

Activity Risks / Project Risks / Operational Risks / Corporate Risks



Risk Being Assessed for: **Person** Name: **Faith Cranston**
 Risk Title: **Incontinence of urine**

| Risk/ Ref No. | Risk Description & Consequences | Risk Probability (L/M/H) 1,2,3, | Risk Impact (L/M/H) 1,2,3, | Risk Priority Red if >6+ Amber if 3,4 Green if 1,2 | Risk Indicator Type : Tolerate, Treat, Transfer, Terminate | Mitigation Action | Risk Priority After Mitigation Red if >6+ Amber if 3,4 Green if 1,2 | Owner | Next Review Date |
|---------------|--|---------------------------------|----------------------------|--|--|--|---|-----------|------------------|
| 1 | If it is not identified promptly that Faith has been incontinent of urine there is potential for Faith to develop tissue damage to her skin. Contributory damage to the skin due to frictional force are likely to be more easily sustained if Faith's skin is wet. In addition urine that is concentrated will set up localised irritation of the skin in areas where there is direct contact with the urine. | 2 | 2 | 4 | | 1. Staff will support Faith to go to the bathroom promptly if she has been incontinent of urine. She will be provided with clean clothes to put on in the bathroom. Staff will be "matter of fact" that "Faith your clothes are wet so you need to change them". 2. Whilst Faith is in the bathroom the area where she has been incontinent will be cleaned and dried as much as possible so that Faith will be able to move on from the incident when she emerges from the bathroom. 3. Staff will never imply that there are negative consequences to Faith being incontinent of urine but will take care to prompt Faith to visit the bathroom before an activity, arriving at an activity, before leaving for and from school, or going in the people carrier. | 2 | All staff | 01/12/20 |
| 2 | Existing damage to Faith's skin due to previous episodes of incontinence (or pressure damage to the capillary network under the skin) are likely to be significantly exacerbated by each successive episodes of urinary incontinence that is not identified promptly and appropriate support with personal care. | 2 | 2 | 4 | | 1. Staff will monitor the condition of Faith's skin as opportunity presents itself whilst supporting Faith with any personal care needs. 2. If there is localised breakdown of the skin then staff will access advice from minor injuries service offered by the dispensing chemist regarding an appropriate barrier cream to use on broken skin. 3. If this issue persists for longer than 3 days, then a telephone consultation with the General Practitioner will be arranged. | 2 | All staff | 01/12/20 |
| 3 | Faith may be low in mood and consequently more likely to be self neglectful about good personal care and hygiene. When Faith is supported to identify that she has been incontinent of urine and requires to change her clothes and the area cleaned, this may lead to a lowering of her self-esteem. If episodes of urinary incontinence are occurring in a cluster with significant frequency this may lead to a self reinforcing negative spiral into low self-esteem and mood. | 2 | 2 | 4 | | 1. Staff will continue to make an ongoing dynamic assessment of Faith's mood throughout the day and support Faith accordingly. 2. Where there is a clear deterioration in Faith's mood or self-esteem staff will use their links with the clinical Psychiatry Service to seek advice from the Learning Disabilities Service. | 2 | All staff | 01/12/2020 |

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| 4 | Faith may have an infection of her urinary tract or her urinary tract may have developed a partial obstruction due to localised inflammation of the lining of her urinary tract. | 2 | 2 | 4 | | 1. Stall will seek a telephone consultation with GP if they have concerns of this nature and, if indicated, will take Faith to her registered doctor's surgery for a physical examination. 2. Staff will have a "love index of suspicion" for submitting a sample of clean catch urine to the surgery for urinalysis if there are any physical or behavioural indications that Faith may have a urinary infection. | 2 | All staff | 01/12/2020 |
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I/We have read, understand and agree with the risk assessment

Signatures

| Print Name: | Sign Name: | Date: | Review Date: |
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