



Client Risk Assessment

All fields with * to be completed by BCU staff.

Please ensure risk assessment is signed on page 4.

Health & Safety

Failure to disclose important information which may result in staff and/or other service users being put at risk, may contravene the Safety at Work expectations within Health and Safety legislation.

| Date Risk Assessment Completed | Review Date * |
|--------------------------------|---------------|
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|---------------------------------------|--|
| 1. Risk Assessment Number * | |
|---------------------------------------|--|

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|-----------------------|--|
| 2. Client Name | |
|-----------------------|--|

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| 3. What Will Be Assessed? |
| Clients behaviour on the unit |

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| 4. Person Responsible for Monitoring Risk Assessment |
| Barford Countryside Unit staff |

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| 5. Persons Involved in the Completion of this Risk Assessment |
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6. People Directly at Risk

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7. Where Will the Assessment be Applicable?

Barford Countryside Unit

8. Are There Any Client Individual Characteristics Which May Affect Risk Exposure?

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9. Are There Any Other Factors Which May Have To Be Considered? E.g. Medication, Triggers etc

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**10. Client Risk Assessment
Hazard Identification & Control Measure
Implementation**

| Hazards Identified | Initial Risk Rating |
|--------------------|---------------------|
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| Control Measures Implemented to Reduce Risk | Revised Risk Rating | * Measures Implemented (Sign & Date) |
|---|---------------------|--------------------------------------|
| | | |

Risk Rating Formula

With reference to the notes below

- Assign a number 1-4 to denote the severity or consequence of the hazard.
- Assign a number 1-4 to denote the risk or likelihood of the event happening.

$$\text{Severity} \times \text{Risk} = \text{Risk Rating}$$

| Severity (Consequence) | Risk (Likelihood) |
|--|--|
| 1 = Low Minimal damage to persons, property or equipment. | 1 = Slight Slight chance of event occurring. |
| 2 = Minor Minor damage to persons (over 3-day injury), property or equipment. | 2 = Likely Event is likely to occur. |
| 3 = Major Major damage to persons (over 3 months injury), property or equipment. | 3 = Extremely Event extremely likely to occur. |
| 4 = Death | 4 = Definite Definite chance of event occurring. |

Signature of referrer

Client: I have read and agreed with this risk assessment

Signature of client

Rating Review Table*

| | | |
|--------------|---------------|---|
| 12-16 | HIGH | Review immediately and exercise control measures within 7 days or sooner. |
| 6-8 | MEDIUM | Review in 3 months. |
| 1-4 | LOW | Review in 1 year. |

| Record of Assessment Reviews Carried Out * | | | |
|---|---------------------------------------|------|-----------|
| Date | Reason for Review | Name | Signature |
| | Initial client risk assessment | | |
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Risk Assessment Form (To be completed by BCU staff)

I have been made aware of the potential risk and I am prepared to work within the guidelines shown.

| Tutors Name | Signature | Date |
|-------------|-----------|------|
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