Medication Risk Assessment

Name:	D.o.B.
Address:	PRN /Record number:
Location:	Signed su/patient consent: yes ☐ no ☐
	Recording arrangements in place: yes ☐ no ☐

Hazard	Person(s) exposed to Hazard	Risk Identified	Pure Risk Rating			Control Measures Required	In Place		Residual Risk Rating		
			H	M	L		Y	N	H	M	L
Ordering & collection of medication	Service user/patient	No family/neighbours available SU				Pharmacy delivery arranged Volunteers to remind service user or collect Care staff to collect Other:					

Hazard	Person(s) exposed to Hazard	Risk Identified	Pure Risk Rating			Control Measures Required	In Place		Residual risk rating		
			H	M	L		Y	N	H	M	L
Controlled drugs	Service user/patient Staff Visitors Other patients/residents/attendees	Lack of secure storage No controlled drugs register Untrained staff				Lockable, secure storage Controlled drugs register or computerised system Appropriate staff training Other:					
Disposal issues	Service user Visitors	Wasted doses lying around No family or friends to assist				Pharmacy pot supplied Other:					

Hazard	Person(s) exposed to Hazard	Risk Identified	Pure Risk Rating			Control Measures Required	In Place		Residual Risk Rating		
			H	M	L		Y	N	H	M	L
Storage arrangements	Service user/patient Visitors Other patients/residents etc	Special requirements of medication identified Mental Capacity issues				Lockable box/cabinet Refrigeration needed Other					
Compliance issues	Service user Staff Visitors Other patients/ residents/attendees	Danger to health of service user Danger to staff/other residents etc. No family/friends/ neighbours to assist				Compliance aids Staff to administer Changed medication regime Other ;					

Hazard	Person (s) Exposed to Hazard	Risk Identified	Pure Risk Rating			Control Measures Required	In place		Residual Risk rating		
			H	M	L		Y	N	H	M	L
Other											

Assessor's signature……………………………………………………………………………Date…………………………..
Assessor's title…………………………………………………………………………………….