### COLTEN CARE POSITIVE RISK ASSESSMENT TOOL

**Name of Person:** Mr George Example  
**Assessed by:** A Practitioner  
**Date of Assessment:** xx/xx/xx

**Name and relationship of others involved in the risk assessment and decision-making process:**  
- Miss Annie Example (Daughter)  
- Dr Foster (GP)  
- Mr Harry Biker (Friend)

**Description of the Risk:** George would like to ride on the back of his friend's Harley Davidson motorcycle. George is living with dementia and has taken into his abilities and is unable to assess risk. George has poor balance and is prone to falls. He has recently had an epileptic seizure.

**Person(s) at risk:** George, his friend and members of the public.

**Nature of the Risk:** George is at risk of falling off the motorbike whilst it is travelling at speed, which would result in serious injury/death to George. His friend may have an accident if George causes a distraction whilst riding and this could affect members of the public.

**Equipment:**George has been reviewed periodically as George's general health is likely to deteriorate over time. He has an increased risk of epileptic seizure. George's lack of insight and insight and ability to assess risk remains unchanged.

**Physical:**  
- Medical & physical well-being: None identified  
- Psychological & emotional well-being: None identified  
- Social: I am looking forward to spending time with my friend Mr Harry Biker away from the care home "just like old times"  
- Ethical/Spiritual/Cultural: George has been a member of a bike club most of his adult life. He had his own Harley Davidson motorbike until he was diagnosed with dementia

**Control Measures Identified:**  
- Medical & physical well-being: If George loses his balance whilst on the back of the bike or has a seizure he could suffer a severe injury or fatality. This could also affect the stability of the bike and cause an accident involving his friend and members of the public.

- Psychological & emotional well-being: None identified

- Social: Mr Harry Biker doesn't wish to take George to the Bikers Club because he is worried about getting George in and out of the sidecar on his own or George being tempted to try to do so unaided if they stop at the club.

- Ethical/Spiritual/Cultural: George has been a member of a bike club most of his adult life. He had his own Harley Davidson motorbike until he was diagnosed with dementia

**Having discussed the balance of risk with the resident, do they have the mental capacity to agree the control measures required to manage the risk?**  
- Yes  
- No (Circle as appropriate)

**With Controls in place, re-calculate the risk rating using the Risk Calculator:**

<table>
<thead>
<tr>
<th>Hazard</th>
<th>Consequences</th>
<th>Likelihood</th>
<th>Risk Score</th>
<th>Risk Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>George falling off the bike and causing an accident involving others as a result</td>
<td>5</td>
<td>4</td>
<td>20</td>
<td>Very High</td>
</tr>
</tbody>
</table>

**Integrate the control measures into the care plan and determine frequency of evaluation:**

- For example, if this was going to become a weekly event, the risk assessment would need to be reviewed periodically as George's general health is likely to deteriorate over time.

**I understand the risks involved in the planned activity and consent to the control measures identified above:**

**Signature of Person:** Unable to give informed consent due to lack of mental capacity  
**Date:** xx/xx/xx

**Signature of Other (state relationship):** Miss Annie Example (Daughter)  
**Date:** xx/xx/xx

**Signature of Other (state relationship):** Dr Foster (GP) - Verbal telephone consultation (verified by Nurse A. P)  
**Date:** xx/xx/xx

**Signature of Other (state relationship):** Mr Harry Biker (Friend)  
**Date:** xx/xx/xx

**Signature of Assessor:** Registered Nurse  
**Date:** xx/xx/xx

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### COLTEN CARE RISK CALCULATOR

**Identify the consequence score and the likelihood score separately.**

**Consequences x Likelihood = RISK SCORE**

<table>
<thead>
<tr>
<th>Consequences</th>
<th>Score</th>
<th>Likelihood</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minor Injury</td>
<td>1</td>
<td>Remote – would not happen in 5 years</td>
<td>1</td>
</tr>
<tr>
<td>Lost time</td>
<td>2</td>
<td>Unlikely – would not happen in 2-3 years</td>
<td>2</td>
</tr>
<tr>
<td>Serious injury/disability</td>
<td>3</td>
<td>Likely – would happen once a year</td>
<td>3</td>
</tr>
<tr>
<td>Death</td>
<td>4</td>
<td>Very likely – could occur in 2-3 times a year</td>
<td>4</td>
</tr>
<tr>
<td>Multiple fatality</td>
<td>5</td>
<td>A certainty – likely to happen at the moment</td>
<td>5</td>
</tr>
</tbody>
</table>

**Risk Score**  
**Risk Rating**  
**Action Required**

| 1-2 | Trivial | No further action required and no changes to the care plan are needed. Continue to monitor in case of change of circumstance and reassess as required |
| 3-6 | Low Risk | No additional controls are required, although consideration may be given to improvements that will not impose restrictions on the resident. Monitoring is required to ensure that the controls are maintained. Continue to monitor in case of change of circumstance and reassess as required |
| 7-11 | Medium Risk | Efforts should be made to reduce the risk and risk reduction measures should be implemented. However, the balance of risks and benefits to the resident should be carefully measured and restrictions limited accordingly. Where a moderate risk is associated with extremely harmful consequences, further assessment may be necessary to establish more precisely the likelihood of harm as a basis for determining the need for improved control measures |
| 12-16 | High Risk | Urgent action is required to reduce the risk.Considerable resources may need to be allocated to reduce the risk and the Operations Manager may need to be consulted about procuring the necessary resources |
| 17-25 | Very High Risk | If it is not possible to reduce the risk even with unlimited resources, safeguarding procedures must be implemented |