

DEVON AND TORBAY DRUG AND ALCOHOL SERVICES COMPREHENSIVE RISK ASSESSMENT (RF2)



For guidance on how to complete this form, workers must refer to the *Devon and Torbay Drug and Alcohol Services Risk Assessment and Risk Management Process Guidance Notes*.

1 CLIENT DETAILS

Client name:	Client date of birth:
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Name of worker completing assessment:	Agency / service:
<small>(print name)</small>	

Date risk assessment commenced:	Time risk assessment commenced:
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Date risk assessment completed:	Time risk assessment completed:	Review date:
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Network of support	Agency/department/lead name: (where relevant)	Assessment shared with:
Service user	n/a	<input type="checkbox"/>
Carer	<input type="checkbox"/>	<input type="checkbox"/>
GP	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>
Other drug/alcohol services (state)	<input type="checkbox"/>	<input type="checkbox"/>
Social Services Dept	<input type="checkbox"/>	<input type="checkbox"/>
Probation Service	<input type="checkbox"/>	<input type="checkbox"/>
Housing provider	<input type="checkbox"/>	<input type="checkbox"/>
Progress2work	<input type="checkbox"/>	<input type="checkbox"/>
Other supporting agency/professional (state)	<input type="checkbox"/>	<input type="checkbox"/>
Other supporting agency/professional (state)	<input type="checkbox"/>	<input type="checkbox"/>
Other supporting agency/professional (state)	<input type="checkbox"/>	<input type="checkbox"/>

2 SUBSTANCE RELATED RISKS

	Yes	No	Potential risk	Not known	Past risk
Overdose risks:					
Combined use of opiates, alcohol and/or depressants					
Continued drug use in addition to substitute prescribed medication					
Overdose risk from client mixing stimulants, opiates and/or alcohol?					
Recent reduction in opiate tolerance (leaving prison/detox etc)					
Use of drugs and/or alcohol alone? (esp. injecting heroin alone)					
Blood borne virus risks:					
Sharing needles/syringes (re-use of n/s previously used by others)					
Sharing injecting equipment (re-use of equipment previously used by others – i.e. spoon/cup/filter/water/swabs/acidifiers/tourniquet)					
Unhygienic injecting					
Injecting related risks:					
High risk sites for injecting (other than upper limbs including sub-cutaneous/intra-muscular injecting or frequent missed hits)					
Giving or receiving peer injections					
Poor injecting technique					
Physical complications arising from injecting drug use					
Injected cocaine/crack, tablets or oral solutions					
Alcohol related risks:					
Binge pattern of alcohol use					
Drinking until unconscious					
Becomes violent when intoxicated					
History of significant alcohol withdrawal symptoms					
History of alcohol withdrawal/fits					
Experience of alcohol blackouts					
Physical impairment as a result of alcohol use (peripheral neuropathy)					
Mental impairment as result of alcohol use (memory loss)					
Other:					
Disinhibited behaviour due to drug/alcohol use (e.g. sexual behaviour, excessive benzodiazepine use)					
Any other risks (state):					
SUPPORTING INFORMATION: Include source of information, nature of risk and level of risk					

3 RISK TO SELF					
	Yes	No	Potential risk	Not known	Past risk
Suicide:					
Recent suicidal attempts (esp. past 4 weeks)					
Previous suicidal attempts					
Expressing high levels of distress					
Helplessness/hopelessness (feeling life isn't worth living)					
Recent suicide of relative/friend					
Major psychiatric diagnosis/disorder					
Expressed suicidal ideation					
Definite, realistic plan of suicide					
Significant life event occurring (bereavement, relationship break up, likely eviction, major debt, loss of employment)					
Significant calendar event (anniversary of significant life event, Christmas, birthday etc)					
Self harm (self cutting, burning etc)					
Medical conditions: (e.g. Liver impairment, DVT, TB, hepatitis C)					
State:					
State:					
Physical impairments:					
Cognitive impairment (esp. alcohol users)					
Learning difficulties					
Risks associated with disability:					
Sensory					
Physical					
Neglect:					
Social isolation					
Poor diet/eating pattern					
Unable to fulfil basic needs (shopping, cooking, basic personal hygiene)					
Poor management of physical health					
Accommodation:					
Unstable accommodation/threat of eviction/repossession					
Lacking access to basic amenities (washing/toilet/cooking facilities)					
Inadequate accommodation					
Street homeless					
Any other risks to self (state):					
SUPPORTING INFORMATION: Include source of information, nature of risk and level of risk					

4 RISK TO OTHERS

	Yes	No	Potential risk	Not known	Past risk
Driving whilst intoxicated (drugs or alcohol) *					
Violent behaviour/crime					
Domestic violence/abuse to others					
Threats to harm others					
Use / carrying of weapons					
Demanding behaviour					
Disinhibited behaviour (esp. excessive benzodiazepine use)					
Dangerous/impulsive acts					
Paranoid delusions about others					
Preoccupation with violent fantasy					
Previous admission(s) to secure ward/unit					
Trigger factors known to staff					
Any other risks to others (state):					
Does action need to be taken to inform DVLA?	Yes	<input type="checkbox"/> *	No	<input type="checkbox"/>	

* If yes, refer to guidance notes

SUPPORTING INFORMATION: Include source of information, nature of risk and level of risk

5 RISK TO CHILDREN												
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not known	<input type="checkbox"/>	Yes	No	Potential risk	Not known	Past risk	
Primary carer to child	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not known	<input type="checkbox"/>						
Other child care responsibilities	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not known	<input type="checkbox"/>						
Pregnancy of client (or partner)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not known	<input type="checkbox"/>						
Child with special needs	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not known	<input type="checkbox"/>						
Impaired capacity to look after children? (by drug/alcohol use/lifestyle):												
Chaotic/unstable drug use (significant/regular episodes of withdrawal/intoxication)												
Inappropriate child care arrangements												
Driving whilst intoxicated with children in car												
Child involved in/present when drugs are purchased												
Child lacking basic needs (food, warmth, clothing, affection etc)												
Home environment:												
Unsafe storage of prescribed medication/alcohol/illicit drugs												
Unsafe disposal/storage of needles or other drug use paraphernalia												
Use of alcohol/drugs in presence of child												
Household used by other drug users for drug administration												
Household used for drug dealing												
Domestic violence/abuse witnessed by child and/or impacting on parenting												
Specific child protection risks:												
Client, partner or household member known to Social Services or other relevant family services												
Known child welfare or child protection concerns												
Child/children registered at risk:	Emotional											
	Sexual											
	Neglect											
	Physical											
Category not known												
Child/children registered 'in need'												
Client's perception:												
Does the client have concerns about their own ability parent?												
Does the client have concerns about their partner/another carer's ability to parent?												
Other:												
Any other concerns about children at risk (please state):								*				
Any other concerns about ability to parent? (state)								*				
* If yes consider referral for childcare assessment to Social Services												
SUPPORTING INFORMATION: Include source of information, nature of risk and level of risk												

6 RISK FROM OTHERS

	Yes	No	Potential risk	Not known	Past risk
Risk from others:					
Domestic violence/abuse					
Sexual exploitation/abuse					
Physical abuse					
Emotional abuse/exploitation					
Harassment by others (e.g. discrimination, being 'taxed' for prescription/other goods)					
Threats/violence received due to significant debts (esp. drug debts)					
Other exploitation (state):					
Vulnerability factors:					
Poor assertiveness skills/low self worth					
Is the client a vulnerable adult?					
Any other risks from others (state):					
SUPPORTING INFORMATION: Include source of information, nature of risk and level of risk					

7 PROTECTIVE FACTORS

Describe protective factors which may impact on outcome of risks identified. Consider client's personal resources/coping skills, whether the service user has an effective support network, environmental factors, early warning signs.

8 SUMMARY OF RISKS IDENTIFIED

Summarise risks identified, including worker's intuition, and client's/carer's awareness and experience of risk factors.

9 OTHER ASSESSMENTS

Is there a further need for specialised risk /other assessment required (e.g. risk management meeting, mental health or forensic risk assessment)? **If yes – specify below.* Yes* No

10 ON COMPLETION OF COMPREHENSIVE RISK ASSESSMENT

Is a risk management plan required?

- No *If no –* No risks identified *or*
why? Actions have been addressed by current care plan dated _____
- Yes An RF3 (Risk management plan) must now be completed

SIGNATURE FOR COMPREHENSIVE ASSESSMENT

Signature of worker
completing risk
assessment:

Date of
signature:

CONTINUATION SHEET

Please record any additional information on this page ensuring that you note the page of the risk assessment this refers to.