

Policy & Procedure Manual

RISK ASSESSMENT/MANAGEMENT – R-I-10

POLICY:

OPTIONS northwest is committed to ensuring that the safety of all recipients of service is a priority. All individuals supported by OPTIONS northwest will have a Risk Assessment completed within 6 months of coming into service, annually and as required when there are major changes in the individual's life.

The Risk Management approach will remain focused on enabling the individual to safely live as they choose while still providing the opportunity for dignity of risk.

PURPOSE:

1. To provide the necessary safeguards to protect the health and safety of all individuals supported when receiving services and supports by OPTIONS northwest in accordance with Ontario Regulation 299/10 Part II 5(4)(j).
2. To provide a format to assist individuals to identify any risks in their life, and, with support from staff and the person acting on their behalf, effectively manage risk.
3. To provide a method of ensuring consistency in the risk management process.
4. To ensure there is a procedure in place to record, document and determine whether the Risk Management Plan is effective.

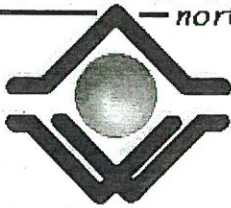
DEFINITION:

Risk:

Anything that has the potential of causing any real harm to an individual.

Risk Assessment:

A Formal Risk Assessment is the systematic identification, analysis and evaluation of risk. It leads to the development of plans to respond to potential incidents should they occur. Formal Risk Assessment takes what we do naturally and organizes it in a very clear and explicit way to ensure it is well measured and managed.



Personal Support Services

Risk Management:

Risk management is the process of finding ways to manage the risk in a given situation in order to minimize the potential of harm to the individual.

PROCEDURE:

1. To assist you through each step of the Risk Assessment and Management process, (A-D below) use the Risk Management Manual as a guide (Appendix A).

A) Risk Assessment Tool

1. A Risk Assessment Tool (Appendix B) will be completed by the Primary/Secondary Counsellor within 6 months of an individual coming into service with OPTIONS northwest. It will also be done annually and/or as required when there have been changes in an individual's life, health, environment, or sudden change (increase or decrease) in an individual's behaviour. (To complete see Section I of the Risk Management Manual)

B) Identifying and Rating the Potential Risk

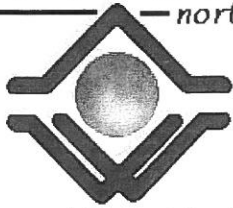
1. A Risk Management Rating Form (Appendix C) will be completed for each category that a "no" has been identified on the Risk Assessment Tool. (To complete see Section II of the Risk Assessment Manual)

C) Risk Management Planning

1. Risk management is an ongoing process that occurs regularly in the lives of the individuals we support. Common risks are identified and managed. There are times, however, when it is appropriate to take a more thorough look at the person's life with the specific intention of managing risk. (See Section III of the Risk Management Manual)

D) Breaking Down the Components

1. A Risk Management Plan will be completed anytime a risk has been identified and rated Moderate, Major or Catastrophic using the Risk Management Rating Scale. The individual, the person acting on their behalf, the Primary/Secondary counsellor, and/or Support Team will complete the Risk Management Plan (see Appendix D). Use the Risk Assessment Manual as a guide as you develop the risk management Plan. (See Section IV of the Risk Management Manual)



Personal Support Services

POLICY: R-I-10

DEPARTMENT: Personal Support Services

CATEGORY: Personal Planning and Supports

EFFECTIVE DATE: September 2013

SUPERSEDES REVISION DATED: N/A

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2. The Primary/Secondary Counsellor will be responsible for ensuring that the Risk Management approach remains focused on enabling the individual to safely live as they choose while still providing the opportunity for dignity of risk.
3. When a Risk Management Plan has been created, the "Plan Identified" box on the Risk Assessment Tool will be checked. The Plan will be filed in the Individual Support Plan Binder and noted in the Risk Management/Assessment Section of the Individual Support Plan. Once the plan is no longer a need or a new plan has been developed that plan will be moved to the back of the Risk Assessment/Management Plan Section of the I.S.P binder.
4. If there are any rights restrictions that are in place due to this process, the Risk Assessment and Risk Management documents will be forwarded to the Rights Review Committee (See Rights Assessment/Management Policy R-I-11) for review.

RECOMMENDED BY: Director, Personal Support Services

APPENDICES: 4

OPERATIONAL ACCOUNTABILITY: Administration, Personal Support Services
Administration, Personal Support Services

ORIGINAL POLICY DATE: September 2013

AUTHORIZED BY: Executive Director

SIGNATURE:

RISK MANAGEMENT MANUAL

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SECTION I – Risk Assessment Tool

The Risk Assessment Tool will be completed to allow the Primary/Secondary Counselor to identify all risks that may cause potential harm to the individual (see Appendix B).

Indicate on the Risk Assessment Tool a “Yes” or “No” for each question in the 10 categories.

When completing the Risk Assessment Tool it is necessary to consider the Individual’s support. **If the Individual is receiving support that either enables them or does it for them, then it should be treated as though they were doing it themselves. A “Yes” will then be checked off beside that item.**

A Risk Management Rating Form will be completed for each item that a “No” is indicated. To complete a Risk Management Rating Form see Section II – Identifying and Rating Potential Risk pg. 3.

Once a Risk Management Plan is complete the Primary/Secondary Counselor will indicate this on the Risk Assessment Tool by checking off the “Plan Identified” box. To complete the Risk Management Plan see Section IV Risk Management Planning pg. 5-11.

If a Risk Management Plan is not needed, this will be indicated on the “No Plan Needed” section of the Risk Assessment Tool.

Any particular risks unique to the individual that may not be addressed with the Risk Assessment Tool can be identified and added to the blank spaces in each category.

Example:

Let us say, for example, that Jim and his support team answered “yes” to all of the questions except for answered “no” in the Community Risk category. Jim and his Planning Team will need to now complete a Risk Management Rating Form and if needed complete a Risk Management Plan with Jim.

For an example of Jim’s completed Risk Assessment Tool see Section V-Example I - pg. 14.

SECTION II – Identifying and Rating the Potential Risk

1. Once a Risk had been identified on the Risk Assessment Tool, the Primary/Secondary Counselor will complete a Risk Management Rating Form (see Appendix C). To identify the potential cause of the risk, include the what, when, where and how.
2. Rate and explain all potential consequences for the risk using the Consequence Scale on the back of the form. This scale will rate the urgency and importance of each potential consequence.

Level	Consequence	Description
5	Catastrophic	The Consequence would be extensive and irreversible including death or permanent extensive disability to the individual or support worker.
4	Major	The Consequence could include serious but not permanent injury/disability; loss of home; imprisonment. It may also have Major Consequences to their health and well-being.
3	Moderate	The Consequence could include major soft tissue injury or minor fractures; arrest or conflict with the law; loss of employment or other valued activity; social isolation from family and friends. It may also have Moderate Consequences to the individual's health and well-being.
2	Minor	The Consequence could include nuisance injuries, inconvenience or delay of desired activities; negative attention and/or dishonor; straining of relationships with family and friendships; running out of funds. This may affect their health and well-being to a minor degree.
1	Insignificant	Consequences can be largely ignored or are self-resolving.

Consequence Scale

3. A Risk Management Plan will not need to be developed for any risks that are rated Insignificant or Minor on the Risk Management Rating Form.
4. Don't panic if the risk is rated Moderate, Major or Catastrophic. The Risk Management Plan will help you to begin thinking about what else you might do to lower the consequence rating to a tolerable level.

Example:

Continuing on with the example of Jim, When looking at Jim's Risk Management Rating Form (See Section V example II – pg.17), Jim and his Planning Team determine that this is a Major to Catastrophic Risk. They have identified certain skills and knowledge Jim lacks to be reasonably safe in the community.

SECTION III – Risk Management Planning

1. The Support Team should precede, one risk at a time, for any Risk that was rated Moderate, Major or Catastrophic. It is necessary to start with, and to give, priority to the highest rated risk. For every risk that requires a Risk Management Plan the Support Team will reexamine the reasons why it was identified.
2. The Plan is intended to take the complex and somewhat intimidating tasks of managing risk and break it down to logical smaller steps. It ensures that the Individual drives the process, and it places focus on finding the most cost effective solutions possible.

3. In the Risk Management Plan, there are only a limited number of variables that can be manipulated in order to develop a satisfactory solution.
4. The Support Team should be continually reminding themselves to empower the Individual to do their own risk assessment and management and that they have the right to make informed choices.
5. As the Support Team starts to develop a Management Plan, they should determine if the Individual can identify an adequate option for themselves. If that is unsuccessful, the Support Team should then step through the Risk Management Plan.
6. The process of Risk Management is broken down into distinct and isolated steps. It is important to note that these steps are described separately only for the sake of clarity. What the Team will find as it implements these ideas is that, while many of the steps will be distinct and separate, many will also blend together.
7. Risk Management, will often be an on-going process. This will be the case whenever the method of managing one or more risks consists of a multi-step process.

An example of a completed Risk Management Plan is provided in Section V pg. 19-23 for review as you go through each component in the plan.

SECTION IV - Breaking Down the Components

A. Listening (See Section V Example III – pg.19)

Overview: The purpose of the Listening Section of the Risk Management Plan is to ensure that the reasoning behind the Individual's choice is understood. The primary importance here is to determine the most fundamental goal the Individual has for making the choice that has led to the risk. Once that is understood, the emphasis becomes that of helping the Individual to achieve that goal in the safest manner. The key issue is that all people sometimes make poor choices simply because they do not know how best to go about getting what they want. By probing this area of the plan first, it provides the Individual with more choices. However, if you cannot successfully manage the risk in this section, other sections of the Risk Management Plan will need to be explored.

Question 1(a) Is the risk a direct result of a personal choice?

The goal here is to determine whether the risk is present because of a personal choice made by the individual. Sometimes, however, it may not be so easy to determine. It is recommended that if there is any uncertainty with this question that the Support Team answers "Yes".

Example:

For example, Jim and his Support Team are using this tool to help him manage a risk identified on the Risk Assessment Tool and Risk Management Rating Form. Recently, Jim has been indicating that he would like to access the community independently. The Team, using the Risk Management Plan to assist them, sees that the first thing they must assess is whether the risk is present because of a personal choice. They are confident that it is, so they answer "Yes" and proceed to the next question.

Question 1(b) Can the person get what they really want in some other way that will eliminate the risk?

Once the Planning Team decides that the identified risk is a result of personal choice, they must then determine the following:

- What is the Individual communicating by their choice?
- What does the Individual really want to attain?
- Is it likely that there is a safer and more effective way for the Individual to get what they really want?

The Support Team must take the time to properly assess the above even if the answers seem obvious to them. It is crucial to good risk management to understand the reasons.

Example:

Let us look again at Jim who has mentioned he wants to access the community independently. To determine why he wants to do this, his Support Team formulates questions that they feel will get the most objective and accurate result. In Jim's case, many reasons could be motivating him. Here are two possibilities that help to illustrate the importance of evaluating Jim's motives:

1. He wants to go out to get away from a roommate who has been troubling him.
2. Jim wants to go out to experience a sense of freedom and independence.

It is clear from these two examples that, a clear understanding of Jim's motives are vital to properly supporting him.

Once the motives were understood, the Planning Team would use this information to determine how to proceed. Should Jim's situation be similar to the second possibility, (he wants to go out and experience a sense of freedom and independence), there would not be another way for him to achieve his goal using the Listening Section of the Risk Management Plan. His Planning Team would therefore proceed to Providing Learning Experiences on Page 2 of the Risk Management Plan. On the other hand, if the situation were closer to the first possibility, the Team would need to proceed differently. In terms of approach, they have a couple of options:

The Team could identify that what Jim really wants is freedom from his roommate. They could then continue working through The Plan since there are probably safer and more effective ways that he could achieve this goal. This approach which is the better of the two, would take the team to the next question 1(c) Develop and Present Possible Options for me to Choose From.

Question 1(c). Develop and present possible options for me to choose from.

Having determined that it might be possible for the Individual to get what they really want in some other manner, the Team should develop options for the Individual to choose from. When doing this, the Team should focus on developing a wide range of options that both eliminate the risk (or bring it to an acceptable level) and not create new risks. They should attempt to be creative and to involve the Individual as much as possible.

Once the options are developed with the Individual, take the time to describe the options including the pros and cons.

Example:

Continuing with Jim, his Planning Team might present him with one or a combination of the following options:

- The opportunity for conflict resolution with the person who is troubling him and telling this person how he feels.
- The opportunity to change the location of his room.
- The opportunity to change the location of his room and making sure that it could be locked.
- The opportunity of moving to a different home.

Question 1(d) Can I agree to any of these options?

Having presented the Individual with options, solicit their opinion regarding these options. You will need to determine whether any of the options are acceptable to them. In the case that more than one option is acceptable, try to have the Individual rate them from most preferred, making sure that they are aware of the consequences associated with each choice.

If none of the options are acceptable to the person, then go back and start over.

For example, Jim in general, may like his home and be willing to try a room further from his roommate.

Question 1(e) I would like to try this option.

Try the options that the person identified as the most preferred. This may require coming up with an Action Plan detailing how this will be done. The Team should also determine when to re-evaluate this situation.

Question 1(f) Set a date to review my plan. Is the risk managed? Is it still acceptable to me?

For this approach to be successful, it is important that the identified risk is indeed managed and that the Individual is satisfied with the situation. The Team should also take the time to determine whether any new risks have arisen from the situation that may now need to be addressed.

If the risk is not managed or the Individual is not satisfied with the situation, then go back to the beginning and start over.

Example:

Using the Example of Jim, he was satisfied with changing the location of his room and this part of The Plan was successful. It was then determined that Jim would still like to access the community independently. There would not be another way for him to achieve his goal using

the Listening Section of the Risk Management Plan. His Planning Team would therefore proceed to Providing Learning Experiences of the Risk Assessment Plan.

Success?

Success in the context of Risk Management, means that the Individual is now “reasonably safe” in regards to the identified risk.

B. Providing Learning Experiences (See Section V Example IV pg.20-21)

Overview: The purpose of this page is to investigate whether the risk can be managed by assisting the Individual to gain skills to better handle the situation.

Question 2(a) Is the risk a direct result of a personal choice?

If the Support Team has reached this section of the plan, it is either because the risk is not a direct result of a personal choice or it could not be managed in the “Listening” section.

Question 2(b) Is my risk due to a lack of skill or experience?

- When evaluating whether or not the risk is present because of a lack of skill or experience, the Support Team will need to clearly identify the minimum skills and or knowledge required ensuring the reasonable safety of the Individual.
- Once that is done they will need to determine in which area, if any, the Individual requires new skills. If the Individual is lacking in any of the minimum skills, The Team should identify them, consider the answer to be “Yes” and proceed to Question 2(d). It may be, however, after the Support Team has identified the minimum skills that they discover that The Individual is not lacking any of those skills and that The Individual is indeed reasonably safe in regards to this risk. In this case they will want to document their conclusion.

Example:

Jim, who wanted to access the community independently, is a good example here. If at the “Listening” section of the Risk Management Plan the Team determined that his motives were simply to experience freedom and independence, the Planning Team’s next step would be to identify the minimum skills that he needs. These would be skills that he does not currently possess or has never demonstrated. Jim’s team may determine that in order to be reasonably safe accessing the community independently, he needs to:

- Learn how to call home.
- Be made aware of the most common potential dangers and how to deal with them. The Team would want to be specific in this regard and spell out what this would include: getting lost, getting hurt accidentally and being harassed or assaulted.

Question 2(c) Is gaining the skill and/or knowledge a feasible option?

Having determined, in the previous question, the minimum skills that must be acquired, the Support Team must now determine if it is possible and practical to manage the risk by helping

the individual to gain these skills. They should consider the following factors when evaluating this:

- Is the Individual capable of acquiring the necessary skills? In some cases it will be unrealistic to expect a person to acquire even the minimum level of skills. When assessing this, however, The Team must be careful not to conclude that the person is not capable without good cause. Again, when in doubt, choose in favor of the Individual.
- What would the time requirement be? Remember, risk management is a process that enables people to safely do what they want. So, when determining the feasibility of this option, the Support Team must be practical. If they feel that it would take this Individual too long to gain the necessary skills, then they should determine this option to be unfeasible.
- Are there financial considerations? In some cases, this may be a limiting factor. Be sure to explore special funding sources before determining this option to be unfeasible.

Question 2(d) Am I willing to work at gaining the needed knowledge or experience?

Before proceeding further in this direction, it is important to verify with the Individual that they are willing to pursue a solution in this manner. Make sure that the individual knows the basics of what this would mean to them especially if it means postponing their plans while they develop these skills. In the event that the individual is willing to try this, it is understood that should they change their mind at any time during the process; the Individual's decision will be respected.

Question 2(e) Help me to develop and initiate a method of implementing the plan.

The Planning Team must attempt to develop a method that is as simple and easy as possible, always keeping the individual's strengths and weaknesses in mind. The method should be reflected in the Support Plan to ensure proper follow up.

Once the method is developed, the individual should have a good idea of what they will have to achieve, how this will be accomplished, and how long it will take. They should know when progress will be evaluated. Also, it must be made clear to them, should they not be able to acquire these skills, another solution will be developed.

Example:

Jim's Support Team decided to start with a brief sketch of the method Jim would use to acquire the skills they identified. They then used an Action Plan to specify and detail their results:

PLAN 1

Goal – Learn how to call home.

Method – Jim will learn to keep a piece of paper with his home phone number and a couple of quarters in a separate part of his wallet. He will learn to contact the group home by locating a pay phone and dialing the number.

Question 2(f) Set a date to review my Plan. Am I gaining the sufficient knowledge or skill?

When evaluating whether the individual is gaining sufficient knowledge and skills, the Support Team is to use the minimum requirements they identified in question 2(b) as the criteria. Also, they should consider the following before accepting a final answer of “No” to this question:

- Will allowing more time increase the likelihood of success?
- Can the approach be modified to permit better results? For instance, is there a better teaching technique that could be utilized or a resource accessed that would better enable the Individual to reach their goal?

** If neither of the above is considered likely to succeed, then the answer is “No” and the Support Team should proceed to the next section, “Changing My Environment” of the Risk Management Plan.

Question 2(g) Explain how you can gradually increase exposure to risk

At this point, the Support Team is fairly confident that the individual has the knowledge and skills necessary to deal with the risk. The skills themselves will have been developed but the individual, as yet, does not have any experience at applying the skills in a “real life” situation. Therefore, the next step is to apply the skills and knowledge to the identified risk so that the individual can develop some experience at handling the situation.

Example:

In Jim’s case, his Support Team may handle this step by developing and implementing another Plan, by setting a new goal and method for obtaining it. For each step in each new Plan, it will be necessary for Jim to show that he can handle the step before moving on to the next. It may be necessary for The Team to make the steps smaller and over a longer period of time if Jim is having problems.

Question 2(h) Am I now safely capable of dealing with the risk on my own?

Identify if I am capable of dealing with the risk on my own.

Success?

In Jim’s case this was not successful. The Planning Team discovered that Jim could not locate any phones on his own, other than the ones he had been shown.

C) Changing the Environment (See Section V Example V – pg.22)

Overview: This page investigates the possibility of managing the risk by changing the individual’s environment.

Question 3(a) Can the risk be managed by changing my environment?

Changes to the environment would include any changes to the individual’s surroundings.

Example:

In the last stages of the Section, “Providing Learning Experiences”; question 2(f), Jim’s Support Team discovered that Jim could not locate any pay phones on his own other than the ones he had been shown. Because Jim has a tendency to become more and more confused if

something goes wrong, his Support Team could not consider him successful until this was dealt with. They felt he had gone as far as was feasible in gaining skills so they started to consider the option of changing his environment. In considering how this could be done to manage his particular risk, the idea of a cell phone was brought forth.

Question 3(b) Is this a feasible option?

Financial considerations will most likely be the biggest factor in answering this question. Remember that there may be some way of tapping into special funding. Also, sometimes a little creativity can come up with a less expensive way of doing the same thing.

Example:

Jim's Planning Team liked the idea of a cell phone but they initially thought that it was not feasible for financial reasons. After discussing this at a planning session, it was discovered that Jim had an aunt who was willing to cover these expenses if Jim would benefit from it.

Question 3(c) Am I willing to go this route?

Determine whether the individual is agreeable.

Question 3(d) Explain what changes will need to be made?

Make the changes to the environment. If there is a need to help the individual gain skills to deal with these changes, complete the "Learning Experiences" Section of the Risk Management Plan.

Example:

Jim was more than pleased with the cell phone idea. He did, however, need to learn how to operate and care for it. He also needed to understand the importance of using it only when needed because it was more expensive than using a regular phone.

Question 3(e) Is the risk managed?

The Support Team must now decide if the changes they have made are sufficient to consider the individual is reasonably safe in regards to this risk. If they initially properly identified the minimum requirement for the individual to be reasonably safe, then the risk can be considered managed.

Success?

D) Dealing with Difficult Situations (see Section VI Example V – pg.23)

Overview: If the Support Team reaches this point, it is most likely because the Team is dealing with a conflict between managing risk and the individual rights. That is to say that there are no possible solutions with which the individual is willing to be involved. This Section is designed only to serve as a rough guide for these situations.

First of all, it must be acknowledged that, in some cases, OPTIONS northwest may not be able to respond to the risk. The individual's right to refuse service and their right of choice must be respected. This does not, however, imply that it becomes acceptable to overlook risk because of choice. At this point, there are still decisions that must be made in regards to the identified risk. There is still a wide range of options available to the Support Team. These options range

from simply documenting the work that has been done in attempting to manage the risk. Each situation will have to be evaluated separately.

In an attempt to help the Support Team to weigh its options, it is recommended that they use the scale below to assess the seriousness of the situation. The Support Team should evaluate these as objectively as possible and then consider the overall rating.

What is the severity of the potential harm due to this?	Not very severe	Moderately severe	Very severe
What is the reasonable likelihood of the potential harm occurring?	Not very likely	Moderately likely	Very likely

Given a result of “not very severe” and “not very likely” the Planning Team may consider it acceptable to do no more than document their work. On the other hand, situations of a more serious nature may require more serious steps.

If the Planning Team reaches this stage in their efforts, they should consider the following:

- Involving other resources
- Notifying the appropriate Supervisor/Senior Manager/Executive Director
- Notifying the Public Guardian office
- Access OPTIONS northwest Internal Rights Review Committee (see Rights Assessment/Management Policy R-I-11).

SECTION V

- A) Risk Assessment Tool – Example I
- B) Risk Management Rating Form – Example II
- C) Listening - Example III
- D) Producing Learning Experiences – Example IV
- E) Changing Environment – Example V
- F) Dealing with Difficult Situations – Example VI

Risk Assessment Tool

Individual's Name: JIM

(To complete see Section I page 3 of the Risk Management Manual)

Indicate a “Yes” or “No” for each of the items below. Complete all items. **If the individual is receiving support that either enables them or does it for them, then it should be treated as though they were doing it themselves. A “Yes” will then be checked off beside that item.** A Risk Management Rating Form will be completed for each item that a “No” is indicated. A Risk Management Plan will need to be completed for any risk that is rated Moderate, Major or Catastrophic. Once a Risk Management Plan is in place, please check off the “Plan Identified” box. This plan will be filed in the Individual Support Plan binder. Any risks that are rated Insignificant or Minor will not require a plan and the “No Plan” box can be checked off. Please file all Risk Management Rating Forms in the appropriate section of the Individual Support Plan Binder along with the Risk Assessment Tool. Any particular risk unique to the individual that may not be addressed on this form can be identified and added to the blank spaces in each category.

Areas of Life to be Investigated	YES	NO	Plan Identified	No Plan
1 Making Decisions/Choices				
I am able to make decisions and express preferences in all areas of life. i.e. a method to express preferences, refuse interventions initiated by providers.	✓			
I have access to information and experiences that assist me in making decisions about my life.	✓			
I have people, in addition to service providers, I can access for support and information needed to make decisions about my life (i.e. my Planning Team)	✓			
I have the opportunity to express concerns related to the support I receive.	✓			
2 Personal Income				
I have a stable source of income that covers basic living needs, including shelter, food, transportation, and clothing.	✓			
I have a safe and effective management of this income to ensure that my basic needs are met.	✓			
I have a plan to budget my own finances.	✓			
I am able to manage my finances independently or with support without risk to myself.	✓			
I have support to make my own financial decisions.	✓			
3 Housing				
I have the basic furnishing necessary for daily living, including a bed, chairs, table and lighting.	✓			

	I live in an environment where I feel safe and where there is access to needed resources.	✓			
	My house is kept safe and clean	✓			
	I have access to a recreation area or common areas in my house.	✓			
Areas of Life to be Investigated		YES	NO	Plan Identified	No Plan
	Exits in my home are kept clear at all times	✓			
	All my appliances and furnishings are clean and are in good condition.	✓			
	All hazardous household products are stored safely within my home.	✓			
	I have a bed that is the appropriate size for me.	✓			
	I have a suitable mattress and bedding appropriate to weather.	✓			
	I have sufficient space to keep my personal possessions and to pursue hobbies and interests without unwanted or unwarranted intrusion from others.	✓			
	I have an exterior window and window coverings.	✓			
	I am able to access my residence independently.	✓			
4	Health and Wellbeing				
	I have a daily routine that meets my needs that is formal or informal.	✓			
	I have a plan in place for any Mental Health concerns.	✓			
	I have a plan in place for any physical health concerns.	✓			
5	Mobility				
	I have a steady gait and no documented history of falling, or other concerns that affects my mobility.	✓			
	I have the means to move about my home and community environments to the extent necessary to satisfy basic needs.	✓			
	I am able to go out independently without risk to myself.	✓			
	I can stand, sit, transfer or reposition myself independently.	✓			
6	Community Risk				
	I am independent and able to go out into the community without my staff support. (if no is this something I would like to be able to do?)		✓		
	I am aware of what is legally acceptable in the community.		✓		
	I am aware that people may take advantage of me while in the community.		✓		
	I know and I am aware of boundaries with others when out in the community.		✓		
	I am aware of what is socially acceptable in the community.		✓		

Areas of Life to be Investigated		YES	NO	Plan Identified	No Plan
7	Risk or Injury to Self				
	I do not display self-directed destructiveness related to self-injury; pica; and/or suicide attempts which seriously threatens my own health and safety.	✓			
	I have not discussed verbally or written threats of suicide.	✓			
8	Networks				
	I have relationships with people outside my support staff.	✓			
	Others are able to understand the way I communicate. (This may include speech, signing, adaptive devices and communication dictionary).	✓			
	✓ I have people, in addition to service providers, I can access for support and information to help me develop healthy relationships and build networks in my community.	✓			
	I have opportunities to meet new people in the community.	✓			
	I have the ability to network independently without risk to myself.	✓			
9	Appearance and Hygiene				
	I am able to minimize health related risks through adequate personal hygiene and clothing choices that are appropriate for weather conditions.	✓			
	I maintain good hygiene and appearance so I do not restrict where I can live, work and socialize.	✓			
	I have a hygiene protocol in place.	✓			
10	Education/Information				
	I have been provided information regarding my prescription medication.	✓			
	I have been provided information regarding my diet and nutrition.	✓			
	I have been provided information regarding my personal hygiene.	✓			
	I have been provided information regarding my personal fitness.	✓			
	I have been provided information regarding my sexuality/sexual health.	✓			
	I have been provided information regarding my self-esteem and well being.	✓			
	I have been provided information regarding the skills needed to develop relationships.	✓			

Name of person that supported or assisted me to complete the Assessment Tool

Signature: _____ Date: _____

RISK MANAGEMENT RATING FORM
Identifying and Rating the Potential Risk

(To complete see section II page 3 of the manual)

Individual's Name: _____ JIM _____

Potential Cause of Risk: _____ I would like to access the community independently.

Rate all Potential Consequences for:

Rate and explain all potential consequences for the risk using the Consequence Scale on the back of the form. This scale will rate the urgency and importance of each potential consequence.

Self (e.g. physical harm, either deliberate or accidental);

Explain:

- I could become confused, get lost, be physically harmed by another person including getting hit by a vehicle, be harassed or assaulted.
- Unable to dress appropriately in the winter, I may be exposed to elements.

Opportunities (e.g. loss of home situation, employment, recreation/leisure);

Explain:

- If I am injured there could potentially be a loss of recreation or leisure activities for an extended period of time.

Others: including support staff, family, roommates, etc... (e.g. physical harm, relationships);

Explain:

- Should I decide to move out, it could affect my relationships with my roommates.

Property/Environment (includes personal belongings, those of others; homework and public places)

Explain:

- I could become confused and frustrated trying to access services on my own.

	Rating
<p>1 2 3 4 ⑤</p>	<p>1 2 3 4 ⑤</p>
<p>1 2 ③ 4 5</p>	<p>1 2 ③ 4 5</p>
<p>1 ② 3 4 5</p>	<p>1 ② 3 4 5</p>
<p>1 2 3 ④ 5</p>	<p>1 2 3 ④ 5</p>

(Any rating that is Moderate, Major or Catastrophic a Risk Management Plan is required)

Do I require a Risk Management Plan? YES NO

CONSEQUENCE RATING SCALE

Level	Consequence	Description
5	Catastrophic	The Consequence would be extensive and irreversible including death or permanent extensive disability to the Individual or Support Worker.
4	Major	The consequence could include serious but not permanent injury/disability; loss of home; imprisonment. It may also have Major Consequences to their health and well-being.
3	Moderate	The Consequence could include major soft tissue injury or minor fractures; arrest or conflict with the law; loss of employment or other valued activity; social isolation from family and friends. It may also have Moderate Consequences to the individual's health and well-being.
2	Minor	The Consequence could include nuisance injuries, inconvenience or delay of desired activities; negative attention and/or dishonor; straining of relationships with family and friendships; running out of funds. This may affect their health and well-being to a minor degree.
1	Insignificant	Consequences can be largely ignored or are self-resolving.

A) Listening – Risk Management Plan For: _____ Jim _____.

1(a) Is the risk a direct result of a personal choice? Yes

(b) What can I do to get what I really want in some other way that will eliminate my risk?

1. Jim wants to get away from his roommate who has been troubling him.
2. Jim wants to experience a sense of freedom and independence.

(c) Develop and present possible options for me to choose from.

- The opportunity to confront the person who is troubling him and telling this person how he feels. (2)
- The opportunity to change the location of his room. (1)
- The opportunity to change the location of his room and making sure that it could be locked. (3)
- The opportunity of moving to a different home. (4)

The numbers indicate
Jim's order of preference.

(d) Can I agree to any of these options? - Yes

(e) I would like to try this option:

- I would like to change location of my room.

(f) Set a date to review my Plan. Is the risk managed? Is it still acceptable to me?

- After reviewing Jim's Plan, he continues to want to experience a sense of freedom and independence.

Success? – The room change was successful. However, Jim has a strong desire to be more independent in the community.

B) Providing Learning Experiences - My Risk Management Plan

2 (a) Is the risk due to personal choice? Yes

(b) Is my risk due to a lack of experience or skill? Identify the skills needed.

- Learn how to call home.
- Be made aware of the most common potential dangers and how to deal with them e.g.: getting lost, getting hurt accidentally and being harassed or assaulted.

(c) Is gaining the skill and/or knowledge a feasible option?

- Am I capable of acquiring the necessary skills?
- What would the time requirement be?
- Are there financial considerations?

(d) Am I willing to work at gaining the needed skill or knowledge?

- yes

(e) Help me to develop and initiate a method of implementing the plan.

PLAN 1: Goal: Learn how to call home.

Method: Jim will learn to keep a piece of paper with his home phone number and a couple of quarters in a separate part of his wallet. He will learn to contact the group home by locating a pay phone and dialing the number.

Who	What	Time Frame
Staff One	Have a laminated card made with the group homes phone number	Week 1
Staff One & Two	Regularly engage Jim in conversations concerning the most common conditions in which he will want to call the group home (i.e.: changing plans, being late, getting lost)	Weeks 2 through 3

Staff One	Give Jim the card and quarters and give him instructions to keep these in his wallet at all times.	End of week 1
Staff One	Teach Jim to dial the number on the telephones at the group home, using the card.	Week 1
All Staff	For the next week, pick random times to ask Jim to show that he has the card and the quarters on him. (Schedule when you will ask him and track the information)	Week 2
Staff Two	Determine where Jim will be going the majority of the time.	Week 2
Staff Two	Take Jim (using the method of transportation that he will be using) to the area in which he is most interested (example, the mall) and help him to locate the pay phones. Have him use his card to dial the number of the group home.	Week 3
Staff One & Two	Evaluate Jim's progress.	Week 4

(f) Set a date to review my Plan. Am I gaining the sufficient knowledge or skill?

- My Planning Team will evaluate whether I am gaining the sufficient knowledge or skill in 4 weeks from today.

(g) Explain how you can gradually increase my exposure to the risk.

PLAN 2:

Who	What	When Status
Staff One	Have Jim do the following three times, accompanied by staff. Go to the place where he was shown how to locate pay phone (See Action Plan 1). Use his card to call the group home. Return to the group home.	Week 1 (of this Action Plan)
Staff Two	Have Jim repeat step one three times but without a staff.	Weeks 2 & 3
Staff One	Have Jim plan a simple outing, e.g. going for coffee. Ask him to call the group home once while he is out.	Weeks 3 & 4

(h) Am I now safely capable of dealing with the risk on my own?

- Jim could not locate any pay phones on his own other than the ones that he had been trained on.

Success? No

C) Changing the Environment - My Risk Management Plan

3(a) Can the risk be managed by changing my environment?

(If “Yes,” continue)

- Jim will purchase his own cell phone.

(b) Is this a feasible option?

- Jim has an aunt that is willing to cover the cell phone expenses.

(c) Am I willing to go this route?

- Yes

(d) Explain what changes will need to be made?

- Teach Jim how to operate and care for his cell phone.
- Provide Jim with education to understand the importance of using it only when needed because it was more expensive than using a regular phone.

(e) Is the risk managed?

- Yes

Success? Yes

D) Dealing With Difficult Situations - My Risk Management Plan

Please explain the situation:

What is the severity of the potential harm due to this?	Not very severe	Moderately severe	Very severe
What is the reasonable likelihood of the potential harm occurring?	Not very likely	Moderately likely	Very likely

What are the next steps?

Risk Assessment Tool

Individual's Name: _____

(To complete see Section I page 3 of the Risk Management Manual)

Indicate a "Yes" or "No" for each of the items below. Complete all items. **If the individual is receiving support that either enables them or does it for them, then it should be treated as though they were doing it themselves. A "Yes" will then be checked off beside that item.** A Risk Management Rating Form will be completed for each item that a "No" is indicated. A Risk Management Plan will need to be completed for any risk that is rated Moderate, Major or Catastrophic. Once a Risk Management Plan is in place, please check off the "Plan Identified" box. This plan will be filed in the Individual Support Plan binder. Any risks that are rated Insignificant or Minor will not require a plan and the "No Plan" box can be checked off. Please file all Risk Management Rating Forms in the appropriate section of the Individual Support Plan Binder along with the Risk Assessment Tool. Any particular risk unique to the individual that may not be addressed on this form can be identified and added to the blank spaces in each category.

Areas of Life to be Investigated		YES	NO	Plan Identified	No Plan
1	Making Decisions/Choices				
	I am able to make decisions and express preferences in all areas of life. i.e. a method to express preferences, refuse interventions initiated by providers.				
	I have access to information and experiences that assist me in making decisions about my life.				
	I have people, in addition to service providers, I can access for support and information needed to make decisions about my life (i.e. my Planning Team)				
	I have the opportunity to express concerns related to the support I receive.				
2	Personal Income				
	I have a stable source of income that covers basic living needs, including shelter, food, transportation, and clothing.				
	I have a safe and effective management of this income to ensure that my basic needs are met.				
	I have a plan to budget my own finances.				
	I am able to manage my finances independently or with support without risk to myself.				
	I have support to make my own financial decisions.				
3	Housing				
	I have the basic furnishing necessary for daily living, including a bed, chairs, table and lighting.				
	I live in an environment where I feel safe and where there is				

	access to needed resources.				
	My house is kept safe and clean				
	I have access to a recreation area or common areas in my house.				
Areas of Life to be Investigated		YES	NO	Plan Identified	No Plan
	Exits in my home are kept clear at all times				
	All my appliances and furnishings are clean and are in good condition.				
	All hazardous household products are stored safely within my home.				
	I have a bed that is the appropriate size for me.				
	I have a suitable mattress and bedding appropriate to weather.				
	I have sufficient space to keep my personal possessions and to pursue hobbies and interests without unwanted or unwarranted intrusion from others.				
	I have an exterior window and window coverings.				
	I am able to access my residence independently.				
4	Health and Wellbeing				
	I have a daily routine that meets my needs that is formal or informal.				
	I have a plan in place for any Mental Health concerns.				
	I have a plan in place for any physical health concerns.				
5	Mobility				
	I have a steady gait and no documented history of falling, or other concerns that affects my mobility.				
	I have the means to move about my home and community environments to the extent necessary to satisfy basic needs.				
	I am able to go out independently without risk to myself.				
	I can stand, sit, transfer or reposition myself independently.				
6	Community Risk				
	I am independent and able to go out into the community without my staff support. (if no is this something I would like to be able to do?)				
	I am aware of what is legally acceptable in the community.				
	I am aware that people may take advantage of me while in the community.				
	I know and I am aware of boundaries with others when out in the community.				
	I am aware of what is socially acceptable in the community.				
Areas of Life to be Investigated		YES	NO	Plan Identified	No Plan

7	Risk or Injury to Self				
	I do not display self-directed destructiveness related to self-injury; pica; and/or suicide attempts which seriously threatens my own health and safety.				
	I have not discussed verbally or written threats of suicide.				
8	Networks				
	I have relationships with people outside my support staff.				
	Others are able to understand the way I communicate. (This may include speech, signing, adaptive devices and communication dictionary).				
	I have people, in addition to service providers, I can access for support and information to help me develop healthy relationships and build networks in my community.				
	I have opportunities to meet new people in the community.				
	I have the ability to network independently without risk to myself.				
9	Appearance and Hygiene				
	I am able to minimize health related risks through adequate personal hygiene and clothing choices that are appropriate for weather conditions.				
	I maintain good hygiene and appearance so I do not restrict where I can live, work and socialize.				
	I have a hygiene protocol in place.				
10	Education/Information				
	I have been provided information regarding my prescription medication.				
	I have been provided information regarding my diet and nutrition.				
	I have been provided information regarding my personal hygiene.				
	I have been provided information regarding my personal fitness.				
	I have been provided information regarding my sexuality/sexual health.				
	I have been provided information regarding my self-esteem and well being.				
	I have been provided information regarding the skills needed to develop relationships.				

Name of person that supported or assisted me to complete the Assessment Tool

Signature: _____ Date: _____

RISK MANAGEMENT RATING FORM

Identifying and Rating the Potential Risk

(To complete see Section II page 3 of the manual)

Individual's Name: _____

Potential Cause of Risk: _____

Rate all Potential Consequences for:

Rate and explain all potential consequences for the risk using the Consequence Scale on the back of the form. This scale will rate the urgency and importance of each potential consequence.

Self (e.g. physical harm, either deliberate or accidental);
Explain:

1 2 3 4 5

Opportunities (e.g. loss of home situation, employment, recreation/leisure);
Explain:

1 2 3 4 5

Others including support staff, family, roommates etc... (e.g. physical harm, relationships);
Explain:

1 2 3 4 5

Property/Environment (includes personal belongings, those of others; home, work and public places)
Explain:

1 2 3 4 5

(Any rating that is Moderate, Major or Catastrophic a Risk Management Plan is required)

Do I require a Risk Management Plan? YES NO

CONSEQUENCE RATING SCALE

Level	Consequence	Description
5	Catastrophic	The Consequence would be extensive and irreversible including death or permanent extensive disability to the Individual or Support Worker.
4	Major	The Consequence could include serious but not permanent injury/disability; loss of home; imprisonment. It may also have Major Consequences to their health and well being.
3	Moderate	The Consequence could include major soft tissue injury or minor fractures; arrest or conflict with the law; loss of employment or other valued activity; social isolation from family and friends. It may also have Moderate Consequences to the individual's health and well being.
2	Minor	The Consequence could include nuisance injuries, inconvenience or delay of desired activities; negative attention and/or dishonor; straining of relationships with family and friendships; running out of funds. This may affect their health and well being to a minor degree.
1	Insignificant	Consequences can be largely ignored or are self resolving.

RISK MANAGEMENT PLAN

A) **Listening** – Risk Management Plan For: _____

1(a) Is the risk a direct result of personal choice?

(b) What can I do to get what I really want in some other way that will eliminate my risk?

(c) Develop and present possible options for me to choose from.

(d) Can I agree to any of these options?

(e) I would like to try this option:

(f) Set a date to review my plan. Is the risk managed? Is it still acceptable to me?

Success? Yes No (If no, move to the next section of Risk Management Planning)

B) Providing Learning Experiences - My Risk Management Plan

2 (a) Is the risk due to personal choice?

(b) Is my risk due to lack of experience or skill?
(If yes continue)

(c) Is gaining the skill and/or knowledge a feasible option?

(d) Am I willing to work at gaining the needed skill or knowledge?

(e) Help me develop and initiate a method of implementing the plan.

PLAN 1: Goal

Method:

(f) Set a date to review my plan. Am I gaining the sufficient skill or knowledge?

(g) Explain how you can gradually increase my exposure to the risk.

(h) Am I now safely capable of dealing with the risk on my own?

Success? Yes No (If no, move to the next section of Risk Management Planning)

C) Changing the Environment - My Risk Management Plan

**3(a) Can the risk be managed by changing my environment?
(if yes continue)**

(b) Is this a feasible option?

(c) Am I willing to go this route?

(d) Explain what changes will need to be made?

(e) Is the risk managed?

Success? Yes No (If no, move to the next section of Risk Management Planning)

D) Dealing With Difficult Situations - My Risk Management Plan

Please explain the situation:

	Not very severe	Moderately severe	Very severe
What is the severity of the potential harm(s) due to this?			
What is the reasonable likelihood of the potential harm occurring?	Not very likely	Moderately likely	Very likely

What are the next steps?

Empty response area for providing details on the situation and next steps.