



17 Step - Behaviour Risk Management Plan





Name: DOB:


Target Behaviour =


This plan should be developed with support from a clinician with behavioural expertise following a comprehensive assessment and functional analysis of the challenging behaviour. All staff implementing this plan should be supported via appropriate levels of training and supervision.

Date of plan:	Last review of plan:	Named nurse/manager:
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1. Who 	Name: Date of Birth: Address:	Personal details
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2. Where 	Place where the plan is to be used.
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3. Background 	Background information & description of the person's baseline state (i.e., how they are when they are not escalated).
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4. What 	What is the behaviour that places the person or others at risk?	Describe the behaviour. Include risk to self and others and behaviours that risk the person being denied access to everyday community living.
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5. When



Activities:

.....
.....

Places:

.....
.....

Other people:

.....
.....

Times of Day:

.....
.....

When does the behaviour tend to happen?

Are there triggers in terms of:

- activities
- places
- other people
- times of day

Use information from your assessment.

6. Why



Why does the person behave in this way?

.....
.....

.....
.....

.....
.....

What are the consequences of the behaviour for the person?

.....
.....

.....
.....

.....
.....

What are the reasons why these behaviours are displayed by this person?

What do we know about the person, their history, their preferences, needs and difficulties that help to explain the behaviour?

What function does the behaviour serve for the person?

7. How



What do we need to get right from beginning?

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.....

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.....

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.....

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.....

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.....

What do we need to get right to support this person so that they do not need to use this behaviour?

How do they like to be supported?

What are their communication preferences?

What do they like to do?

Who do they like to spend time with?

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11. Escalation traffic lights



Observation:
What is seen & heard

Response:
Supportive action

Indicators that the person is in crisis and out of control.

Behaviours that represent real and significant risk to self and others.

Key points on how to positively and proactively manage the crisis, utilise assistance, take control and actively keep person and others safe.

Indicators that the person is continuing to escalate but still has the potential to calm and resume control.

Behaviours that represent indicators of risk.

Key points on how to positively and proactively support & deescalate, manage the environment, seek assistance and keep person and others safe.

Indicators that the person is leaving baseline.

Behaviours that represent early indicators and precursors to challenging behaviour.

Key points on how to positively and proactively support, distract, redirect, problem solve or actively engage.

Overview of baseline information.

Key points on how to positively and proactively support and engage.

This section provides a summary of the escalation signature of the person.

The traffic light format (green to red) shows how the person's behaviour becomes more risky as it escalates.

It provides a one page overview of the key behaviours in each stage.

It also provides the key supportive actions that staff can undertake to respond.





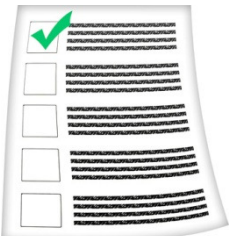


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<p>12. After</p>  	<p>What should happen after the behaviour has stopped?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>What learning can take place to improve future practice?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p><u>DO YOU NEED TO INFORM SAFEGUARDING?</u></p>	<p>How should the service user and those affected be supported after the event?</p> <p>Who should be informed and what paperwork should be done?</p> <p>What learning can take place?</p> <p>Has a senior carer, nurse or manager been informed of any safeguarding issues?</p>
<p>13. Other risks</p> 	<p>Are there any major unmanaged risks?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Who is taking responsibility for these?</p> <p>.....</p> <p>.....</p>	<p>Have any other risks been identified that remain an ongoing worry?</p> <p>Identify staff who will take responsibility to develop a plan for these risks.</p>
<p>14. Community</p> 	<p>How will the plan be used to support community living?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>Describe how this plan is being used to support community presence and participation.</p>
<p>15. Records</p> 	<p>Have you recorded what happened before, during and after the incident?</p> <p>Have all incidents and injuries been appropriately logged?</p> <p>YES [] NO []</p>	<p>Refer to your policy and guidance and ensure all recording and reporting has been completed.</p>



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16. Inform



Who do you need to inform about incidents? Which colleagues, managers and professionals need to know if the behaviour has happened?

.....

Communication is the key to sharing good practice and keeping people safe.

Who needs to know behaviour has occurred?

17. Update



Do other plans need to be updated or linked to this Behaviour Risk Management Plan in order to help manage risk?

YES []

NO []

Ensure plans are kept in a confidential manner whilst being accessible to those who need to refer to them.



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Check the person understands the content of this plan before they are asked to sign it*.



I agree with the use of this plan

Signed Service User:..... Date:



If you are not happy with this plan please talk to staff.

Staff will listen to you and try and make the plan better.

If you are still unhappy staff will support you to use the accessible complaints procedure.

Signed named nurse/manager:..... Date:

Signed:..... Date:

Signed:..... Date:

Signed:..... Date:

This plan has also been shared with the following people:

* If the person cannot understand the plan please use MCA paperwork to record the assessment of capacity and best interest decision making. Consider Deprivation of Liberty assessment and safeguards where appropriate.

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BEHAVIOUR RISK MANAGEMENT PLAN REVIEWS

REVIEW 1	Completed By:			Date:
Number of incidents since last review?				
Has frequency of behaviours increased?	YES	NO	Details here:	
Has severity of behaviours increased?	YES	NO	Details here:	
Has duration of behaviours increased?	YES	NO	Details here:	
Is there a full record of each incident and the interventions used?	YES	NO	Details here:	
Were interventions used effective?	YES	NO	Details here:	
Have there been any changes in behaviour?	YES	NO	Details here:	
Are changes to the Behaviour Risk Management Plan needed? If YES please state:	YES	NO	Details here:	
Have all reasonable measures been put in place to <u>safeguard</u> the well-being of the person and other people?	YES	NO	Details here:	
Responsible Person:				Date:

REVIEW 2	Completed By:			Date:
Number of incidents since last review?				
Has frequency of behaviours increased?	YES	NO	Details here:	
Has severity of behaviours increased?	YES	NO	Details here:	
Has duration of behaviours increased?	YES	NO	Details here:	
Is there a full record of each incident and the interventions used?	YES	NO	Details here:	
Were interventions used effective?	YES	NO	Details here:	
Have there been any changes in behaviour?	YES	NO	Details here:	
Are changes to the Behaviour Risk Management Plan needed? If YES please state:	YES	NO	Details here:	
Have all reasonable measures been put in place to <u>safeguard</u> the well-being of the person and other people?	YES	NO	Details here:	
Responsible Person:				Date: