

Appendix 1
HEALTH & SAFETY GENERAL RISK ASSESSMENT

<p>1. Area General Services</p> <p>Directorate All</p>	<p>2. Assessment No: 1</p> <p>Assessment Date: 20/04/2013</p>
<p>3. Activity/Process</p> <p>This assessment covers action to be taken in the event of Children and Young People receiving care and treatment in an area, ward or department not designated for paediatric (children and young people's) care.</p> <p>For the purposes of this document 'Young People or a Young Person' is defined as a person from fourteen to sixteen years of age.</p>	<p>4. Number of persons at Risk:</p> <p>1 _____</p> <p>2-5 _____</p> <p>6-10 _____</p> <p>10 plus_x_____</p>
<p>5. Hazards involved with the Activity/Process:</p> <p>Children and young people must have access to person-centred, safe and effective health services delivered by appropriately qualified and trained staff.</p> <p>Children and young people should receive their care at home, or as close to home, as possible. Where children must travel for care and treatment, for example, to specialist or tertiary centres, their follow up care should be arranged locally wherever possible.</p> <p>[The Quality Strategy, Scottish Government, 2010, Delivering a Healthy Future and Better Health, Better Care, Scottish Executive, 2007 and Getting it Right for Every Child, (Girfec) 2007].</p> <p>Children and young people may receive care and treatment in an area, ward or department not designated for paediatric care by staff who do not hold qualifications or have received training in the care of children and young people.</p> <p>This may result in the following unless controls are in place:</p> <ul style="list-style-type: none"> • Children and young people may receive an inequitable service to their peers who receive care in designated paediatric environments. • Children and young people may be at an increased risk of experiencing distressing sights and sounds that may cause them physical and emotional stress. • Staff may be unable to deliver safe, age appropriate care to children and young people without continuous access to advice, guidance and clinical governance from appropriately qualified and trained staff. • Staff may become confident in the care of children and young people with access to clinicians qualified in children and young people's care 24 hours per day every day of the year. • Staff must have access to specific age appropriate Care Pathways and have Risk measures in place. 	

<p>6. Existing Safety Measures/Controls</p> <ul style="list-style-type: none"> • Staff caring for and treating children and young people to follow guidance chart 'Care of Children and Young People' relevant to their area, ward or department. • Staff caring for and treating young people have access to guidance and expert paediatric opinion 24 hours a day, every day of the year. • Contact Nurse in Charge, Children's Assessment Unit (CAU) for advice and guidance at CAU, University Hospital Crosshouse: telephone 01563 827831 or fax 01563577812 • Provision of a safe and secure environment for children and young people by working in accordance with the European Charter for Children's Health (EACH Charter). • Staff caring for and treating young people have access to education and training relevant to the care of children and young people through NHS Ayrshire & Arran AthenA website, Learn Pro, and the following websites: http://athena/cwshs/childServ/Pages/default.aspx http://www.knowledge.scot.nhs.uk/child-services.aspx http://www.rcn.org.uk/development/publications 	
<p>7. The Risk(s) Remaining: (After Existing Control Measures)</p> <p>If there are none, or the residual risks are acceptable write "Controls Adequate" below & line manager signs Section 10 to signify approval of the assessment. If Risks still exist, detail them below and rate the Residual Risks & proceed to Section 8 if additional controls are required.</p>	<p>Risk Rating:</p> <p>Severity x Likelihood = Rating</p>
<p>8. Additional controls required: (To reduce residual risk(s) to as low a level as is reasonably practicable).</p> <p>Benchmark service provided and the environment of care against the 10 recommendations of the European Charter for Children in Hospital www.each-for-sick-children.org</p>	
<p>9. Additional Controls Agreed: [Yes/No] (If "yes" detail the action to be taken, ensure Action Plan is raised)</p> <p>Target Date for Implementation:</p> <p>1st May 2013</p> <p>Signature.....Jean A. Davies, Clinical Nurse Manager Paediatrics. (Senior Line Manager responsible for Activity /Process)</p>	

10. Line Manager/Assessment Approval/Review:

Revised Risk Rating:

Date Implemented:

Controls Effective: Yes/No

Comments

Signed and Appointment:

Date:.....

Name:

(Senior Line Manager responsible for Activity / Process)

Assessment Review Dates:

Date Due	Reviewed by	Signature	Date Reviewed	New Assessment Required
				Yes [] No []
				Yes [] No []
				Yes [] No []
				Yes [] No []
				Yes [] No []

RISK ASSESSMENT FORM CONTINUATION SHEET

(If Required)

<p>1b. Area</p> <p>Directorate:</p>	<p>2b. Assessment No:</p> <p>Assessment Date:</p>
<p>5b. Hazards Involved with Activity/Process (Continued)</p> 	

6b Existing Safety Measures/Controls (Continued):

Summary of Updates

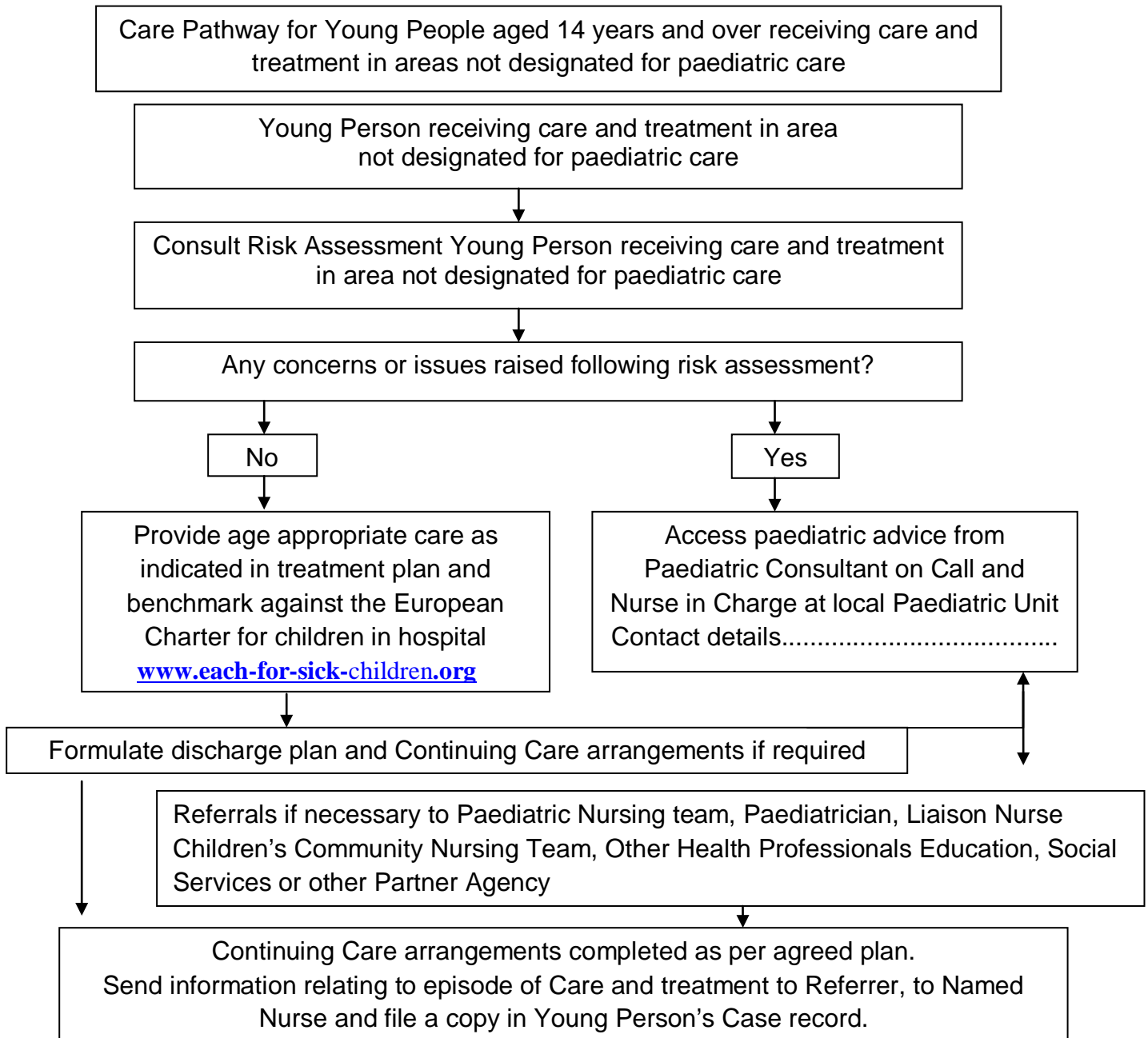
Date	Section	Update

Risk Rating

LIKELIHOOD	SEVERITY				
	1 Insignificant	2 Minor	3 Moderate	4 Major	5 Extreme
5 Almost Certain	5	10	15	20	25
4 Likely	4	8	12	16	20
3 Possible	3	6	9	12	15
2 Unlikely	2	4	6	8	10
1 Remote	1	2	3	4	5

Grade of incident	Risk	Actions
Low (1-3)	Acceptable	No further preventative action is necessary, but consideration should be given to more cost-effective solutions or improvements that impose no additional cost burden. Monitoring is required to ensure that the controls are maintained
Moderate (4-9)	Action Required	Efforts should be made to reduce the risk, but the cost of reduction should be carefully measured and limited. Risk reduction measures should normally be implemented within three to six months
High (10-15)	Immediate Action Required Unacceptable	If a new activity or process, it should not be started until the risk has been reduced. Considerable resources may have to be allocated to reduce the risk. Where the risk involves an existing activity or process, the problem should normally be remedied within one to three months.
Very High (16-25)	Immediate Action Required Intolerable	The activity or process should not be started or allowed to continue until the risk level has been reduced. While the control measures selected should be cost-effective, legally there is an absolute duty to reduce the risk. This means that if it is not possible to reduce the risk even with unlimited resources, then the activity or process must not be begin, or must remain prohibited.

Appendix 2



Record of Variance – To be filed in Young Person's Case Record

Date	Time	Variance Code	Description of Issue	Reason for Variance	Action Taken /Outcome	Initials