


**Personal Information**

<b>Full Name:</b>		<b>Date Completed:</b>			
<b>Date of Birth:</b>		<b>Photo:</b>			
<b>Gender:</b>					
<b>CIRTS ID:</b>					
<b>NDIS Participant Number:</b>					
<b>Address:</b>					
<b>State:</b>				<b>Postcode:</b>	
<b>Phone number:</b>					
<b>Mobile:</b>					
<b>Email Address:</b>					
<b>Relevant Health Conditions/ Diagnosis</b>					

<b>Would you like to share anything about your cultural identity or ethnicity?</b>	<input type="checkbox"/> Yes → Answer the questions below <input type="checkbox"/> No → Continue to next section		
<b>What is your cultural identity or ethnicity?</b>			
<b>Do you identify as Aboriginal or Torres Strait Islander?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>What is your preferred language (if not English):</b>		<b>Interpreter Required?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Do you have a Cultural Support Plan?</b>	<input type="checkbox"/> Yes → Continue to the next section <input type="checkbox"/> No → Answer the next question		
<b>What important beliefs do you have? What traditions, customs or celebrations would you like to participate in? How can we best support you to do this?</b>			

## Key Contacts / Important contact information

Complete if other people meet with LWB on behalf of the person we support.

<b>First Key Contact</b> Consent to speak with LWB on the person's behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Emergency Contact?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Full Name</b>			
	<b>Relationship</b>			
	<b>Address</b>			
	<b>Phone number</b>			
	<b>Email address</b>			
<b>Second Key Contact</b> Consent to speak with LWB on the person's behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Emergency Contact?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Full Name</b>			
	<b>Relationship</b>			
	<b>Address</b>			
	<b>Phone number</b>			
	<b>Email address</b>			
<b>Authorised Decision Maker</b> Do you have someone who can make decisions on your behalf? <input type="checkbox"/> Yes – Please supply further information  <input type="checkbox"/> No  <b>Select which applies:</b>	<b>Function/s</b> <i>(e.g. medical and dental, services, accommodation)</i>			
	<b>Full Name</b>			
	<b>Position / Service</b>			
	<b>Phone number</b>			
	<b>Email address</b>			
	<input type="checkbox"/> <b>My Appointed Guardian</b>	<input type="checkbox"/> <b>My Person Responsible</b>	<input type="checkbox"/> <b>Other</b>	
<b>Authorised Financial Decision Maker (AFDM)</b> Who manages your finances? <input type="checkbox"/> Someone else – Please supply further information  <input type="checkbox"/> Self	<b>Full Name</b>			
	<b>Position / Service</b>			
	<b>Phone number</b>			
	<b>Email address</b>			

<p><b>Behaviour Support Practitioner</b> Do you have a Behaviour Support Practitioner? <input type="checkbox"/> Yes – Please add details <input type="checkbox"/> No</p>	<b>Full Name</b>	
	<b>Organisation</b>	
	<b>Phone number</b>	
	<b>Email address</b>	
<p><b>NDIA or LAC Planner</b> Do you have a NDIA or LAC Planner? <input type="checkbox"/> Yes – Please supply further information <input type="checkbox"/> No</p>	<b>Full Name</b>	
	<b>Organisation</b>	
	<b>Phone number</b>	
	<b>Email address</b>	
<p><b>Plan Nominee</b> Do you have a Plan Nominee? <input type="checkbox"/> Yes – Please supply further information <input type="checkbox"/> No</p>	<b>Full Name</b>	
	<b>Phone number</b>	
	<b>Email address</b>	
<p><b>Plan Manager</b> Do you have Plan Management in your plan? <input type="checkbox"/> Yes – Please supply further information <input type="checkbox"/> No</p>	<b>Full Name</b>	
	<b>Agency</b>	
	<b>Phone number</b>	
	<b>Email address</b>	
<p><b>Self-Managing – Nominee</b> Do you have a Nominee helping you Self-Manage your plan? <input type="checkbox"/> Yes – Please supply further information <input type="checkbox"/> No</p>	<b>Full Name</b>	
	<b>Phone number</b>	
	<b>Email address</b>	
<p><b>Support Coordination</b> Do you have Support Coordination in your plan? <input type="checkbox"/> Yes – Please supply further information <input type="checkbox"/> No</p>	<b>Full Name</b>	
	<b>Organisation</b>	
	<b>Phone number</b>	
	<b>Email address</b>	

Support Network	Name	Relationship	Contact no.
Include names and contact details of others within the person's Support Network (if needed)			

## Medical and Allied Health Professionals

Add details of all Medical or Allied Health Professionals who treat the person we support.

Add extra rows as required, by clicking in the bottom row and selecting the + on the right hand side.

Important Contacts	Name	Email	Phone
<b>General Practitioner:</b>			
<b>Address:</b>			
<b>Dentist:</b>			
<b>Address:</b>			
<b>Podiatrist:</b>			
<b>Address:</b>			
<b>Address:</b>			
<b>Address:</b>			
<b>Contact details of regular day location e.g. Work, Lifestyle Supports Centre, School</b>			
<b>Not Applicable:</b> <input type="checkbox"/>	<b>Description</b>	<input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Lifestyle Support Centre <input type="checkbox"/> <b>Other:</b>	
<b>Name of Location:</b>		<b>Contact No.</b>	
<b>Address:</b>			

## Support Requirements

High Intensity Daily Personal Activities (HIDPA)				N/A <input type="checkbox"/>
<input type="checkbox"/>	Complex Bowel Care	<input type="checkbox"/>	Severe Dysphagia	
<input type="checkbox"/>	Complex Wound Care	<input type="checkbox"/>	Spinal Injury – Autonomic Dysreflexia	
<input type="checkbox"/>	Enteral Feeding	<input type="checkbox"/>	Subcutaneous Injections	
<input type="checkbox"/>	Emergency Seizure Medication (Midazolam) Administration	<input type="checkbox"/>	Tracheostomy Support	
<input type="checkbox"/>	Non-Invasive Ventilator Support	<input type="checkbox"/>	Urinary Catheter Support	

Positive Behaviour Support		N/A <input type="checkbox"/>
Support plan? <input type="checkbox"/> Yes →	Name of plan:	
If the Behaviour Support Plan contains a restrictive practice, Restrictive Practice Authorisation (RPA) must be gained. Refer to the <a href="#">NDIS LWB 5801 Implementing Behaviour Support - Procedure</a>		

Alerts		
Allergy Alert	<input type="checkbox"/> Yes - Refer to the person's Allergy Action Plan developed by the AQHP	<input type="checkbox"/> N/A
Dysphagia Alert	<input type="checkbox"/> Yes Refer to the <a href="#">NDIS LWB 5517 My Meals My Way - Procedure</a> and the <a href="#">NDIS LWB 5524 Mealtime Management Plan</a>	<input type="checkbox"/> N/A
Do Not Resuscitate Plan	<input type="checkbox"/> Yes - Refer to the <a href="#">NDIS LWB 5574 Palliative Care Plan</a>	<input type="checkbox"/> N/A
Polypharmacy	<input type="checkbox"/> Yes - Refer to the Medication Practice Guide	<input type="checkbox"/> N/A

## Support Requirements

Indicate the areas which the person requires support from LWB. If they have a plan in place for the support requirement, provide the name of the plan. If they require support but do not have a support plan, provide details of their preferences for how LWB staff can assist them and ensure an appropriate support plan is developed. Where the person does not require support with the activity, select the Not Applicable (N/A) option within the blue bar. All support plans should be saved in CIRTS.

Personal Care (e.g. Dressing/Undressing, Toileting, Showering, Hygiene and Grooming)		N/A <input type="checkbox"/>
Support plan?	<input type="checkbox"/> Yes → Name of plan:	
	<input type="checkbox"/> No → Support requirements:	

<b>Eating and Drinking</b>		<b>N/A</b> <input type="checkbox"/>
<b>Support plan?</b>	<input type="checkbox"/> <b>Yes → Name of plan:</b>	
	<input type="checkbox"/> <b>No → Support requirements:</b>	
<b>Transfers, Repositioning and Mobility</b>		<b>N/A</b> <input type="checkbox"/>
<b>Support plan?</b>	<input type="checkbox"/> <b>Yes → Name of plan:</b>	
	<input type="checkbox"/> <b>No → Support requirements:</b>	
<b>Health Care (e.g. Diabetes, Epilepsy, Asthma etc)</b>		<b>N/A</b> <input type="checkbox"/>
<b>Support plan?</b>	<input type="checkbox"/> <b>Yes → Name of plan:</b>	
	<input type="checkbox"/> <b>No → Support requirements:</b>	
<b>Palliative Care</b>		<b>N/A</b> <input type="checkbox"/>
<b>Support plan?</b>	<input type="checkbox"/> <b>Yes → Name of plan:</b>	
	<input type="checkbox"/> <b>No → Support requirements:</b>	
<b>Mental Health</b>		<b>N/A</b> <input type="checkbox"/>
<b>Support plan?</b>	<input type="checkbox"/> <b>Yes → Name of plan:</b>	
	<input type="checkbox"/> <b>No → Support requirements:</b>	
<b>Other Supports Required?</b> (e.g. sleeping, transportation, community access, social/recreation activities etc) Add extra rows as required, by clicking in the bottom row and selecting the +		<b>N/A</b> <input type="checkbox"/>
<b>Support Requirement:</b>		
<b>Support plan?</b>	<input type="checkbox"/> <b>Yes → Name of plan:</b>	
	<input type="checkbox"/> <b>No → Support requirements:</b>	
<b>Support Requirement:</b>		
<b>Support plan?</b>	<input type="checkbox"/> <b>Yes → Name of plan:</b>	
	<input type="checkbox"/> <b>No → Support requirements:</b>	
<b>Support Requirement:</b>		
<b>Support plan?</b>	<input type="checkbox"/> <b>Yes → Name of plan:</b>	
	<input type="checkbox"/> <b>No → Support requirements:</b>	

<b>Communication</b>		N/A <input type="checkbox"/>
<b>Support plan?</b>	<input type="checkbox"/> <b>Yes</b> → Name of plan:	
	<input type="checkbox"/> <b>No</b> → Answer the questions below	
<b>Do you use any communication tools or systems?</b> e.g. signing, communication books, cards, devices, apps, communication dictionary, communication profile	<input type="checkbox"/> <b>No</b> → Continue to Communication Dictionary	
	<input type="checkbox"/> <b>Yes</b> →	
<b>Communication Dictionary – if a Communication Dictionary does not already exist, and if relevant, complete details below to assist staff to understand your expressive communication. (Add extra rows as required, by clicking in the bottom row and selecting the + on the right hand side)</b>		N/A <input type="checkbox"/>
<b>When I</b>	<b>It means</b>	<b>And you should</b>

Transport	
<b>Does the person require LWB to provide transport e.g. to appointments, to go shopping, to access the community?</b>	<input type="checkbox"/> <b>No</b> → Continue to next section <input type="checkbox"/> <b>Yes</b> → Answer the following questions
<b>Does the person have any positive behaviour support needs related to transport?</b>	<input type="checkbox"/> <b>No</b> → Continue to next question <input type="checkbox"/> <b>Yes</b> <b>If YES – does the person have a Positive Behaviour Support Plan?</b> <input type="checkbox"/> <b>No</b> → A Positive Behaviour Support Plan that includes strategies for safe transport must be developed and provided to LWB. <input type="checkbox"/> <b>Yes</b> <b>If YES – does the Positive Behaviour Support Plan include strategies for safe transport?</b> <input type="checkbox"/> <b>No</b> → The Positive Behaviour Support Plan must be reviewed and updated to include strategies for safe transport and provided to LWB. <input type="checkbox"/> <b>Yes</b> → <u>Name of plan:</u>
<b>Does the person have any mobility support needs related to transport?</b>	<input type="checkbox"/> <b>No</b> → Continue to next question <input type="checkbox"/> <b>Yes</b> <b>If YES – does the person have a Transferring, Repositioning and Mobility (TRAM) Plan?</b> <input type="checkbox"/> <b>No</b> → A Transferring, Repositioning and Mobility Plan that includes strategies for safe transport must be developed and provided to LWB. <input type="checkbox"/> <b>Yes</b> <b>If YES – does the Transferring, Repositioning and Mobility (TRAM) Plan include strategies for safe transport?</b> <input type="checkbox"/> <b>No</b> → The Transferring, Repositioning and Mobility Plan must be reviewed and updated to include strategies for safe transport and provided to LWB. <input type="checkbox"/> <b>Yes</b> → <u>Name of plan:</u>
<b>Does the person have any other transport specific support needs? E.g. person gets car sick unless they are seated next to a window.</b>	<input type="checkbox"/> <b>No</b> → Continue to next section <input type="checkbox"/> <b>Yes</b> → Support Requirements:

## Medication Administration

<b>Medication Administration</b>
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<p><b>Does the person need support with medication administration?</b></p>	<p><input type="checkbox"/> <b>Yes</b> → Name of plan:</p> <p>OR</p> <p><b>Support Requirements if the person does not currently have a plan:</b></p>
	<p><input type="checkbox"/> <b>No</b> → The person self-manages their medication administration and agrees that LWB will follow general emergency response only, if required.</p>
<p><b>Is the person currently taking any S8 medications</b></p>	<p><input type="checkbox"/> <b>Yes</b> → Refer to the <a href="#">NDIS LWB 5402 Medication Administration – Practice Guide</a> for information around safe storage of medication and remind any person who self-manages their medication of their obligation to meet LWB requirements.</p>
	<p><input type="checkbox"/> <b>No</b></p>
<p><b>Is the person currently taking five (5) or more medications?</b></p>	<p><input type="checkbox"/> <b>Yes</b> → Refer to the <a href="#">NDIS LWB 5402 Medication Administration – Practice Guide</a> for information about risks associated with polypharmacy and remind any person who self-manages their medication to ensure they have their medications regularly reviewed by their GP and/or other prescribers.</p>
	<p><input type="checkbox"/> <b>No</b></p>
<p><b>Does the person have a Behaviour Support Plan that includes medication that has been prescribed as a Chemical Restraint?</b></p>	<p><input type="checkbox"/> <b>Yes</b> → Refer to the <a href="#">NDIS LWB 5801 Implementing Behaviour Support - Procedure</a></p>
	<p><input type="checkbox"/> <b>No</b></p>

## Person Living Alone

This section is to be completed if the person lives alone and is requesting Assistance with Daily Personal Activities under registration group 0107 and one LWB staff member provides 75% or more of the support.

<b>Person Living Alone</b>		N/A <input type="checkbox"/>
<b>Is the person receiving supports or services from any other NDIS provider?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes → Name of provider/s:	
<b>Does the person have regular face-to-face contact with relatives, friends or other people</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes → Name of person: Frequency of contact:	
<b>Does the person have limited or no physical mobility unless assisted by another person?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes If YES – does the person use equipment to enable physical mobility? <input type="checkbox"/> No <input type="checkbox"/> Yes → Type of equipment:	
<b>Does the person have limited or no ability to communicate with others?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes If YES – does the person use equipment to enable communication with others? <input type="checkbox"/> No <input type="checkbox"/> Yes → Type of equipment:	
<b>Support Documentation</b>	NDIS LWB 5001 Client Profile <a href="#">NDIS LWB 5905 Person Living Alone - Support Plan</a> <a href="#">NDIS LWB 5906 Person Living Alone - Monitoring and Review Plan</a> <a href="#">NDIS LWB 5907 Person Living Alone - Staff Supervision Plan</a>	

## Risk Management Plan

The instructions for how to identify risk and develop a Risk Management Plan are in [Appendix 1](#) - page 13 onwards. The Risk Management Plan appears here to ensure staff can quickly locate the information.

Double click on “Enter text” to complete each question or use tab to move to the next section. Add extra Risk Management Plan tables for each identified risk, by clicking anywhere on the table and selecting the + on the bottom right corner. Ensure the range of page numbers are recorded.

### Risk Management Plan

<b>1. Number &amp; description of risk:</b>	#
<b>2. Is this a risk to the person?</b>	<b>No</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> → <b>Describe how:</b>
<b>3. Unmanaged risk Category (to the Person)</b>	<b>Critical</b> <input type="checkbox"/> <b>High</b> <input type="checkbox"/> <b>Medium</b> <input type="checkbox"/> <b>Low</b> <input type="checkbox"/> <b>N/A</b> <input type="checkbox"/>
<b>4. Is this a risk to Others?</b>	<b>No</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> → <b>Describe how:</b>
<b>5. Unmanaged risk Category (to Others)</b>	<b>Critical</b> <input type="checkbox"/> <b>High</b> <input type="checkbox"/> <b>Medium</b> <input type="checkbox"/> <b>Low</b> <input type="checkbox"/> <b>N/A</b> <input type="checkbox"/>
<b>6. List any ISP Goals this risk affects.</b>	
<b>7. What source of information confirms this is a risk for the person?</b>	
<b>8. What conditions cause this risk to be active? (triggers, indications).</b>	
<b>9. What are the means of prevention?</b>	
<b>10. What support plans are in place to manage this risk?</b>	
<b>11. Where are the support plans located?</b>	
<b>12. What support plans need to be developed?</b>	
<b>13. Is a Restrictive Practice Authorised for this risk?</b>	<b>No</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> → Complete the Restrictive Practices section on the following page
<b>14. What is the managed risk category?</b>	<b>Critical</b> <input type="checkbox"/> <b>High</b> <input type="checkbox"/> <b>Medium</b> <input type="checkbox"/> <b>Low</b> <input type="checkbox"/> <b>N/A</b> <input type="checkbox"/>
	<b>Page                      of</b>

## Self-Managed Risk

A person with the ability may choose to entirely manage the risk themselves with no support from LWB required. In this case, LWB will provide general emergency response only.

Click on the table below and select the + in the bottom right corner to add more tables as required for each self-managed risk.

No.		Risk Description	
		The person we support chooses to self-manage risk and agrees to LWB general emergency response if required	<input type="checkbox"/> Yes

## Independence and Informed Choice

A person with the ability may choose to explore alternate risk management strategies regarding identified risk outside of usual LWB Risk Management through enacting the [LWB NDIS 936 Statement of Informed Choice](#). Use of the Statement of Informed choice is detailed within the [NDIS LWB 931 Independence and Informed Choice Procedure](#), and [NDIS LWB 932 Independence and Informed Choice Practice Guide](#).

**Note:** The LWB Statement of Informed Choice cannot be applied to the management of risks related to the delivery of High Intensity Daily Personal Activities (HIDPA) or special conditions related to people living alone receiving Lifestyle Supports - Assistance with Daily Personal Activities, claimed under registration group 0107.

Click on the table below and select the + in the bottom right corner to add more tables as required for each risk covered by a signed Statement of Informed Choice.

No.		Risk Description	
		The person we support chooses to work through Independence and Informed Choice process to manage Risk.	<input type="checkbox"/> Yes
		The person we support has signed a Statement of Informed Choice in regard to this risk.	<input type="checkbox"/> Yes

## Restrictive Practices

Where Restrictive Practices have been authorised to manage Client Risk, including Positive Behaviour Support, complete an entry for each Authorised Practice in the table below. Add rows as required by clicking in the bottom row and selecting the + on the right hand side.

Details of Restrictive Practice	Authorisation Date	Expiry Date

## Signatures

Completed by:		Signature:		Date Completed:	
Line Manager Name:		Signature:		Date Signed:	
The person we support:		Signature:		Date Signed:	
Authorised Decision Maker*:		Signature:		Date Signed:	

\* If the person we support is unable to sign

## Review

The Client Profile must be reviewed at least annually, or new risks identified/changed risks

**Upload to CIRTS as follows:** Plans & Assessments>Plans- Add New Plan>Select from dropdown: Client Profile, Add date, Select Add New Attachment>Client Profile SURNAME, First Name. YYYY.MM.DD

### Staff accountability

All staff who work with this person to sign:					
By signing below I understand I am indicating that:					
<input checked="" type="checkbox"/> I have read the person's Client Profile.					
<input checked="" type="checkbox"/> I understand the Support requirements including the Risk Management Plans for this person and am able to implement them.					
<input checked="" type="checkbox"/> I understand my responsibility in supporting the person to manage risk and identify when new risk arises, or when existing management plans may no longer be effective.					
Name		Signature		Date	
Name		Signature		Date	
Name		Signature		Date	
Name		Signature		Date	
Name		Signature		Date	
Name		Signature		Date	
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Name		Signature		Date	

## Appendix 1 - Identifying and Managing Client Risk

Identifying and managing Client Risk is completed in two stages.

1. Identifying risks relevant to the person we support by completing the Client Risk Checklist
2. Developing Risk Management Plans for each risk identified.

This process is mandatory for people we support in SSL and STA settings and as applicable to supports being provided for people in the LS setting.

### Stage 1 - Completing the Client Risk Checklist

The checklist is to be completed by a worker who is familiar with the person we support by working through each Risk Category (shaded blue) within the Risk Checklist

1. Where no risks within the category apply to the person, select the Not Applicable (NA) option listed in the blue bar and move to the next category.
2. Where risks within the category are relevant, work through each risk and select either No or Yes. A selection must be recorded for each risk.
3. Where a particular risk area or a risk associated with an Individual Support Plan is not listed, add details in “Other” section of the category.
4. High Intensity Daily Personal Activities (HIDPA) – Where the person has no HIDPA support requirements, select No HIDPA requirements checkbox at top of the page. Otherwise, work through each category as per previous risk areas.

Once the Checklist has been completed, refer below to Stage 2 – Developing the Risk Management Plan(s) and develop a Risk Management Plan for every risk ticked as Yes.

**Note:** Please refer to the [NDIS LWB 5001c Client Profile – Resource for Client Risk Checklist Management](#) for assistance with the definition of Risks, examples and suggested Risk Management Strategies. Complete the relevant sections where the person chooses to manage their own risk or where the person chooses to enact the Statement of Informed Choice in lieu of risk management.

Lifestyle – Environmental & Social		No	Yes	N/A
9	Traffic, roads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Number assigned to Risk.

Risk Category – risks are grouped per category

If no risks within the Risk Category apply, select N/A (Not Applicable)

Name of Risk

Where risk category applies, select No or Yes for every risk listed.



## Risk Checklist

Read the overall Risk Category – if no risks apply to the person we support, select N/A. Otherwise, select No or Yes to indicate if the risk is relevant.

<b>Lifestyle – Hazard Exposure</b>		No	Yes	N/A <input type="checkbox"/>	14	Other housemates	<input type="checkbox"/>	<input type="checkbox"/>	28	Intimidation – physical or verbal	<input type="checkbox"/>	<input type="checkbox"/>		
1	Electricity	<input type="checkbox"/>	<input type="checkbox"/>		15	Family, carers	<input type="checkbox"/>	<input type="checkbox"/>	29	Use of projectiles or weapons	<input type="checkbox"/>	<input type="checkbox"/>		
2	Fire lighting, flammables	<input type="checkbox"/>	<input type="checkbox"/>		16	Other visitors to the home	<input type="checkbox"/>	<input type="checkbox"/>	30	Property damage	<input type="checkbox"/>	<input type="checkbox"/>		
3	Sharps / knives	<input type="checkbox"/>	<input type="checkbox"/>		17	Cultural, linguistic, religious	<input type="checkbox"/>	<input type="checkbox"/>	31	Harassment / stalking	<input type="checkbox"/>	<input type="checkbox"/>		
4	Poisons	<input type="checkbox"/>	<input type="checkbox"/>		18	Social isolation	<input type="checkbox"/>	<input type="checkbox"/>	32	Harm to animals	<input type="checkbox"/>	<input type="checkbox"/>		
5	Water hazard / bathing	<input type="checkbox"/>	<input type="checkbox"/>		19	Limited / no informal supports	<input type="checkbox"/>	<input type="checkbox"/>	33	Exploiting others	<input type="checkbox"/>	<input type="checkbox"/>		
6	Sun exposure	<input type="checkbox"/>	<input type="checkbox"/>		20	Homelessness	<input type="checkbox"/>	<input type="checkbox"/>	34	Slamming doors	<input type="checkbox"/>	<input type="checkbox"/>		
7	Emergency Evacuation	<input type="checkbox"/>	<input type="checkbox"/>		21	Leaving care	<input type="checkbox"/>	<input type="checkbox"/>	35	Other:	<input type="checkbox"/>	<input type="checkbox"/>		
8	Other:	<input type="checkbox"/>	<input type="checkbox"/>		22	Waiting for services / in lines	<input type="checkbox"/>	<input type="checkbox"/>	<b>Lifestyle – Relationships &amp; Sexuality</b>		No	Yes	N/A <input type="checkbox"/>	
<b>Lifestyle – Environment &amp; Social</b>		No	Yes	N/A <input type="checkbox"/>	23	Other:	<input type="checkbox"/>	<input type="checkbox"/>	36	At risk of exploitation	<input type="checkbox"/>	<input type="checkbox"/>		
9	Traffic, roads	<input type="checkbox"/>	<input type="checkbox"/>		<b>Lifestyle – Harm to Self or Others</b>			No	Yes	N/A <input type="checkbox"/>	37	Unsafe sex	<input type="checkbox"/>	<input type="checkbox"/>
10	Travel, unit vehicle	<input type="checkbox"/>	<input type="checkbox"/>		24	Suicide risk	<input type="checkbox"/>	<input type="checkbox"/>	38	Behaviours of concern	<input type="checkbox"/>	<input type="checkbox"/>		
11	Travel, public transport	<input type="checkbox"/>	<input type="checkbox"/>		25	Self-harm / self-injury	<input type="checkbox"/>	<input type="checkbox"/>	39	Non-consensual touching	<input type="checkbox"/>	<input type="checkbox"/>		
12	Stranger danger	<input type="checkbox"/>	<input type="checkbox"/>		26	Assault – physical	<input type="checkbox"/>	<input type="checkbox"/>	40	Domestic violence	<input type="checkbox"/>	<input type="checkbox"/>		
13	Wandering, absconding	<input type="checkbox"/>	<input type="checkbox"/>		27	Assault - verbal	<input type="checkbox"/>	<input type="checkbox"/>	41	Discussing inappropriate sexual subjects	<input type="checkbox"/>	<input type="checkbox"/>		

42	Obscene gestures	<input type="checkbox"/>	<input type="checkbox"/>		56	Aggression from others	<input type="checkbox"/>	<input type="checkbox"/>		71	Alertness	<input type="checkbox"/>	<input type="checkbox"/>		
43	Removing clothing in public	<input type="checkbox"/>	<input type="checkbox"/>		57	Exploitation from others	<input type="checkbox"/>	<input type="checkbox"/>		72	Behaviour related to eating and drinking	<input type="checkbox"/>	<input type="checkbox"/>		
44	Other:	<input type="checkbox"/>	<input type="checkbox"/>		58	Being targeted by others	<input type="checkbox"/>	<input type="checkbox"/>		73	PICA	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Lifestyle – Unsafe Lifestyle Choices</b>		<b>No</b>	<b>Yes</b>	<b>N/A</b> <input type="checkbox"/>	59	Other:	<input type="checkbox"/>	<input type="checkbox"/>		74	Mealtime environment	<input type="checkbox"/>	<input type="checkbox"/>		
45	Drugs / medication misuse	<input type="checkbox"/>	<input type="checkbox"/>		<b>Health and Wellbeing – Eating and Drinking</b>			<b>No</b>	<b>Yes</b>	<b>N/A</b> <input type="checkbox"/>	75	Other:	<input type="checkbox"/>	<input type="checkbox"/>	
46	Alcohol	<input type="checkbox"/>	<input type="checkbox"/>		60	Assistance with eating and drinking	<input type="checkbox"/>	<input type="checkbox"/>		<b>Health and Wellbeing – Medical Conditions</b>			<b>No</b>	<b>Yes</b>	<b>N/A</b> <input type="checkbox"/>
47	Smoking	<input type="checkbox"/>	<input type="checkbox"/>		61	Food allergies	<input type="checkbox"/>	<input type="checkbox"/>		76	Fractures, cuts	<input type="checkbox"/>	<input type="checkbox"/>		
48	Criminal / illegal behaviours	<input type="checkbox"/>	<input type="checkbox"/>		62	Dysphagia (swallowing difficulty)	<input type="checkbox"/>	<input type="checkbox"/>		77	Bruising, abrasions	<input type="checkbox"/>	<input type="checkbox"/>		
49	Hoarding	<input type="checkbox"/>	<input type="checkbox"/>		63	Choking and Aspiration – food, fluid, saliva	<input type="checkbox"/>	<input type="checkbox"/>		78	Seizures	<input type="checkbox"/>	<input type="checkbox"/>		
50	Self-neglect	<input type="checkbox"/>	<input type="checkbox"/>		64	Specialised diet	<input type="checkbox"/>	<input type="checkbox"/>		79	Respiratory conditions	<input type="checkbox"/>	<input type="checkbox"/>		
51	Antisocial peers	<input type="checkbox"/>	<input type="checkbox"/>		65	Texture modified diet	<input type="checkbox"/>	<input type="checkbox"/>		80	Allergies	<input type="checkbox"/>	<input type="checkbox"/>		
52	Other:	<input type="checkbox"/>	<input type="checkbox"/>		66	Thickened fluids	<input type="checkbox"/>	<input type="checkbox"/>		81	Skin conditions	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Health &amp; Wellbeing – Abuse or Neglect</b>		<b>No</b>	<b>Yes</b>	<b>N/A</b> <input type="checkbox"/>	67	Modified utensils / equipment	<input type="checkbox"/>	<input type="checkbox"/>		82	Endocrine conditions	<input type="checkbox"/>	<input type="checkbox"/>		
53	Abuse – observed, suspected, reported	<input type="checkbox"/>	<input type="checkbox"/>		68	Positioning	<input type="checkbox"/>	<input type="checkbox"/>		83	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>		
54	Evidence of neglect	<input type="checkbox"/>	<input type="checkbox"/>		69	Declines food	<input type="checkbox"/>	<input type="checkbox"/>		84	Sleep disorders	<input type="checkbox"/>	<input type="checkbox"/>		
55	Community Services involvement	<input type="checkbox"/>	<input type="checkbox"/>		70	Dehydration	<input type="checkbox"/>	<input type="checkbox"/>		85	Constipation	<input type="checkbox"/>	<input type="checkbox"/>		

86	Incontinence	<input type="checkbox"/>	<input type="checkbox"/>		100	Showering / bathing	<input type="checkbox"/>	<input type="checkbox"/>		114	Other:	<input type="checkbox"/>	<input type="checkbox"/>		
87	Mental illness	<input type="checkbox"/>	<input type="checkbox"/>		101	Dental hygiene	<input type="checkbox"/>	<input type="checkbox"/>		<b>Health &amp; Wellbeing – Mobility &amp; Lifting Supports</b>			No	Yes	N/A
88	Dementia	<input type="checkbox"/>	<input type="checkbox"/>		102	Shaving	<input type="checkbox"/>	<input type="checkbox"/>		115	Transfers	<input type="checkbox"/>	<input type="checkbox"/>		
89	Obesity	<input type="checkbox"/>	<input type="checkbox"/>		103	Grooming	<input type="checkbox"/>	<input type="checkbox"/>		116	Mobility	<input type="checkbox"/>	<input type="checkbox"/>		
90	Teeth and gum conditions	<input type="checkbox"/>	<input type="checkbox"/>		104	Other:	<input type="checkbox"/>	<input type="checkbox"/>		117	Vehicle access	<input type="checkbox"/>	<input type="checkbox"/>		
91	Night time checking required	<input type="checkbox"/>	<input type="checkbox"/>		<b>Health &amp; Wellbeing – Accidental Movement</b>			No	Yes	N/A	118	Moving in bed	<input type="checkbox"/>	<input type="checkbox"/>	
92	Other:	<input type="checkbox"/>	<input type="checkbox"/>		105	Startle reflex	<input type="checkbox"/>	<input type="checkbox"/>		119	Personal care tasks	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Health &amp; Wellbeing – Medical Intervention</b>		No	Yes	N/A	106	Panic behaviour	<input type="checkbox"/>	<input type="checkbox"/>		120	Other:	<input type="checkbox"/>	<input type="checkbox"/>		
93	Medication – complex administration	<input type="checkbox"/>	<input type="checkbox"/>		107	Grabbing, holding, leaning	<input type="checkbox"/>	<input type="checkbox"/>		<b>Personal Finance – Unsafe Actions</b>			No	Yes	N/A
94	Declines regular medication	<input type="checkbox"/>	<input type="checkbox"/>		108	Sudden body movements	<input type="checkbox"/>	<input type="checkbox"/>		121	Limited concept of money	<input type="checkbox"/>	<input type="checkbox"/>		
95	Declines appointments	<input type="checkbox"/>	<input type="checkbox"/>		109	Falling, tripping	<input type="checkbox"/>	<input type="checkbox"/>		122	Inability to budget	<input type="checkbox"/>	<input type="checkbox"/>		
96	Declines examinations	<input type="checkbox"/>	<input type="checkbox"/>		110	Bumping, running	<input type="checkbox"/>	<input type="checkbox"/>		123	Vulnerable to exploitation	<input type="checkbox"/>	<input type="checkbox"/>		
97	Declines to follow medical advice	<input type="checkbox"/>	<input type="checkbox"/>		111	Other:	<input type="checkbox"/>	<input type="checkbox"/>		124	Inappropriately giving money away	<input type="checkbox"/>	<input type="checkbox"/>		
98	Other:	<input type="checkbox"/>	<input type="checkbox"/>		<b>Health &amp; Wellbeing – Infectious Diseases</b>			No	Yes	N/A	145	Losing wallets / purses / bags	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Health &amp; Wellbeing – Personal Care</b>		No	Yes	N/A	112	Chronic	<input type="checkbox"/>	<input type="checkbox"/>		126	Cannot ask for receipts	<input type="checkbox"/>	<input type="checkbox"/>		

99	Toileting	<input type="checkbox"/>	<input checked="" type="checkbox"/>		113	Recurrent	<input type="checkbox"/>	<input checked="" type="checkbox"/>		127	Tries to borrow money	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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128	Impulsive spending	<input type="checkbox"/>	<input checked="" type="checkbox"/>
129	Gambling	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	Other:	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Note - Lifestyle Supports:** If any risks in the Health and Wellbeing – Eating and Drinking section (risks 60-75) are ticked YES, please refer to the [NDIS LWB 5520 Nutrition and Swallowing Risk Checklist – Procedure](#) for guidance.

Where **none of the above listed risks are present in the person’s life**, select the below option.

<input type="checkbox"/>	None of the above risks (including other) or HIDPA risks (below) are relevant for this person.
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**High Intensity Personal Daily Activities (HIDPA)**

If the person does not have any HIDPA support requirements check this box

HIDPA – Complex Bowel Care		No	Yes	N/A <input type="checkbox"/>	137	Indwelling catheter care	<input type="checkbox"/>	<input type="checkbox"/>		144	Emergency response & ambulance	<input type="checkbox"/>	<input type="checkbox"/>		
131	Enema administration	<input type="checkbox"/>	<input type="checkbox"/>		138	Suprapubic catheter care	<input type="checkbox"/>	<input type="checkbox"/>		HIDPA – Enteral Feeding & Management		No	Yes	N/A <input type="checkbox"/>	
132	Suppository administration	<input type="checkbox"/>	<input type="checkbox"/>		139	Clean intermittent catheterisation	<input type="checkbox"/>	<input type="checkbox"/>		145	Gastronomy feeding & management (bolus, gravity, pump)	<input type="checkbox"/>	<input type="checkbox"/>		
133	Manual evacuation of faeces	<input type="checkbox"/>	<input type="checkbox"/>		140	Urinary catheter flush / bladder wash out	<input type="checkbox"/>	<input type="checkbox"/>		146	PEG tube feeding and management	<input type="checkbox"/>	<input type="checkbox"/>		
134	Digital rectal stimulation	<input type="checkbox"/>	<input type="checkbox"/>		HIDPA – Tracheostomy Management			No	Yes	N/A <input type="checkbox"/>	147	Nasogastric Tube (NGT) feeding and management	<input type="checkbox"/>	<input type="checkbox"/>	
135	Colostomy management	<input type="checkbox"/>	<input type="checkbox"/>		141	Changing tracheostomy tubes	<input type="checkbox"/>	<input type="checkbox"/>		148	Medication administration through Gastronomy or NGT	<input type="checkbox"/>	<input type="checkbox"/>		
HIDPA – Urinary Catheter Management		No	Yes	N/A <input type="checkbox"/>	142	Checking ties	<input type="checkbox"/>	<input type="checkbox"/>		149	Balloon volume	<input type="checkbox"/>	<input type="checkbox"/>		
136	Uridome application and catheter care	<input type="checkbox"/>	<input type="checkbox"/>		143	Suctioning through a tracheostomy tube	<input type="checkbox"/>	<input type="checkbox"/>		150	Oral suctioning	<input type="checkbox"/>	<input type="checkbox"/>		

HIDPA – Complex Wound Management		No	Yes	N/A <input type="checkbox"/>	HIDPA – Subcutaneous injections		No	Yes	N/A <input type="checkbox"/>	165	Positioning	<input type="checkbox"/>	<input type="checkbox"/>	
151	Pressure area management	<input type="checkbox"/>	<input type="checkbox"/>		158	Adrenaline auto-injector	<input type="checkbox"/>	<input type="checkbox"/>		166	Texture modified diet	<input type="checkbox"/>	<input type="checkbox"/>	
152	Wound management	<input type="checkbox"/>	<input type="checkbox"/>		159	Insulin administration	<input type="checkbox"/>	<input type="checkbox"/>		167	Thickened fluids	<input type="checkbox"/>	<input type="checkbox"/>	
153	Stoma care	<input type="checkbox"/>	<input type="checkbox"/>		160	Other variable fixed dose injections	<input type="checkbox"/>	<input type="checkbox"/>		168	Modified utensils / equipment	<input type="checkbox"/>	<input type="checkbox"/>	
HIDPA – Ventilator Management		No	Yes	N/A <input type="checkbox"/>	161	Glycerol Tri Nitrate administration	<input type="checkbox"/>	<input type="checkbox"/>						
154	C-PAP / BiPAP	<input type="checkbox"/>	<input type="checkbox"/>		HIDPA – Severe Dysphagia Management		No	Yes	N/A <input type="checkbox"/>					
155	Ventilator management with tracheostomy	<input type="checkbox"/>	<input type="checkbox"/>		162	Strategies to reduce hazards and risks of choking and aspiration	<input type="checkbox"/>	<input type="checkbox"/>						
156	Adjusting ventilator settings	<input type="checkbox"/>	<input type="checkbox"/>		163	Food and fluid preparation techniques	<input type="checkbox"/>	<input type="checkbox"/>						
157	Oxygen therapy	<input type="checkbox"/>	<input type="checkbox"/>		164	Specialised diet	<input type="checkbox"/>	<input type="checkbox"/>						

**Stage 2 – Developing the Risk Management Plan(s)**

The outcome of the Risk Checklist is the development of a Risk Management Plan for every risk answered with a YES in the Risk Checklist. Create as many Risk Management Plans as required to cover off all risks identified.

1.	<b>Number and Risk Description:</b>	Enter number and list the Risk of <b>every risk</b> identified in the Risk Checklist with a <b>Yes</b> . <b>Note:</b> Refer to <a href="#">NDIS LWB 5001c Client Profile – Resource for Client Risk Checklist and Risk Management</a> for information including examples of each risk. All Risks must have a Risk Management Plan completed.
2.	<b>Risk to the Person</b>	Select <b>Y</b> if this risk affects the actual person themselves or No if the risk is to others only. Briefly describe how it affects the person.
3.	<b>Unmanaged Risk Category:</b>	If there were no plans in place or staff did nothing to manage this risk, what category would the risk be? <b>Use</b> the <a href="#">Table 1. - Risk Category Table</a> and the <a href="#">Table 2. Consequence Rating Table</a> to assess and select the unmanaged risk category – as Critical, High, Medium or Low – by considering the level of risk as it stands without any risk management strategies being undertaken. For example, there are no management plans in place or plans are not followed. Enter the category into the ' <a href="#">Unmanaged Risk Category</a> ' Row. Where a 'high' or 'critical' risk is determined, staff need to follow the escalation instructions in <a href="#">Table 3 - Risk Escalation Table</a> .
4.	<b>Risk to Others</b>	Select <b>Y</b> if this risk also affects others including housemates, staff and any visitors. Briefly describe how it affects others.
5.	<b>Unmanaged Risk Category:</b>	If there were no plans in place or staff did nothing to manage this risk, what category would the risk be?

		<p><b>Use</b> the <a href="#">Table 1. - Risk Category Table</a> and the <a href="#">Table 2. Consequence Rating Table</a> to assess and select the unmanaged risk category – as Critical, High, Medium or Low – by considering the level of risk as it stands without any risk management strategies being undertaken. For example, there are no management plans in place or plans are not followed.</p> <p>Enter the category into the '<a href="#">Unmanaged Risk Category</a>' Row.</p>
6.	<b>ISP Goals</b>	Does this risk affect any ISP Goals? If Yes, list the goals affected and ensure the risk management strategies are used when supporting the person with those goals – this may include development of a risk management protocol specifically to support that goal. Complete this section following the development of the person's ISP.
7.	<b>Source of Information:</b>	Write down who reported the risk / how it was identified. Written information provided about the risk should be kept on the person's file.
8.	<b>Conditions</b>	List what conditions need to be in place for the risk to become active – include such things as weather, time of day, noise levels, events etc. (triggers)
9.	<b>Means of Prevention</b>	Describe how the risk is minimised or eliminated by describing the actions staff should take <u>to prevent</u> a situation occurring. If a formal plan has been developed to manage the risk by a professional e.g. Behaviour Support Practitioner or Speech Pathologist, the name of the relevant plan should be listed in the column and support workers must ensure they read, understand and implement the plan. Plans written by a professional practitioner or Allied Health Professional must not be summarised or transcribed.
10.	<b>Support Plans</b>	<p><b>Management / Support Plans:</b> covers how to best manage the situation if the prevention stage didn't work and the situation occurs or escalates. If the strategy for managing risk has been documented, ensure it is saved in CIRTS and staff understand how to find and implement the strategy.</p> <p><b>Note:</b> Please refer to the <a href="#">NDIS LWB 5001c Client Profile – Resource for Client Risk Checklist and Risk Management</a> for suggested Risk Management Strategies.</p>



		If the plan is a personal routine-based plan and has been created by a staff member, the plan should be written with input from the person we support, their Support Network and staff who know the person well and endorsed by the Team Leader / Line Manager.
11.	<b>Location of Plans</b>	List where staff can find the support plans in place – e.g. whether there is a printed copy / copy in CIRTS etc.
12.	<b>Plans to be developed</b>	Provide details of any Support Plans that need to be developed e.g. Behaviour Support Plan, Health related plan. Ensure work is completed to progress these plans in being developed for the person.
13.	<b>Restrictive Practice Authorisation</b>	Where Restrictive Practices have been used to support the person or staff to manage risk, Select Yes and complete details in the Restrictive Practices section.
14.	<b>Managed Risk Category</b>	<b>Use</b> the <u>Table 1. - Risk Category Table</u> and the <u>Table 2.- Consequence Rating Table</u> (below) to assess and select the Managed risk category – as Critical, High, Medium or Low – by considering the level of risk as it stands with Risk Management being undertaken Enter the category into the ' <u>Unmanaged Risk Category</u> ' Row Where a 'high' or 'critical' risk is still determined, staff need to follow the escalation instructions in <u>Table 3 - Risk Escalation Table</u> .
<b>Page Numbers</b>		Once all Risk Management Plans are complete, number the pages to ensure pages are not lost. Page ___ of ___

Table 1: Risk Category Table						
		CONSEQUENCE (See Table 2 below)				
		Insignificant	Minor	Moderate	Major	Extreme
LIKELIHOOD	<b>Almost certain</b> More than 9 times out of 10	Medium	Medium	High	Critical	Critical
	<b>Likely</b> - Between 5 and 9 times out of 10	Low	Medium	High	High	Critical
	<b>Possible</b> - Between 2 and 5 times out of 10	Low	Medium	Medium	High	High
	<b>Unlikely</b> - Between 1 and 2 times out of 10	Low	Low	Medium	Medium	High
	<b>Rare</b> - Less than 1 time out of 10	Low	Low	Low	Medium	High

Table 2: Consequence Rating Table					
Consequence	Insignificant	Minor	Moderate	Major	Extreme
<b>Safety</b> The person we support	<ul style="list-style-type: none"> <li>Less than first aid injury or</li> <li>Brief emotional disturbance.</li> </ul>	<ul style="list-style-type: none"> <li>First aid injury or</li> <li>Emotional disturbance impacting more than two days – does not require treatment.</li> </ul>	<ul style="list-style-type: none"> <li>Substantial injury resulting in medical treatment or</li> <li>Temporary impairment or</li> <li>Development /exacerbation of mental illness requiring treatment or</li> <li>Some cases of abuse/neglect of the person.</li> </ul>	<ul style="list-style-type: none"> <li>Significant injury causing permanent impairment or</li> <li>Severe, long lasting or significant exacerbation of mental illness requiring long-term treatment or</li> <li>Significant faults allowing significant abuse/neglect of people receiving support.</li> </ul>	<ul style="list-style-type: none"> <li>Avoidable death of a person or</li> <li>Systemic faults allowing widespread abuse/neglect of people receiving support.</li> </ul>
<b>Safety</b> Workers, other clients & visitors at the workplace	<ul style="list-style-type: none"> <li>Nil or minor first aid injury or</li> <li>Brief emotional disturbance.</li> </ul>	<ul style="list-style-type: none"> <li>First aid injury or</li> <li>Psychological injury impacting more than two days– does not require treatment.</li> </ul>	<ul style="list-style-type: none"> <li>Substantial injury resulting in medical treatment or</li> <li>Temporary impairment or</li> <li>Development /exacerbation of psychological injury requiring treatment.</li> </ul>	<ul style="list-style-type: none"> <li>Significant injury causing permanent impairment or</li> <li>Severe, long lasting or significant exacerbation of mental illness requiring long-term treatment.</li> </ul>	<ul style="list-style-type: none"> <li>Preventable fatality</li> </ul>

Table 3: Risk Escalation Table						
		CONSEQUENCE				
		Insignificant	Minor	Moderate	Major	Extreme
LIKELIHOOD	Almost certain (More than 9 times out of 10)	<b>Medium –</b> No need for escalation but discuss risk management strategies with Line Manager	<b>Medium –</b> no need for escalation but discuss risk management strategies with Line Manager	<b>High –</b> Escalate to Regional Manager within 24 hours – response within 48 hours	<b>Critical –</b> escalated to manager and senior manager immediately – response within 24 hours	<b>Critical –</b> escalated to manager and senior manager immediately – response within 24 hours
	Likely (Between 5 and 9 times out of 10)	<b>Low –</b> no need for escalation – managed in the context of support planning and provision	<b>Medium –</b> no need for escalation but discuss risk management strategies with Line Manager	<b>High –</b> Inform Line Manager of Risk management strategies – Line Manager to monitor on a monthly basis	<b>High –</b> Escalate to Regional Manager within 24 hours –response within 48 hours	<b>Critical –</b> escalated to manager and senior manager immediately – response within 24 hours
	Possible (Between 2 and 5 times out of 10)	<b>Low –</b> no need for escalation – managed in the context of support planning and provision	<b>Medium –</b> no need for escalation but discuss risk management strategies with Line Manager	<b>Medium –</b> no need for escalation but discuss risk management strategies with Line Manager	<b>High –</b> Inform Line Manager of Risk management strategies – Line Manager to monitor on a monthly basis	<b>High –</b> Escalate to Regional Manager within 24 hours –response within 48 hours
	Unlikely (Between 1 and 2 times out of 10)	<b>Low –</b> no need for escalation – managed in the context of support planning and provision	<b>Low –</b> no need for escalation – managed in the context of support planning and provision	<b>Medium –</b> no need for escalation but discuss risk management strategies with Line Manager	<b>Medium –</b> no need for escalation but discuss risk management strategies with Line Manager	<b>High –</b> Inform Line Manager of Risk management strategies – Line Manager to monitor on a monthly basis
	Rare (Less than 1 time out of 10)	<b>Low –</b> no need for escalation – managed in the context of support planning and provision	<b>Low –</b> no need for escalation – managed in the context of support planning and provision	<b>Low –</b> no need for escalation – managed in the context of support planning and provision	<b>Medium –</b> no need for escalation but discuss risk management strategies with Line Manager	<b>High –</b> Inform Line Manager of Risk management strategies – Line Manager to monitor on a monthly basis