident.  Consideration should be given to Informing the child’s parents.  The safe caring policy should be updated following any near miss incident involving medication. Consideration should be given to any further support or training required.  FTM to report through well worker system on mosaic. | | | L | L | L | |  | | |  |  | | |  |  | |  | | |  | |
| Missing medication |  | All medication, including non-prescribed medication should be kept in original containers from the pharmacy or pharmacy-dispensed sealed packs and should not be decanted into other containers.  All containers for prescribed medication should be marked with the name of the person, the name of the medication, dosage strength, and directions for administration and date.  All medication, including non-prescription medication, should be safely stored in a locked cabinet which should be in a place in the house which is not affected by heat, light or moisture. Where medication needs to be kept cool it should be stored in a clearly marked box on the top shelf of the refrigerator. | | | L | L/M | L/M | |  | | |  |  | | |  |  | |  | | |  | |
| Wrong information/damaged/altered labels |  | All medication, including non-prescribed medication should be kept in original containers from the pharmacy or pharmacy-dispensed sealed packs and should not be decanted into other containers.  All containers for prescribed medication should be marked with the name of the person, the name of the medication, dosage strength, and directions for administration and date.  No prescribed medication can be given or altered without a doctor’s prescription or written confirmation from the relevant health care professional for that particular individual. | | |  |  |  | |  | | |  |  | | |  |  | |  | | |  | |
| A child may refuse to take medication |  | The refusal to take medication may also require the intervention by the person’s GP who will ultimately take responsibility regarding administration and offer further advice on how to proceed. This advice must be recorded in the person’s medication details form and, if appropriate, on the person’s support plan. | | |  |  |  | |  | | |  |  | | |  |  | |  | | |  | |
| Covert medication |  | Covert administration is when medication is administered in a disguised format without the knowledge or consent of the person receiving it (e.g. in food or drink).  Covert administration should never take place with people who are capable of deciding about their own medical treatment.  Permission should be sought from the GP/ paediatrician or health professional before administering medication covertly.  Giving medication by deception is potentially an assault. If carers have any doubts, they should speak their supervising social worker | | |  |  |  | |  | | |  |  | | |  |  | |  | | |  | |
| Consider if any additional hazards are created and control measures are required if this activity is undertaken in non-routine or emergency conditions | | | | | | | | | | | | Review Date (*Step 5*) : | | | | | | | | | | | |
| Assessors Signature: | | | | Date: | | | | Authorised By: | | | | | | Date: | | | | | | | | | |

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| **Potential Severity of Harm** | High **(e.g. death or paralysis, long term serious ill health)** | Medium | High | High |
| Medium **(an injury requiring further medical assistance or is a RIDDOR incident)** | Low | Medium | High |
| Low **(minor injuries requiring first aid)** | Low | Low | Medium |
|  |  | Low  **(The event is unlikely to happen)** | Medium  **(It is fairly likely it will happen)** | High  **(It is likely to happen)** |
|  |  | Likelihood of Harm Occurring | | |

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| **Risk Definitions** | |
| **Low** | Controls are adequate, no further action required, but ensure controls are monitored and any changes reassessed. |
| **Medium** | Consideration should be given as to whether the risks can be reduced using the hierarchy of control measures. Risk reduction measures should be implemented within a defined time periods. Arrangements should be made to ensure that the controls are maintained and monitored for adequacy. |
| **High** | Substantial improvements should be made to reduce the level to an acceptable level. Risk reduction measures should be implemented urgently with a defined period. Consider suspending or restricting the activity, or applying interim risks controls. Activities in this category **must** have a written method statement/safe system of work and arrangements must be made to ensure that the controls are maintained and monitored for adequacy. |