ORAL HEALTHCARE Risk Assessment



Prevention and control measures in long term care facilities

IDENTIFY HAZARD/ ACTIVITY	PERSON AT RISK?	WHAT ARE YOU DOING ALREADY?	LEVEL OF RISK* SEE CHART	FURTHER ACTION TO BE TAKEN	ACTION BY WHO?	ACTION BY WHEN?	DONE (TICK)
Example getting bitten whilst toothbrushing	staff	getting Judith to bite down on 2 nd toothbrush whilst toothbrushing	1	notify nurse and have 2 staff available for toothbrushing. 2 nd person distracting	Jade (team leader)	17/5/22	\checkmark
1							
2							
3							
4							
5							

NAME OF CARE HOME_____

DATE ASSESSMENT WAS CARRIED OUT_____

DATE OF NEXT REVIEW ______

ASSESSMENT CARRIED OUT BY_____

RISK RATING	0	1	2	3
	UNLIKELY	LIKELY	VERY LIKELY	CERTAIN

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