Identify safety concerns, assess risk, and develop strategies to ensure safety in a diversional therapy setting.
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5791 V4

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Identify safety concerns, assess risk, and develop strategies to ensure safety in a diversional therapy setting

Name _______________________________________________________

Employer ____________________________________________________

NZQA number ________________________________________________

Date _________________________________________________________

“All the answers in this workbook were completed by me.”

Signed _____________________________________________________
Getting started

Welcome to Identify safety concerns, assess risk, and develop strategies to ensure safety in a diversional therapy setting: one in a series of workbooks especially developed for support workers in the CPQ (Career Pathway Qualifications).

Before you start
- Think about what you know of risk assessment and risk management strategies in a diversional therapy setting.
- Read the Resource Book for Readings (Diversional Therapy) provided with this workbook.

Pre-requisite
Unit standard 23918 Describe the philosophy, purpose, and benefits of diversional therapy, and the role and skills of diversional therapists is a pre-requisite to this unit standard.

This means that you must have successfully completed the assessments for Unit Standard 23918 before being assessed on this unit standard.

How do I use this workbook?
- Use highlighters to identify the important ideas.
- Take your own notes.
- Complete activities as you go through the workbook and write answers in the spaces provided.

What will I learn about?
When you have finished this workbook you will have learned more about:
- The range of potential risks in a variety of diversional therapy settings.
- Strategies to minimise potential risk or harm in a diversional therapy setting.

Look before you leap!
Take the time to go through this workbook before starting on the activities. Read the sections and make notes as you go.
Acknowledgements

This workbook has been designed to support your learning and prepare you for the unit standard assessments.

The contents of this workbook include scenarios, learning activities and activities for general health and disability settings. They are not specific to any setting and should be used as a general guide for learning.

Careerforce would like to thank the people who have contributed their time and effort into this workbook in:

- Research and content validation.
- Advice and expertise.
- Testing of activities and assessments and their personal experiences.
Getting started

**Trainee assessment portfolio**

The trainee assessment portfolio contains assessed activities and workplace verification which must be completed to meet the requirements of the unit standard. These questions or tasks must be completed by you and signed by your workplace assessor in order for you to be credited with the unit standard.

**Learning activities**

These help you understand the content, and will help you with workplace verification tasks. The instructions and answer panels for learning activities have a light yellow/orange background like this.

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**Stop activities**

You will also come across this icon in places where you are asked to STOP (see the graphic on the left) and record your current knowledge or impressions, as a reference point to return to later.

**Pause and Rewind activities**

Pauses are for summarising, questioning, and reflecting as a reference point to return to later. Rewinds take you back to a PAUSE, STOP or TEST YOUR KNOWLEDGE and give you an opportunity to add to, change or validate some of your initial thoughts and ideas.
Before you go any further in this workbook, think about safety concerns that can arise in a diversional therapy setting.

**TEST YOUR KNOWLEDGE**

Can you describe a form of behaviour from someone you support that could be a potential safety risk to the diversional therapist or to other people you support?

Have you noticed the behaviour of one person you support triggering potential risk behaviour from another person? Briefly describe what happened. (Do not use anyone’s real names.)
Safety in the workplace is the responsibility of management and every staff member employed by each organisation. The topic of safety is a broad one, and includes:

- How we keep the environment safe, for example putting “wet floor” signs out where necessary.
- Reporting damaged or dangerous equipment immediately.
- Storing equipment, chemicals and medications in a secure and safe manner.
- Appropriate ways to deal with spills of body fluids.

All of these important topics have been covered in the National Certificate in Community Support Services (Core Competencies) US 20830 V2: Maintain a safe and secure environment in a health or disability setting.

**Definition of “safety” for this unit standard**

Unit Standard 5791 could cover a very wide range of issues related to safety. However, the performance criteria within this unit standard make the focus clear: the safety and risk concerns addressed in this unit standard are the risks relating to people’s behaviour or actions from which potential risk or harm could arise for the diversional therapist, the person you are supporting, other people you support, staff, visitors or people in the community.

The special notes for Unit Standard 5791 include the following definitions:

*Safety* is freedom from, or prevention of, danger, risk, or injury. *Safety concerns* are situations or circumstances which may give rise to – or contribute to – the possibility of danger, risk, or injury to the diversional therapist and others.
Risks in different settings

Diversional therapists work in a wide variety of support services. Each support service has its own potential risk factors, and these factors must be considered seriously.

Here are some examples of risks in particular settings.

Mental health day programme service
The diversional therapist supports someone in this programme who has extensive cigarette burns around both wrists and over both hands. On days when this person is not coping well with his or her routine, if left alone for more than a few moments, there may be the risk of self-harm.

Care of the elderly rest home service
In this facility many people are affected by stroke and some experience a level of confusion. The people supported by the diversional therapist can attempt to eat inappropriate materials when in confused states – for example housie counters or craft materials – which could cause them harm.

Residential dementia unit
One person in this dementia unit vocalises continuously. Other residents, staff and visitors find this situation stressful. As evening approaches, the person’s vocalisations increase in volume and frequency which triggers anxiety and agitated behaviour from other residents.
Risks in different settings

**Community Intellectual disability support service**

The people supported by the diversional therapist are collected each day from all over the city by taxi. One person has taken a dislike to a particular taxi driver. When the driver tries to assist by opening the taxi doors, the person will kick him and hit him with a drink bottle.

**Medical day hospital for people recovering from traumatic brain injury**

The diversional therapist is aware that, on awaking from a short doze, a particular person will be disorientated and if approached at this time will lash out with her fists.

**Mental health community support programme**

A diversional therapist may be supporting a person who is experiencing depression and threatens serious self-harm.

**Hospital level rest home**

The diversional therapist is aware of the ongoing stress experienced by the residents who are constantly together. Intolerance of one person repeatedly coughing resulted in the risk of harm when, in an angry outburst, a resident threw his hot drink at the person coughing.
Risks to different people

Many different groups of people may be at risk from the challenging behaviour of a person being supported:

- Other people being supported.
- Other service providers, including those people who provide services on an occasional basis, for example podiatrists, physiotherapists, social workers, speech therapists and so on.
- Visitors.
- Diversional therapists.

- Other staff within the support service, including other health professionals, food service staff, tradespeople and office staff.
- Support service volunteers.
- Visiting groups or entertainers.
- People providing transport, for example bus drivers and taxi drivers.
- People in the community, e.g. staff of shops and cafes in the community or people attending sports events or theatres.

The following pages explore some potential risks to these different groups of people.
Risks to different people

**Other people being supported** may be at risk from a person’s behaviour that challenges because:

- They feel physically or emotionally threatened by the person’s behaviour.
- When unable to cope with the person’s behaviour they retreat into isolated areas of a facility or service and gradually lose contact with all people in the support service.
- The challenging behaviour can trigger an anxiety or panic attack in those who witness it.
- The challenging behaviour can trigger people’s own behaviour patterns that present further challenges.

**Other service providers** may be at risk from a person’s behaviour that challenges because:

- They are employed as casual or temporary staff and have not had time to be orientated to the potential behaviour of the people being supported.
- They may not understand the “triggers” to a person’s behaviour.
- The person may react negatively to their presence because they look unfamiliar.
- They may not know how to respond to the particular behaviour expressed by the person.

**Visitors** may be at risk from a person’s behaviour that challenges because:

- The visitor’s presence in the support service facility may trigger a verbal or physical outburst from the person.
- The visitor unknowingly intrudes on the person’s perceived “own space”, sparking verbally or physically abusive reactions.
- Visitors may feel out of their depth when confronted by a person’s behaviour that challenges. This may prevent further visits, leaving people feeling rejected and the visitor feeling guilty.
Risks to different people

**Diversional therapists** may be at risk from a person’s behaviour that challenges because:

- Working one to one with the person often means the diversional therapist is within striking distance if the person lashes out.
- The diversional therapist may need to intervene if a behaviour issue arises between two people being supported.
- Diversional therapists often assist people in and out of chairs and in and out of transport. This help can be misunderstood. People may react negatively if they think they are being rushed.
- Some people may see the diversional therapist as their own personal support, so seeing the diversional therapist working with others may cause a verbal or physical outburst.

**Other staff within the support service** may be at risk from a person’s behaviour that challenges because:

- The person is unsure who the staff members are and what their role is.
- Staff may be unaware that they are in close proximity to a person with the potential to inflict harm.
- Other staff may have roles that do not require them to attend “change over” or other meetings where feedback is given about each person’s psychological status and wellbeing. They will not be in a position to understand the potential risks of – or appropriate responses to – a person’s challenging behaviour.

**Support service volunteers** may be at risk from a person’s behaviour that challenges because:

- They may cross the boundaries of the volunteer role by attempting to assist the person in the same way that they have seen professional staff assist.
- Being over-helpful can agitate a person and trigger a verbal or physical reaction.
- They underestimate the potential for harm to themselves or others from behaviour that challenges.
- They misinterpret the warning signs that the person is about to act in a way that challenges.
Risks to different people

**Visiting groups or entertainers** may be at risk from a person’s behaviour that challenges because:

- They do not know how best to respond if the person tries to join in with the performance group’s presentation.
- They laugh or try to make a joke of behaviour they don’t understand, triggering further reactions. For example: they respond with a joke when someone makes loud, angry comments about the presence of the visiting group.
- They may invite people to participate in the entertainment when they are unaware of the potential for responses that may challenge, or the risk of harm.

**People providing transport** may be at risk from a person’s behaviour that challenges because:

- Providers who see people regularly but only for a brief time each day can often be caught unawares by behaviour that they have not experienced in previous contact with that person.
- Drivers transporting several people from community events may find the actions of the group or the arguments and laughter generated when the group is excited and sharing the day’s events, very distracting.

**People in the community** – for example the general public, staff of shops, theatres and cafes – may be at risk from a person’s behaviour that challenges because:

- Their nervousness around – or lack of understanding of – the person with the challenging behaviour can trigger negative or potentially harmful responses from the person. For example, a shop assistant may address questions to the person accompanying the person being supported, rather than directly to the person him/herself.
- A person may misinterpret a conversation or laughter taking place in an unfamiliar environment as people making fun, and respond with a verbal or physical outburst.
**Different situations and the diversional therapist’s response**

**Self-harm**
Many diversional therapists will experience the behaviour of someone who has the potential to inflict self-harm.

The diversional therapist’s task, as part of the workplace team, is to minimise this potential risk to the person.

The diversional therapist’s response to this situation is to:

- Keep fully informed about the person’s physical and emotional wellbeing.
- Receive and give feedback about the person’s emotional and physical status to the support team.
- Document all changes and potential risk factors.
- Understand the circumstances which trigger the person to exhibit self-harm behaviour.
- Implement the workplace team strategies to respond to the person’s self-harm potential.
- Ensure that the person’s potential to inflict self-harm does not pose a risk to other people or staff.
Different situations and the diversional therapist’s response

**Serious self-harm**

Diversional therapists build relationships of trust with the people they support, which may mean that these people share confidences with the diversional therapist. When someone discloses an intention to inflict serious self-harm which has the potential to lead to the person’s death, the diversional therapist has two sets of responsibilities: first of all to the person, and secondly to the workplace support service team that supports this person.

The diversional therapist’s response to this situation is:

- Don’t react and keep calm. Think very carefully before you respond. You probably know this person reasonably well for this disclosure to be happening. The disclosure may be a shock to you, or not completely unexpected as you and the support team may be aware of the changes taking place to this person’s physical and emotional wellbeing.
- In a normal conversational voice, ask the person to talk.
- Listen! Listen very carefully.
- Don’t interrupt. Pauses and silences are needed while the person sorts through feelings and emotions.
- Don’t give your opinion or be judgemental. Don’t tell the person what to do or not to do.
- Don’t try to fix the problem – this is not the diversional therapist’s role.
- Don’t make promises that you cannot keep.
- Let this sharing of the person’s feelings take as long as it needs to.
- When the person has finished sharing, check if the person would like a hot drink.
- Ask if there is someone who the person would like you to contact, for example, a health professional who is already working with the person.
- Now is the time to explain carefully that you cannot keep the disclosure confidential. Explain that you will need to inform the appropriate senior person in the person’s support service team, and name this staff member so that the situation is clear. Reassure the person that this is the only person to whom you will disclose the information.
Different situations and the diversional therapist’s response

- How you inform the senior support person will depend on where the person being supported is: own home, a residential service or at a community support programme. The information needs to be given as quickly as possible so that support strategies can be put in place to promote the person’s safety and wellbeing.

- Someone’s threat to carry out self-harm is especially serious when that person has a specific plan which could be fatal and the means to carry out that plan. In these circumstances, contact a colleague for immediate help.

- How you leave this person will also depend on where the person is at the time of the disclosure. If the person is at home alone, you may need to stay until a health professional or a member of the health support team arrives.

What you need to report:

- The first report will be a verbal report either in person or by telephone, depending on the circumstances.
- As soon as practical, complete the written report.
- Keep the report factual. Don’t let your shock or reaction creep in.
- Explain exactly what the person said or did.
- Describe how the person behaved while disclosing to you.
- Record any other relevant information that the person gave.
- Record when and to whom you gave the verbal report.

Finally, do not discuss this disclosure or the person’s risk of serious self-harm with any other staff members. Your workplace service support team will provide you with someone to discuss your feelings with and address any issues you may have from this experience.
Different situations and the diversional therapist’s response

**Threats of serious harm to others**
All of the actions, processes and responsibilities described above in response to situations of self-harm and serious self-harm are also relevant when someone threatens serious harm to others. In addition to the points already listed, you need to consider and add into your verbal and written report:

- Is the person threatening someone else who is present? If so, immediate action may be needed to remove that person from any potential risk of harm.
- Is the person who is being threatened aware of this threat? If so, that person may need additional support to deal with his or her emotional reaction.
- Does the harm that is being threatened have the potential to affect other people in the setting? For example, a threat in a residential facility to burn another person’s belongings may put all residents, staff and visitors at risk.
- Can you remove or prevent access to any materials which the person threatening could possibly use to carry out the threat? For example, sharp objects, matches or lighters.
Your workplace support service will have policies and procedures relating to the situations covered so far. Read these sections of the policies and procedures, and then answer the following questions.

According to your workplace’s policies and procedures, what is the expected staff response to a person’s potential risk of harm?

According to your workplace’s policies and procedures, what are your responsibilities if someone is potentially at risk of self-harming?

According to your workplace’s policies and procedures, what are the reporting procedures for potential risk of harm and potential risk of self-harm?
Discuss with your workplace support person or arrange a time with an experienced senior staff member to discuss examples of people’s behaviour that you have seen.

Document these examples and the results of the discussion.

Record the workplace/staff response strategy for the behaviour identified. (Remember to keep confidentiality by not including anyone’s names in this workbook.)
Levels of risk

The environment of the risk
The nature and level of any risk can be strongly affected by the setting or environment. It’s important to consider the range of different environments where potential harmful behaviour can take place. These environments include:

- The person’s own room.
- Areas shared with other people.
- Areas where diversional therapy activities take place, which may be busy with a number of people present.
- Areas where someone is alone.
- Outdoors on the person’s own property or on the grounds of the support service.
- Outdoors in a public place, for example a street or park.
- Community public areas, for example shopping areas, entertainment or sports venues.
- On public transport or during a diversional therapy van outing.

Levels of risk
Diversional therapists need to be able to identify and assess levels of potential risk, including risk in terms of the behaviour of the people they are supporting.

Low potential risk
When there is a low level of potential risk of harm behaviour, the diversional therapist needs to be aware of the factors which may escalate the low potential risk to a higher risk level. A response strategy for any potential risk of harm behaviour will have been developed and put in place.

Moderate potential risk
When there is a moderate level of potential risk of harm behaviour, all potential triggers that may impact on the person’s potential behaviour need to be eliminated, by controlling the environment and the activity. A response strategy for any potential risk of harm behaviour will have been developed and put in place.

High potential risk
When there is a high level of potential risk of harm behaviour, the diversional therapist will have considered the activity in depth to minimise potential harm. All staff will understand the response strategy and their role in implementing the strategy to promote the safety of staff and diversional therapy participants at all times.
Levels of risk

Examples of potential risks and their levels

<table>
<thead>
<tr>
<th>Diversional therapy environment</th>
<th>Diversional therapy activity</th>
<th>Identified potential risk of harm</th>
<th>Risk to diversional therapist</th>
<th>Risk to others</th>
<th>Low level of risk</th>
<th>Moderate level of risk</th>
<th>High level of risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rest home lounge.</td>
<td>Happy hour on Friday.</td>
<td>One person is not allowed to drink alcohol.</td>
<td>From angry verbal abuse.</td>
<td>From verbal abuse.</td>
<td>Low.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intellectual disability service.</td>
<td>Creative craft activity.</td>
<td>Person demands attention then throws materials when the diversional therapist helps others.</td>
<td>From thrown objects.</td>
<td>From thrown objects.</td>
<td>Moderate but can escalate.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Day programme.</td>
<td>Social chat time before lunch, when all members of the day programme are together.</td>
<td>Two members are intolerant of each other. Verbal abuse can lead to physical violence.</td>
<td>From physical violence as the diversional therapist intervenes to de-escalate the situation and move the people away from each other.</td>
<td>From verbal or physical violence if they try to help. May become upset or frightened by this violent outburst.</td>
<td>Moderate risk of other people’s behaviour escalating and requiring intervention.</td>
<td></td>
<td>High level of potential risk to all people and staff.</td>
</tr>
</tbody>
</table>
## Levels of risk

<table>
<thead>
<tr>
<th>Diversional therapy environment</th>
<th>Diversional therapy activity</th>
<th>Identified potential risk of harm</th>
<th>Risk to diversional therapist</th>
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<th>Low level of risk</th>
<th>Moderate level of risk</th>
<th>High level of risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person’s own home.</td>
<td>Daily living support activities.</td>
<td>Person with short-term memory loss starts cooking on the stove top but wanders off and forgets. Fire risk.</td>
<td>From checking the kitchen when arriving at the house.</td>
<td>Other family members living in the house – fire.</td>
<td></td>
<td></td>
<td>High level of potential harm to all living in the house from a fire starting in the kitchen.</td>
</tr>
<tr>
<td>Residential setting.</td>
<td>Social activity with invited visitors present.</td>
<td>Abusive violent behaviour expressed at the presence of visitors.</td>
<td>From being blamed for the presence of the visitors and the venting of a violent reaction.</td>
<td>The visitors and other people present may potentially be at risk of harm.</td>
<td>Moderate risk if the situation is de-escalated at the verbal stage.</td>
<td></td>
<td>High risk if the behaviour progresses to the acting-out stage.</td>
</tr>
<tr>
<td>Dementia unit.</td>
<td>Late afternoon listening to music in the lounge.</td>
<td>Person decides he/she needs to go home. Hitting and shaking the door, yelling loudly “I need to leave”.</td>
<td>Diversional therapist needs to distract the person from the door, but the person kicks or lashes out when approached.</td>
<td>The person’s behaviour can trigger negative behaviour in other residents.</td>
<td>Low if the person is diverted before reaching the door.</td>
<td>Moderate if intervention occurs before the yelling stage is reached.</td>
<td>High once the agitated shaking of the door and yelling stage is reached.</td>
</tr>
</tbody>
</table>
Take time to think about the different behaviour patterns described in the previous examples. You may have seen some of these behaviour patterns exhibited by people in your workplace service. You may also have seen behaviour patterns with the potential risk of harm that have not been described in this workbook.

Identify four potentially harmful behaviour patterns that you have seen displayed by people in your workplace service.

Using the charts on the following pages, document this behaviour and identify the levels of potential risk of harm.

Remember to consider where there may be multiple levels of potential risk of harm.
<table>
<thead>
<tr>
<th>Diversional therapy environment</th>
<th>Diversional therapy activity</th>
<th>Identified potential risk of harm</th>
<th>Risk to diversional therapist</th>
<th>Risk to others</th>
<th>Low level of risk</th>
<th>Moderate level of risk</th>
<th>High level of risk</th>
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<tbody>
<tr>
<td>1</td>
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</table>
### Diversional Therapy Environment

<table>
<thead>
<tr>
<th>Diversional Therapy Environment</th>
<th>Diversional Therapy Activity</th>
<th>Identified Potential Risk of Harm</th>
<th>Risk to Diversional Therapist</th>
<th>Risk to Others</th>
<th>Low Level of Risk</th>
<th>Moderate Level of Risk</th>
<th>High Level of Risk</th>
</tr>
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<tr>
<td>3</td>
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<td>4</td>
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</tbody>
</table>
Think about the four people and their potential risk of harm behaviour patterns that you have just described. Document for each of these four examples:

1. Where the person’s unusual and challenging behaviour may arise and create the potential risk to the diversional therapist and others.
2. The factors that trigger this person’s potential risk of harm behaviour.
3. The impact of the environment in triggering this behaviour in the person.

<table>
<thead>
<tr>
<th>Example one</th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<table>
<thead>
<tr>
<th>Example two</th>
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<tbody>
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<td></td>
<td></td>
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</tbody>
</table>
Identify safety concerns, assess risk, and develop strategies to ensure safety in a diversional therapy setting.

<table>
<thead>
<tr>
<th>Example three</th>
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<tbody>
<tr>
<td>1</td>
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<tr>
<td>2</td>
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<table>
<thead>
<tr>
<th>Example four</th>
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<tbody>
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<td>1</td>
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<tr>
<td>2</td>
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<tr>
<td>3</td>
</tr>
</tbody>
</table>
Developing strategies

Developing strategies to promote safety is an important part of the diversional therapist’s role, but is not carried out in isolation. It requires teamwork and workplace consultation to develop the best strategies to minimise the occurrence of potential risk of harm behaviour, and to have workplace-wide support staff response strategies in place to de-escalate the potential risk of harm behaviour patterns that people can display.

Every employee in the support service that employs you needs to understand the potential risk of harm behaviour patterns of each person supported, and the workplace’s expected response to these risks by employees. It is important that all staff respond in the manner described in the person’s risk management strategy/plan.

Risk and behaviour management strategies will include:

- Discussing the situation with management or senior staff, and incorporating the potential risks and safety solutions identified by the diversional therapist and other staff members.
- Identifying and documenting all safety concerns arising from people’s potential risk of harm behaviour.
- Identifying and documenting particular activities that should be avoided with particular individuals.
- Identifying and documenting situations that trigger potential risk of harm behaviour.
- Identifying and documenting methods that de-escalate individuals’ potential risk of harm behaviour.
- Identifying and documenting particular risks or safety concerns from potential risk of harm behaviour in a diversional therapy activity or diversional therapy setting.
- Adherence to legal requirements, and to the support service’s organisational policies and procedures.
Identify the different roles of the staff and management in your support service who would be expected to contribute to the development of a person’s risk assessment and management strategy or plan.
From your list of relevant staff and management, identify the appropriate people to discuss any new information or particular ideas that you have about risk assessment and safety strategies for individuals who you support.
Now that you have identified and explored some examples of challenging behaviour patterns, think about what you can do to manage these situations. Focus on two of the people you have just been writing about and fill out the risk management tables below. One example has been completed for you.

### Filled-out example of a risk management plan:

<table>
<thead>
<tr>
<th>Risk identification in a diversional therapy activity or setting – what is the risk and where?</th>
<th>Risk evaluation – clarify the potential risks and consequences</th>
<th>Your recommendations for managing the identified risks – how can you change your plan to manage the risks?</th>
<th>Communication and consultation to develop a risk management strategy – with whom?</th>
<th>Your strategies to manage the identified risks – what will you do?</th>
<th>Strategies to promote the safety of the diversional therapist and others</th>
</tr>
</thead>
</table>
| Noise from entertainment in the lounge. | People could become agitated by the disturbance. There is an increased risk of harm to self and others. | Inform people that the entertainment will be happening and may be noisy. Let people who are not attending the entertainment know that there is another quiet, smaller lounge that they can go to. | • The entertainers  
• Your supervisor | Ask the entertainers to limit their volume and the length of time that they will perform for. | Seat any people with particular potential to become agitated near the edge of the activity so that it is easy for them to leave if they want to. |
## Risk management

### Your example one

<table>
<thead>
<tr>
<th>Risk identification in a diversional therapy activity or setting – what is the risk and where?</th>
<th>Risk evaluation – clarify the potential risks and consequences</th>
<th>Your recommendations for managing the identified risks – how can you change your plan to manage the risks?</th>
<th>Communication and consultation to develop a risk management strategy – with whom?</th>
<th>Your strategies to manage the identified risks – what will you do?</th>
<th>Strategies to promote the safety of the diversional therapist and others</th>
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</table>
## Risk management

### Your example two

<table>
<thead>
<tr>
<th>Risk identification in a diversional therapy activity or setting – what is the risk and where?</th>
<th>Risk evaluation – clarify the potential risks and consequences</th>
<th>Your recommendations for managing the identified risks – how can you change your plan to manage the risks?</th>
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</table>
### The importance of consultation

<table>
<thead>
<tr>
<th>First risk management plan discussed with: (identify by role[s] not by name)</th>
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<tbody>
<tr>
<td>What was discussed?</td>
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<tr>
<td>Your recommendations that were accepted:</td>
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<tr>
<td>Recommendations or changes suggested by management or senior staff:</td>
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The importance of consultation

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<tr>
<th>Second risk management plan discussed with: (identify by role[s] not by name)</th>
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<tbody>
<tr>
<td>What was discussed?</td>
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</tr>
</tbody>
</table>
You have come to the end of the workbook for:

**Identify safety concerns, assess risk, and develop strategies to ensure safety in a diversional therapy setting.**

Now you have finished this workbook you will have learned more about:

- Identifying potential risk of harm in a diversional therapy setting.
- Identifying situations and environments that trigger behaviour patterns that challenge.
- Documenting risk assessments and safety concerns in a diversional therapy setting.
- Developing strategies to promote the safety of the diversional therapist and others at risk.

Check the following:

- Please check over all the activities to make sure you have completed them.
- Complete the trainee assessment portfolio and remember to sign your assessment portfolio in the place provided, verifying that you are the one who has completed all the assessments.

When you have completed the trainee assessment portfolio and have been signed off as competent by your assessor, your assessor will complete a Certificate and give it to you.

If you wish, you could frame it for display or mount it in a record book.
You have now completed

5791 V4 Identify safety concerns, assess risk, and develop strategies to ensure safety in a diversional therapy setting:

part of a Careerforce learning series designed for support workers in a health or disability setting.

Disclaimer: The images contained in these workbooks are visual illustrations only and are not representative of actual events or personal circumstances.