RISK ASSESSMENT FORM
Section A

Department, Service or Ward		**Directorate**	
Date of initial assessment		**Risk Ref**	**Prescribing and administering of medication by same clinician**
Date of *this* assessment/review		**Next review date** **Or on significant change**	**Select Review Frequency** On significant change

Please give a brief description of the hazard / problem

Risk has three parts firstly exposure to a hazard / problem, secondly a measure of impact or consequence (i.e. if this exposure happened how bad could it be?) and thirdly a measure of certainty (i.e. how reasonably likely is it that this exposure to the hazard could happen?)

The use of Botulinum Toxin injections for the management of migraines and hypertonicity e.g. spasticity and dystonia is well established and is considered best practice.

Patients are regularly offered an injection at the end of an assessment session, or during injection clinics, and the treating clinician will either administer under the terms of a local PGD / PSD or will prescribe the medication directly before administering. This saves time and unnecessary repeat appointments for the patient.

Professional guidance dictates where possible the same clinicians should avoid prescribing and administering medication to patients at the same time as this may be associated with more prescribing errors.

There is a hazard to patients that errors associated with prescribing and/or supply followed by concomitant administration of, botulinum toxin A in an outpatient setting may occur.

Risk Rating: (Likelihood x consequence = rating) 1x3 = 3

The Chartered Society of Physiotherapy's (CSP) position is laid out in their practice guidance (PD026_PracticeGuidancePrescribing_4thEd_2018.pdf(csp.org.uk).

Practice Guidance 25: Simultaneous Prescribing and Administration:
This creates opportunities for errors to occur particularly in non-hospital settings. It should only occur in exceptional and rare circumstances.

25.1 You should ensure where possible that a pharmacist dispenses the medicines you have prescribed to the patient prior to administration.
25.2 If you intend to prescribe and simultaneously administer medicines to a patient, you must have a second checker to verify your prescription.
25.3 If you intend to prescribe and simultaneously administer injectable medicines to a patient, your second checker must be a registered health professional.

However, recent Royal Pharmaceutical Society (RPS) guidance supports the use of a risk assessment such as this to mitigate the risk where appropriate: Prescribing and dispensing by the same healthcare professional (rpharms.com).

This affects appropriately trained clinicians working for the Trust when offering Botulinum toxin to patients across the Neurology and Neurorehabilitation pathways.

Section B - Hazards (The source(s) of the risk) [✓]

Hazard	Description	Persons at Risk			
		Patients	Staff	Visitors	Others
1	Errors associated with prescribing and/or supply followed by concomitant administration of, botulinum toxin A in an outpatient setting	✓	✓		
Risk Rating: (Likelihood x consequence = rating) **Current Risk Rating: 3** **Current Risk Rating: 3**		**Reason for Current Risk Rating:** Moderate risk of harm if occurs however likelihood is 'rare' as only one drug available to prescribe **Reason for Target Risk Rating**: Risk level will remain the same due to potential risk of harm and the fact that all mitigations have been in place for a number of years and the risk assessment has been performed on advice to assure against the process			

Section C

Controls now in place

What are you already doing to mitigate the potential hazards identified in section B?

If patients are not prescribed and administered medication during the same consultation, this may result in:

- Delay in treatment
- Potential need for multiple patient appointments causing:
  - Reduced patient experience.
  - Inability of services to meet demand.
  - Additional administration.
  - Additional environmental burden of repeat appointments.

Control Measures

1) Medications are administered from stock which has been dispensed and issued by a pharmacy.
2) The stock is double checked at the beginning of clinic
3) If the treatment is at home the drugs will be check on removal from the stock fridge /cupboard as part of the IM medication safety check
4) Only one formulation of Botulinum toxin in clinic room at one time, other formulations accessible in locked stock fridge / cupboard until required
5) In clinics where there are two prescribers working together there will be a lead prescriber per patient
6) Timely administration records are maintained by the injector or prescribing NMP.
7) Allergy questioning is mandatory.
8) All staff have either attained qualifications in injection therapy and signed the local PGD or are accredited NMP's qualified in injection therapy.
9) All staff complete annual appraisals including the processes around injection therapy and prescribing.
10) Brand, batch number, expiry date and details of how the injection was prepared including dose is recorded as part of the patient record.
11) Injectors / NMP's are mandated to record any errors on an incident form with the process subsequently being further risk assessed leading to a review of practice.

Section D

Initial Risk Rating

What are the risks / impact associated with the issue / problem / hazard identified in section B? Take into account what you are already doing to mitigate the risk (as detailed in section D) and score using the Risk Matrix (see Risk Management Intranet)

Reference	Risk / impact, who this may affect and how	Risk Matrix Descriptor Letter	Consequence (1 – 5)	X	Likelihood (1 – 5)	=	Risk Rating (1 – 25)
1	Physical or psychological harm to patient	a	3	X	1	=	3
2	Quality compliance / patient experience	e	2	X	1	=	2
3	Financial inc claims / Adverse Publicity or Reputation Risk	l	1	X	1	=	1

Section E

Action Plan What is planned to further mitigate or eliminate the risk(s)? Actions need to be specific, achievable and time bound. This plan should be monitored until all complete.			
Key Actions Required	**By who?**	**By When?** (Target completion date)	**Progress**
Risk Assessment to be reviewed by the governance group			
Staff training on pathway and risk assessment			
			Press the key here if you need more

Section F

If all the actions set out in Section E are completed, what Risk Rating(s) would you expect for the risks rated in Section D?					
Hazard	**Target Consequence (1 – 5)**	**X**	**Target Likelihood (1 – 5)**	**=**	**Target Risk Rating (1 – 25)**
1	3	X	1	=	3

Section G

What to do with the risk assessment now
• All risk assessments should be sent to your manager for initial review and added to the register as appropriate. • If the risk score is between 1 – 6, these risks are managed locally • If any risks are 8 or more this will automatically show on the Directorate Register from the departmental register. • Action plan - this needs to be regularly updated until all actions are complete • When the risk is either reduced to the lowest level or managed as a controlled risk this should be frequently monitored.

Section H

Risk Assessment Approval					
Assessor's Name and Role		**Signature**		**Date**	
Managers Comments					
Manager's Name and Role (Risk Owner)		**Signature**		**Date**	