**DIAG Variance Risk Assessment - Appendix 13**

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| **Person’s Details:** | **Establishment where activity is being carried out:** | |
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| **Description of task or activity and benefit to the person.** | | |
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| **Why is the Code of Practice Guidance not applicable?** | | **Example** |
|  | | * Equipment unavailable. * Environmental constraints. * Person’s needs are complex. * Person needs more than minimal assistance. |
| **What are the risks associated with this activity?** | | **Example** |
|  | | * Non-compliance with movement principles. * Lifting beyond guideline threshold. * Environmental hazards. * Risks associated with comprehension, compliance, level of active participation. |
| **What consideration has been given to a longer term solution?** | | **Example:** |
|  | | * Purchase of equipment. |

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| **Method for carrying out the activity (give detailed instructions including any additional precautions to reduce the risks to carer and person being assisted.)** |
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# Competency Statement - The following people have been instructed and are aware of their rights and responsibilities in carrying out this task.

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| --- | --- | --- | --- |
| **Carer’s Name** | **Designation** | **Date Observed** | **Signature** |
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This identified activity is an accepted risk for the carers named above. Only carers who are deemed to be competent and capable in this process will be expected to carry out this activity.

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| **Assessor’s Details** | **Name** | **Designation** | **Signature** | **Date** |
|  |  |  |  |
| **Manager’s Details** | **Name** | **Designation** | **Signature** | **Date** |
|  |  |  |  |

**Planned Review Date:** ………………………………..