

<b>The Village Residence</b>	<b>Mary's</b>	
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<b>Policy on Risk Management</b>	
<b>Developed by: The Village Residence Drogheda Services for Older People.</b>	<b>Date Developed: Revised February 2011 Revised March 2014 Revised August 2014 Revised November 2015 October 2018 October 2021 Sept 2023</b>
<b>Developed By: Nursing Department.</b>	<b>Date Approved: February 2011, March 2014 and August 2014. Review 2016 as National Policy may change October 2018 October 2021 September 2023</b>
<b>Implementation Date: April 2009</b>	<b>Review Date: September 2026 or earlier if required.</b>
<b>Policy Reference Number: DSOP</b>	<b>No. of Pages 33</b>

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<b>Status of the Policy: Final</b>	
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**This Policy must be read in conjunction with:-**

1. Identification of risks
2. Health and Safety Audits from all Units using PCCC HSE Dublin North East
3. Accidental injuries to staff and residents and including notification to Health and Safety Authority
4. Management of Violence and Aggression in the workplace
5. Policy on Self Harm
6. Corporate Safety Statement and Location Safety Statement
7. Missing Persons Policy
8. Policy on assault
9. Events Notifiable to Health Information and Quality Authority
10. HSE Policies on Incident Management Policy and Procedures
11. Safety Statement for The Village Residence
12. Incident Management Process for Louth Local Health Office
13. Risk Assessment Tool and Guidance

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## **1.0. Policy Statement**

In accordance with the Corporate Safety Statement of the Health Services Executive (2014), it is the objective of this Centre to manage all risks to residents, staff and other persons, who may be affected by the activities in the Centre.

In 2015 the Health Service Executive introduced the National Incident Management System (NIMS).

It is HSE Policy that all incidents when identified should be immediately managed in accordance with this Incident Management Policy.

This will ensure that;

- the health and safety of those affected is the primary focus of attention and
- the incidents are reported, investigated and acted on effectively and with the appropriate level of urgency.

The identified causes of incidents will, where appropriate, be managed and resolved locally. Lessons that are applicable nationally will be applied nationally.

All HSE and HSE funded services are required to apply the HSE policy for management of incidents.

A National Incident Management Process has been established that supports the services in the management of incidents that may require expertise and support beyond that available at a local level.

A small number of incidents that require direct HSE corporate support are escalated further to the Serious Incident Management Team that will directly manage the incident.

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It is the responsibility of this centre to ensure that residents are safe and safety must be central to all activities in the centre.

The HSE and Management of the centre are committed to the protection and well being of its residents, staff and the community it serves, as well as demonstrating probity in all matters relating to management and legislative compliance.

The Management of the centre will promote an environment within which individuals/groups are encouraged to report adverse incidents promptly and openly within a framework of a 'just culture' which does not seek to apportion blame. The normal investigations and/or disciplinary process will of course apply where adverse events are concealed, or in cases of professional negligence or misconduct.

### **1.1. This policy outlines how THE Centre WILL**

1. Identify risks and hazards throughout the Unit
2. How risks will be assessed based on these hazards
3. How to implement control measures to eliminate or reduce these hazards and examine additional controls necessary
4. How to ensure that control measures are being effective and to monitor any ongoing change situations
5. The reduction of harm caused by adverse incidents
6. The incident management reporting mechanisms and investigation of incidents WHICH CHANGED IN 2015 TO BECOME THE National Incident Management System (NIMS). .
7. Learning from incidents accidents and near misses
8. The following hazards are possible in this centre. The Safety Statement for this centre contains details of all potential hazards

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9. Use of Agency staff on some shifts
  10. Stand alone Unit
  11. Possibility of violence to staff and residents
  12. Infection control
  13. Occupational blood exposure
  14. Pregnant employees
  15. Fire safety
  16. Manual Handling
  17. Slips trips and falls
- 8.10 Emergency situations
- 8.11 Pressure area care
- 8.12 Challenging behaviours.

**1.2. Staff must also familiarise themselves with the unit's policy in relation to all of the above and in addition:**

- Challenging Behaviour
- Complaints Procedure Local and HSE
- Elder abuse
- Falls
- Fire
- HSE National Incident Management Systems (NIMS)
- Major Emergency
- Missing Persons.
- Notification of Incidents to HIQA

**1.3. This policy will contribute to:**

- Minimising the risk of untoward/serious incidents.
- Ensuring that all possible lessons are learned and shared.

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- Support staff through potentially distressing circumstances.
- To minimise unexpected outcomes for residents, staff, visitors and stakeholders through the process of risk management.
- This accident and incident reporting policy aims to increase and maintain awareness of the need to identify and report accidents/incidents, near misses and serious untoward incidents.
- Policy will ensure compliance with the HSE Incident Management Policy & Procedure Sept (2008), HSE Management of Serious Incidents (2008) and the PCCC DNE Incident Management Process for LHO's V 6 April 2010 AND THE NIMS Reporting System.

## 2.0. Purpose and Definitions

The purpose of this Policy is to describe how staff in the Centre are to comply with Healthcare Risk Management Policies, Procedures and Guidelines of HSE Dublin North East and ensure compliance with 31 (1) (2) (3) (4) of the Health Act 2007 (Care and Welfare of Residents in Designated centres for Older People Regulations 2013.

The HEALTH ACT 2007 (Care and Welfare of residents IN DESIGNATED CENTRES FOR OLDER PEOPLE) REGULATIONS 2013, OUTLINES THE FOLLOWING:

### *Risk management*

26. (1) The registered provider shall ensure that the risk management policy set out in Schedule 5 includes, the following:

**(a) hazard identification and assessment of risks throughout the designated centre;**

### **Hazard Identification and Risk Assessment Process**

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Hazard Identification and Risk Assessment is the process of examining what can cause harm to people in the workplace so that an informed decision can be made as to whether sufficient arrangements and precautions are in place or additional measures are required to prevent an injury or ill health.

To ensure compliance with Section 19 of the Safety, Health and Welfare at Work Act 2005 THE Person in Charge of this Centre will;

- Identify the hazards in the workplaces under their control
- Assess the risks presented by these hazards
- Identify current controls that are in place to manage the risk
- Evaluate the risk using the HSE Risk Assessment Tool to assist in prioritising subsequent additional controls required
- Identify what additional controls are required to eliminate the risk or reduce it to as low as is reasonably practicable

Ensure that Risks outside of their control are entered on the Risk Register and brought to the attention of Senior HSE Managers.

- Identify and assign a responsible person who has responsibility for ensuring these additional controls are implemented and agree a time frame for implementation
- Review the risk assessment and make appropriate changes when necessary
- Escalate risks that can not be controlled locally to senior management for entry on to the service risk register

The Person in Charge must ensure that the person undertaking the hazard identification and risk assessments process have attended appropriate training

The hazard identification and risk assessment process must be a systematic and continuous process undertaken in consultation with staff other relevant persons.

The hazard identification and risk assessment process should be completed in writing and recorded on the appropriate Risk Assessment form.

**THE DESIGNATED CENTRE NOW HAS A RISK DATA BASE WHICH CAN BE LOCATED IN THE SHARED FOLDER REFERRED TO AS SCHEDULE 3 FOLDER UNDER RISK**

(b) the measures and actions in place to control the risks identified;

The Person in Charge must ensure that the person undertaking the hazard identification and risk assessments process have attended appropriate training

The hazard identification and risk assessment process must be a systematic and continuous process undertaken in consultation with staff other relevant persons.

The hazard identification and risk assessment process should be completed in Writing and recorded on the appropriate Risk Assessment form.



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(c) the measures and actions in place to control the following specified risks

### Hazard Identification

A hazard is defined as a source of potential harm (Quality and Risk Taxonomy Governance Group Report on Glossary of Quality and Risk Terms and Definitions 2009).

Hazard refers to **anything with the potential to cause harm** in terms of injury or ill health to persons at work and others who are in the place of work.

It also includes damage to property, the environment or combinations of them all.

It is the duty of all those who have responsibility for resources and employees to ensure hazards arising in the workplace that may give rise to risk for the safety, health and welfare of employees and those affected by the organisation's activities are identified, assessed, eliminated or managed to the lowest level possible.

The identification of hazards is required by section 19 of the Safety Health and Welfare at Work Act 2005 and should form a major part of the safety and health management system. The identification of hazards is an essential first step in the control of safety and health risks.

It shall involve a critical appraisal of all routine and non routine work activities to take account of hazards to employees and others affected by the HSE's activities (e.g. service users, visitors). The hazard identification process needs to include those risks arising from the workplace and condition of the working environment and the work practices, systems and arrangements. There is general recognition of many common hazards, which can be grouped according to source:

- human/behavioural
- physical
- chemical
- biological

Written records of all stages of the hazard identification and risk assessment process must be retained. Identifying workplace hazards (including systems of work and work practices) must be a systematic continuous process undertaken in consultation with employees.

### Risk Analysis

Once a hazard has been identified, it is necessary to analyse and evaluate the level of risk it poses.

It is important that the description of each risk accurately and comprehensively captures the nature and impact of the risk.

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It is important to describe the risk associated with and persons affected by each of the hazards identified. Consideration must also be given to vulnerable groups (e.g. young persons, the elderly, pregnant employees, shift workers etc).

### Impacts and Vulnerabilities

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The impact from the risk assessment will be the primary impact however other impacts and vulnerabilities may impact on other people, the organisation or the environment and these should be noted with reference to the HSE risk assessment matrix impact column.

### Existing Controls

It is essential that a careful examination of all existing controls (precautions) and their effectiveness is considered prior to deciding on the initial risk rating.

When examining the existing control measures, consider their adequacy, method of implementation and level of effectiveness in eliminating or minimising risk to the lowest reasonably practicable level.

Consideration should be given to the following:

- people e.g. staff resources competencies, training, skill mix, supervision
- environment e.g. workplace, weather conditions
- work equipment e.g. what is required to undertake the work safely
- policy e.g. current Policies Procedures Protocols' and Guidelines (PPPG's)
- systems e.g. safe systems of work

**(i) abuse;**

Staff must be familiar and report any suspicion, allegation or any event where they witness Abuse. Please refer to Policy on the Protection of Vulnerable Adults from Abuse as outlined in Schedule 5 Policies as well as the document Trust in Care. Staff must attend every two years training on recognising and responding to abuse.

**(ii) the unexplained absence of any resident;**

All residents absent from the centre without prior arrangement must be treated as missing and the Person in charge are informed immediately. Please refer to Policy on Missing Persons. Missing Persons Drills must be undertaken at least six monthly

(iii) accidental injury to residents, visitors or staff;

(iv) See Below

(iv) aggression and violence;

See Policy on Management of Challenging Behaviours

(v) self-harm;

See Policy in Relation to Self Harm

(d) arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

### Review and Monitoring

To ensure that continuous improvement takes place, risks identified should be continuously monitored and reviewed at least annually or earlier if there are changes in legislation, changes in work practices/procedures or upon the introduction of new technology.

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Ultimately, the process should ensure that all identified risks in the workplace, that could cause harm to staff and others, are carefully examined and appropriately managed.

### Escalation Process

Where additional resources are required for the control of a hazard and such resources are not immediately available, the risks associated with this hazard should be incorporated onto the relevant risk register and prioritised for action HSE Corporate Safety Statement 2014 Page 29 of 55 Version 4 or escalation to the next level (HSE Risk and Incident Escalation Procedure *QCCD 001* 2010). In the interim the risk will continue to be managed and monitored so far as is reasonable as practicable at local level and the relevant manager informed of any changing circumstances. The Service Area Manager must provide regular updates on all risks escalated to the relevant Person In Charge.

### 3.0. Definitions

For the purpose of this policy, incidents, clinical incidents, near misses, complaints and hazards are all considered adverse incidents. Those incidents that did not lead to harm are referred to as adverse events. Those incidents that did not lead to harm, but could have, are referred to as near misses.

**Brief definitions and examples of an incident and near miss are given below:**

**3.1. Incident.** This can be described as an unplanned or unexpected event of a clinical or non-clinical nature which either directly or indirectly results in an injury and/or damage to property.

**3.2. Clinical Incident** A clinical incident is defined as an unexpected event or near miss occurring during treatment, or unexpected result of treatment, which may cause harm to the resident.

**3.3. Near Miss** This can be described as an unplanned event of a clinical or non-clinical nature which has potential to result in an injury and/or damage to property. It is vital that near miss incidents are reported, as the potential for future incidents will remain unless appropriate action is taken.

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**3.4. Complaint.** An expression of dissatisfaction with a service or person (s). It can be clinical or non-clinical.

**3.5. Hazard.** A situation that may result in harmful consequences.

**Within the National Incident Report Form, Incidents are Categorised as incidents relating to:**

**Clinical Care**

**Behavioural Hazard**

**Physical Hazard**

**Chemical Hazard**

**Biological Hazard**

**Within the National Incident Report Form each of these Incidents are further subdivided, See pages 2 to 5 of the NIRF April 2015**

#### **4.0. Scope of Policy.**

This Policy applies to all management and staff working within this centre

#### **5.0 Roles and Responsibilities**

5.1 It is the responsibility of the Clinical Nurse Managers to ensure that all staff in the centre are aware of this policy and that staff are adhering to the requirements set out in this policy

5.2 It is the responsibility of the person in charge to ensure that all staff, visitors, staff from other centres and contractors works within the requirements of this policy

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5.3 It is the responsibility of all nursing staff, care assistant staff, catering staff, administration staff and general operative staff to be aware of the requirements of this policy. Please refer to organisational chart contained in **Appendix One**

5.4 It is the responsibility of all staff to ensure that data is collected to ensure compliance with all requirements, and in the event of an incident, accident or near miss to co-operate with any internal or external review or investigation of such incidents/accidents or near misses.

## **6.0 .The Identification and Assessment of Risks throughout the Department.**

6.1 All staff and visitors are required to be very observant of any hazards which could potentially cause an incident, accident or injury to any resident, staff member or visitor

6.2 In any instance where a hazard is observed, it should be dealt with immediately to control that hazard.

6.3 A risk assessment (**See appendix Four**) must be completed immediately in order to identify and name the hazard.

6.4 The control necessary to control the hazard must be identified and documented and any additional controls necessary must be noted, discussed and documented. The risk assessment Form must also identify the person responsible for controlling the hazard and the expected due date and time for completion of actions to control the hazard. Only one hazard per Risk Assessment form should be completed.

6.5. In the event that staff in the Centre are not able to put in place immediate controls to control a hazard, they must notify their line manager immediately.

6.6. The line manager must take immediate actions depending on the risk and should be entered and managed on the risk register.

6.7. In the event that additional control measures are required they should be escalated to the Area Co-ordinator, Ms. Maura WARD and placed on the Louth Services for Older People Risk Register.

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**7.0. The precautions in place to control the following risks must be made known to all staff.**

**7.1 A resident absent without leave. Please refer to Missing Persons Policy**

7.2 All staff in addition to knowing what to do in the event of a person being absent without leave must also attend missing persons drill at least two monthly. It is the responsibility of the CNM2 and CNM1 to organise missing person's drills in THE CENTRE and identify the issues that emerge from missing persons drills.

7.3. **Assault.** All staff must be aware of the policy in relation to assault entitled Policy on Assault (HSE 2010)

**7.4. Accidental injury to residents or staff.**

Where there is an injury to residents of any manner, an incident, near miss and hazard report form (HSE 2010) must be completed. All sections of this form must be completed and signed by relevant staff. Any serious injury to a resident must be notified to the Health Information and Quality Authority within three working Days using form NF03. See below all events which must be notified to the Health Information and Quality Authority

**8.0. Incident Reporting and Management Procedure**

**The procedure for now reporting incidents has changed since April 2015.**

**Incidents are now reported and documented using the National Incident Management**

8.1. Ensure that the safety, health and welfare of the person(s) affected is attended to as a priority and medical aid and first aid treatment administered

8.2. Clinical incidents, accidents and near misses must be reported verbally to the Line Manager and the Line Manager will ensure all relevant personnel are contacted.

8.3. All clinical incidents, accidents and near misses with a possible injury must be

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report to the Medical Officer or Doc-on-Call immediately.

8.4. Families/next-of-kin/significant others should be informed as soon as possible following and accident/incident/near miss with the consent of the resident. If the resident is unable to consent then the families/next-of-kin/significant others must be informed.

8.5. Following an accident/incident/near miss, the individual staff member directly involved or present at the time is required to complete the NATIONAL INCIDENT REPORT FORM.

8.6. If the member of staff is unable to complete the form then the form should be completed by an authorised person (an employee of the HSE) with the input of the staff member involved.

8.7. National Incident Report Forms must be completed legibly and factually at the time of the incident or immediately following the incident but no later than the end of duty. Reference should be made to the HSE Incident Management Policy & Procedure (2008), HSE Management of Serious Incidents (2008) and the DNE Incident Management Process from LHO's V 6, April 2010, HSE 2015.

8.8. Staff must only record facts and not opinion.

8.9. All accidents/incidents/near misses are to be recorded in the resident's notes, and their care plan should be updated as appropriate.

8.10. A copy of the accident/incident/near miss report form must be stored appropriately at department level.

8.11. The Clinical Nurse Manager must review all incident forms and when satisfied the action the white copy must be sent to the Director of Nursing.

8.12. All accident and/or clinical incident/near miss report forms **must be returned** to, the risk management department in Dundalk at the end of each month for entering onto the STARS web system.

8.13. Adverse resident incidents are subject to an appropriate level of review and causal analysis, as outlined in this policy and where relevant an improvement strategy and action plan is prepared

8.14. Aggregate reviews are compiled on a three monthly basis by the Person in Charge

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and on a regular basis by the Risk Management Department

**9.0. Incident Grading.** Section G Injury Classifications completed if HAR was selected in Section F. The Classification of the incident will establish the level of review and causal analysis that should be carried out. The Classification of the incident is agreed by the person reporting and the Clinical Nurse Manager.

**Section J refers to Open Disclosure Details.**

It is the policy of the Health Service Executive (HSE Incident Management Policy 2008) that incidents are identified, managed, *disclosed* and reported and that learning is derived from them. The service user must be informed in a timely manner of the facts relating to the incident and an apology

Provided, where appropriate.

Suspected Adverse Event: The service user should also be informed if an adverse event is suspected but not yet confirmed.

No Harm Events: "No harm events" should generally be disclosed.

Near Miss Events: Near miss events should be assessed on a case by case basis, depending on the potential impact it could have had on the service user e.g. wrong site procedure or wrong drug administered, which was noticed and corrected. If, after consideration of the near miss event, it is determined that there is a risk of/potential for future harm from the event then this should be discussed with the service user.

2.5: The HSE will provide an environment in which staff feel supported in the identification and reporting of adverse events and also during the open disclosure and review process following an adverse event.

**10.0. Identification, investigation and Learning from serious or on toward incidents**

10.1. All incident's, accidents or near misses should be documented in the National Incident Report Form located on the last page of this report. . An action plan must be agreed with the Person in Charge and the staff members and must be jointly signed and agreed.

10.2. The Clinical Nurse Manager or senior nurse on duty must undertake an internal review of the incident accident near miss and ensure that all is documented actually



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stating dates, times and all personnel involved.

10.3. The completed NIRF must be forwarded to the Director of Nursing Office

10.4. The Director of Nursing forwards all NIRF Forms to the Risk Management Department Louth Local Health Office, Dublin Road, Dundalk, Co. Louth.

10.5. All NIRF Forms are recorded on a STARS Web database in Dundalk and the

10.6. Risk Management Department issues on a regular basis statistics on common trends and issues of concern that require further actions.

## **11.0. Monitoring and Performance**

### **11.1 Learning from Incident**

Lessons are learned from individual adverse events, from local aggregate reviews and from wider experiences. All improvement strategies aimed at reducing risks to future residents/staff are implemented and monitored by the organisation. Where appropriate, local staff learn lessons and change practice on order to improve the safety and quality of care for residents and staff in the workplace.

**11.2.** The imputing of all incident reports is undertaken using the STAR Web database. All incidents are subjected to periodic aggregate and analysis to determine patterns and trends that may require entry on to the Centre Risk Register. In the event that further controls are required to manage risks, these are escalated to the Area Coordinator and placed on the risk register for Louth Services for Older People.

**11.3.** Quality and Risk is a standing item on the agenda of the following meetings

- Team meeting with Clinical Nurse Manager on every Tuesday morning
- Clinical Nurse Manager meetings with Director of Nursing
- Director of Nursing Meetings with Area Coordinator Services for Older People
- Louth PCCC Management Team Meetings /Governance Meeting

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**11.4.** Where any incident accident or near miss occurs a Hazard Alert sheet must be completed by the Director of nursing Office. Any incident that is forwarded to the Health Information and Quality Authority must have a Hazard Alert Sheet filled out. Any fault in equipment should have a hazard alert sheet completed. Any adverse event affecting any resident should have a Hazard Alert sheet completed. The hazard alert sheet (**Appendix Two**) will identify the location of the hazard, a description of the hazard, actions taken to overcome the hazard and any recommendations for correction.

11.5. The Clinical Nurse Manager will bring the Hazard Alert Sheet to the attention of all staff through a learning forum within the **Team Meetings**.

11.6. The learning from the **Hazard Alert** will be documented using the template Learning Post Incidents/Accidents/Near Miss. This template identifies what was the incident, the date on which the feedback was given, the joint learning of all staff in relation to them personally and as a group, and documented actions of actions required. It will also outline the responsibility and outcomes from such learning.

**12.0. Emergencies.**

All staff must be aware of the Major emergency Plans in place for THE CENTRE.

**13.0. This Risk Management Policy applies to areas both internally and externally.**

**14.0. Events that must be notified to the Health Information and Quality Authority by the Person In Charge**

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## Notification Forms

Form	Nature of Notification	Timeframe	Person Responsible
NF01	The unexpected death of any resident, including the death of any resident following transfer to hospital from the designated centre	Within three working days of the incident	Person in charge
NF02	Outbreak of any notifiable disease as identified and published by the Health Protection Surveillance Centre	Within three working days of the incident	Person in charge
NF03	Any serious injury to a resident which requires immediate medical or hospital treatment	Within three working days of the incident	Person in charge
NF05	Any unexplained absence of a resident from the designated centre	Within three working days of the incident	Person in charge
NF06	Any allegation, suspected or confirmed abuse of any resident	Within three working days of the incident	Person in charge
NF07	Any allegation of misconduct by the registered provider or by staff	Within three working days of the incident	Person in charge
NF08	Any occasion where the registered provider becomes aware that a member of staff is the subject of review by a	Within three working days of the incident	Person in charge

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Form	Nature of Notification	Timeframe	Person Responsible
	professional body		
NF09	Any fire, any loss of power, heating or water, and any incident where an unplanned evacuation of the centre took place	Within three working days of the incident	Person in charge
NF20	When the person in charge proposes to be absent from a designated centre for a continuous period of 28 days or more	20 working days in advance of the change or within 3 working days if absence arises as a result of an emergency	Registered provider
NF21	Return of the person in charge after being absent for a continuous period of 28 days or more	Within three working days of return of the person in charge	Registered provider
NF30	Change of the person in charge. Please contact the Registration Office on <b>021 240 9340</b> or email <a href="mailto:registration@hiqa.ie">registration@hiqa.ie</a> and ask for an NF30 pack	Within 10 working days of the change	Registered provider
NF31	Change in key senior management personnel. Please contact the Registration Office	20 working days in advance of the change	Registered provider

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Form	Nature of Notification	Timeframe	Person Responsible
	on <b>021 240 9340</b> or email <a href="mailto:registration@hiqa.ie">registration@hiqa.ie</a> and ask for an NF31 pack		
NF32	Change in ownership of the body corporate	8 weeks in advance of change	Registered provider
NF33	Change to the Director, Manager, Secretary or any Similar Officer of the Corporate Body	8 weeks in advance of change	Registered provider
NF34	Change in the name or address of a Corporate Body	8 weeks in advance of change	Registered provider
NF35	To cease to carry on the business of the designated centre and close the centre	Not less than six months	Registered provider
NF36	Any change in the membership of the partnership. Please contact the Registration Office on <b>021 240 9340</b> or email <a href="mailto:registration@hiqa.ie">registration@hiqa.ie</a> and ask for an NF36 pack	8 weeks in advance	Registered provider
NF37	Change to the committee of management or other controlling authority of an unincorporated body	8 weeks in advance of change	Registered provider
NF38	Change to the person	8 weeks in	Registered

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Form	Nature of Notification	Timeframe	Person Responsible
	responsible for the application on behalf of a partnership, company, unincorporated body or statutory body, a body established under the Health Acts 1947 to 2008 or a body established under the Health (Corporate Bodies) Act 1961	advance of change	provider
NF60	<p>Declaration of Occupancy for Billing Purposes</p> <p><b>The NF60 form is only applicable to designated centres for older people</b></p>	<ul style="list-style-type: none"> <li>• By the 15 January</li> <li>• By the 15 May</li> <li>• By the 15 September</li> </ul>	Registered provider
Quarterly Notifications Excel Spreadsheet (older people)	<p>Any occasion when restraint was used</p> <p>Any occasion on which the fire alarm equipment is operated other than for the purpose of fire practice, drill or test of equipment</p> <p>A recurring pattern of theft or burglary</p> <p>Any death, including cause of death, other than those specified above</p>	At the end of each quarter	Registered provider

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Form	Nature of Notification	Timeframe	Person Responsible
		At the end of each quarter	Registered provider
Follow-up Report	If additional information has been requested or is required in relation to notifications forms NF01, NF03, NF06 & NF07	As requested or required	Registered provider
Six-monthly nil-return notification	Where no incidents which require to be notified under Regulation 31 have taken place within the preceding six months	Six monthly	Registered provider

**15.0. The Clinical Nurse Manager II & Clinical Nurse Manager I are responsible for ensuring that: -**

- All staff sign the 'Understood Signature Sheet' attached to the policy.
- Staff are supported to identify, assess, report near missies, accidents incidents or omissions and implement appropriate action plans.
- Feedback **and learning from audit/ analysis** is communicated to all staff members and that any resulting action plan developed is actioned at a local level and that **there is evidence of learning from same.**
- **Monitor Staff Compliance with the Risk Management Policy**

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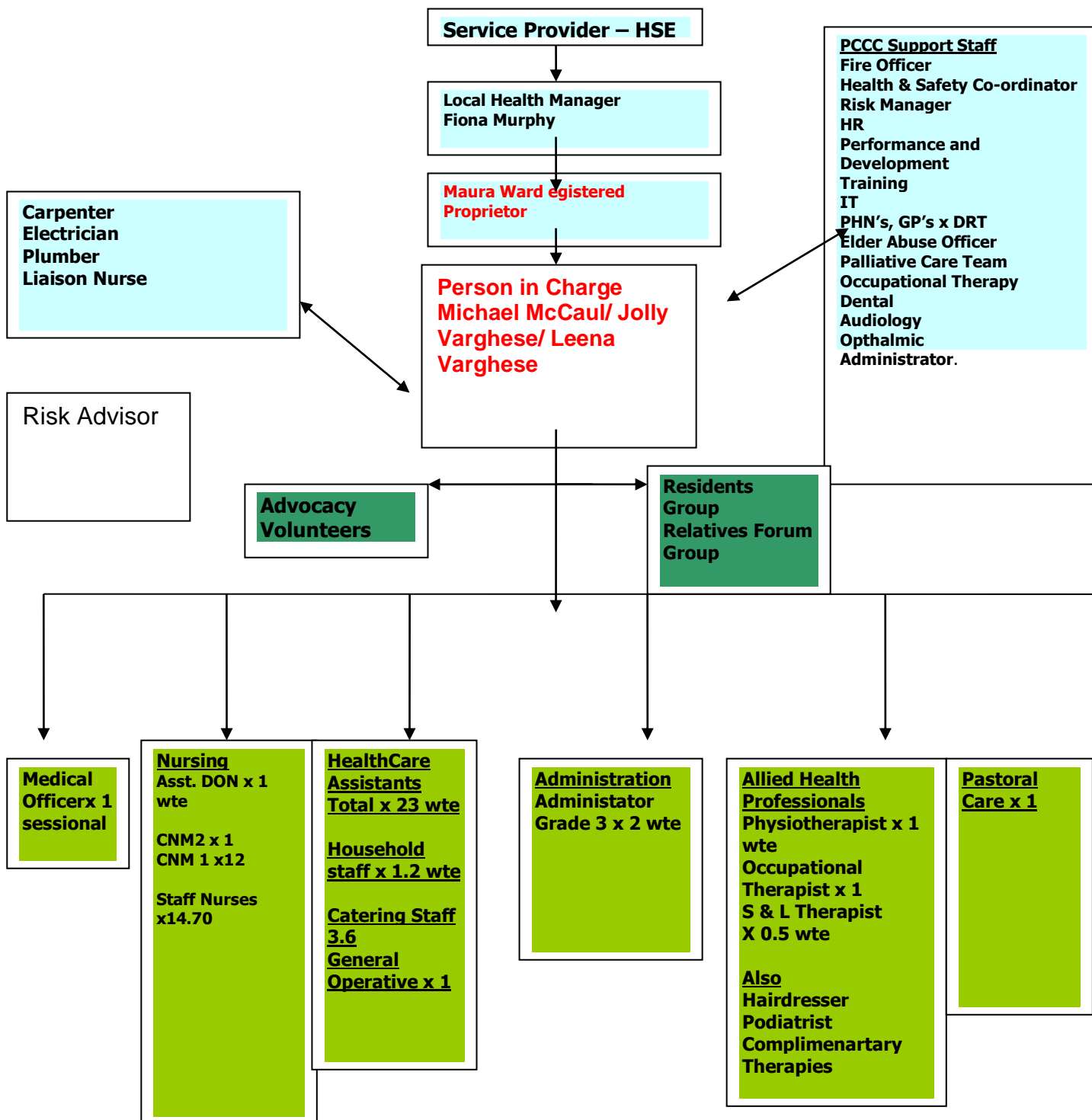
**16.0. Each Staff member (both directly employed and employed through agency/ contract) is responsible for ensuring that:**

- He/She reads, understands and complies with the policy and confirms this by signing the Understood Signature Sheet.
- To report as per policy and ensure they support and implement all action plans.
- Fully implement this policy.



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**Organisational Chart – Drogheda Residential Services.  
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**Appendix**

Hazard Alert Sheet

## Hazard alert sheet

**The Hazard identified on this form should be reported to your line manager who will then circulate and bring to the attention of all facilities .**

**LOCATION OF HAZARD** (building; room; other description):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DESCRIPTION OF HAZARD** (include whether it is CHEMICAL, BIOLOGICAL, or PHYSICAL): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Actions Taken:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **RECOMMENDATIONS** \_\_\_\_\_ **FOR**  
**CORRECTION**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hazard reported to \_\_\_\_\_ Date: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Department: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_

**SIGNATURE OF PERSON IN CHARGE** \_\_\_\_\_

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**Appendix Two**

**Learning Post Incidents/Accidents/Near Miss. Ward/Unit**

What was the incident/Accident/Near Miss And when did it occur	Date Given Of feedback	Learning of staff in relation to feedback	Actions now required	Responsible person

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**Appendix. Risk assessment Template**

Appendix 5:

**Risk Assessment Form**

\* One Risk only per form

Administrative Area: \_\_\_\_\_ Primary Risk Category: \_\_\_\_\_  
 Location: \_\_\_\_\_ Secondary Risk Category: \_\_\_\_\_  
 Section/Ward/Dept: \_\_\_\_\_ Tertiary Risk Category: \_\_\_\_\_  
 Date of Assessment: \_\_\_\_\_ Name Risk Owner: (BLOCKS) \_\_\_\_\_  
 Source of Risk: \_\_\_\_\_ Signature of Risk Owner: \_\_\_\_\_  
 Unique ID No: \_\_\_\_\_

RISK DESCRIPTION	IMPACTS/VUNERABILITIES	EXISTING CONTROL MEASURES	ADDITIONAL CONTROLS REQUIRED	PERSON RESPONSIBLE FOR ACTION	DUE DATE

**RISK ANALYSIS**

INITIAL RISK			RESIDUAL RISK			STATUS
Likelihood	Impact	Initial Risk Rating	Likelihood	Impact	Residual Risk Rating	



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National Incident Report Form 01 Person

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National Incident Report Form 02 Crash/Collision

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National Incident Report Form 03 Property Damage



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National Incident Report Form 04 Complaint Dangerous Occurrence