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**OHC Risk**

**Management Plan**

*The Risk Management Plan (RMP) is an important tool to help ensure worker safety. In extreme and high-risk cases, the plan is to be completed before the worker’s initial visit. A RMP is to be reviewed at least three monthly or as required in consultation with service users where appropriate and directed within ICH policy e.g., when an incident report or important information is received which identifies the requirement to complete a new RMP.*

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| **ICH ADMINISTRATION DETAILS** |
| **[ ]  Initial RMP [ ]  RMP Review** |
| **Family’s Name (on SRS)** |  | Date Completed | Enter date |
| **Name of OHC Worker** |  | Date for Review | Enter date |

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| **RISK CALCULATION TABLE**  |
| **Risk**  | **Consequences: what is the extent of consequence if incident occurs**  |
| **Likelihood**  | **Insignificant** | **Minor** | **Moderate** | **Major** | **Catastrophic** |
| Almost certain | **Medium** | **Medium** | **High** | **Extreme** | **Extreme** |
| Likely | **Low** | **Medium** | **Medium** | **High** | **Extreme** |
| Possible  | **Low** | **Low** | **Medium** | **High** | **High** |
| Unlikely | **Low** | **Low** | **Medium** | **Medium** | **Medium** |
| Rare | **Low** | **Low** | **Low** | **Medium** | **Medium** |

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| **RISK MANAGEMENT STRATEGIES** |
| **Please outline all the risks associated with the service user /child or young person or anyone associated with the family that need to be managed to safely work with the family and provide detailed strategies for managing the identified risks** |
| **Identified Risk***Type, cause, contributing factors, existing controls e.g., other agencies* | **Level of risk***Use calculation table* | **Risk Management Strategy** | **Expected risk level following mitigation** |
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| **If risk remains high or extreme following mitigation strategies, high risks require further discussion with CEO. In cases where extreme risks have been identified and cannot be mitigated to ensure the safety of the worker, the intervention will be unable to proceed until the risk can mitigated to an acceptable level.**  |

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| **ADDITIONAL SUPPORT REQUIREMENTS**  |  |
| **Please outline any additional training and/or supports required in order to effectively manage the risks identified above** *(e.g. staff to complete training, safety plan to be developed)* |  |
| **Support Requirement** | **Action/who is responsible** | **Date for completion** |
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| **CARERS INPUT** |
| Are the Carers responsible for any actions in the RMP? | Yes **[ ]**  / No **[ ]**  |
| Please outline the Carers involvement in the RMP and how this has been communicated to them.  |

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| **SIGNATURES** |
| **Relationship or Role**  | **Signature**  | **Date**  |
| ICH OHC Worker  |  | Enter date |
| ICH OHC Manager |  | Enter date |
| CEO (where risk is rated high or extreme following mitigation strategies) |  | Enter date |