**Generic Client (Inpatient) Moving and Handling Risk Assessment Form (Acute Division)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Hospital** | Acute Hospital | **Date** |  |
| **Ward/Department/Area** | General Ward Area | **Local Manager** |  |
| **Speciality** |  | **Link Person** |  |
| **Assessment Team** |  |
| **Activity – A and B** | **Current System of Work** | **Manual Handling Hazards** | **Current****Risk Level****VH / H / M / L** | **Control Measures Required** | **Potential Risk Level****VH / H / M / L** |
| **A1)** **Walking** | **Independent** Patient orientated to ward including bathrooms, TV room and bedside locker | Nil | **L** | Nil | **L** |
| **Requiring manual assistance**Provide appropriate support, normally to the side and slightly behind the patient, with a hand towards the patient’s small of back/hip when required for assurance. If more assistance required, increased contact with the patient is provided and /or a second member of staff is involved. | 1. Too much support may be provided to the patient
2. As more contact is provided, walking becomes more awkward for patient and staff
3. Risk of patient falling
 | **M** | 1. Identify at handover patients who do not require assistance
2. Reduce walking distances, utilise commodes, prepare sufficient space
3. Ensure staff aware of falls risk information / guidelines including what to do in the event of a fall
 | **L** |
| **Requiring walking aid** Refer to physiotherapy for assessment. Mobilise patient as above with a walking aid | 1-3 As above1. Patient does not use equipment effectively.
 | **L** | 1-3 As above1. Provide verbal instruction / prompts. If not effective, refer to physiotherapy
 | **L** |
| **B1)****Transfers from floor**  | **Independent / Supervision**Assess that patient is fit to mobiliseEncouraged and instructed how to rise from floor  | Patient may become unbalanced / tire whilst getting up onto bed / chair | **L** | Ensure the bed / chair patient is transferring onto is close by  | **L** |
| **Requiring minimal assistance of 1**Assess patient is fit to mobiliseTalk the patient round onto their side and then onto hands and knees providing assistance to bring the patients pelvis round if required. Place the chair at the patients side get the patient to bring knee nearest the chair up to allow bottom to slide onto the chair  | 1. Patient may fall whilst getting up
2. Patient may not be able to follow instruction
3. Patient may require more than one person to help
 | **L** | If in doubt use a hoist | **L** |
| **Requiring a hoist - minimum assistance of 2 staff**Assess patient is fit to be moved Roll the patient and position the sling. Position the hoist as per M&H guidance. Attach the sling and hoist the patient onto a bed/trolley  | 1. Top heavy and / or rotated postures are adopted
2. Current method not suitable for patients with suspected #NoF or spinal injury.
 | **M** | 1. Direct staff to read M&H guidance on postures and reassess.
 | **L** |
| **Activity - C** | **Current System of Work** | **Manual Handling Hazards** | **Current Risk Level** | **Control Measures Required** | **Potential Risk Level** |
| **C1)** **Sit / Stand Transfers** | **Independent / Supervision**Patient has sufficient weight bearing ability and cognitive understanding to complete the transfer without physical assistance from staff however may require a level of supervision and or verbal instruction to complete the transfer.  | 1. Patient’s current weight bearing or cognitive abilities could fluctuate increasing a risk of falls and potential injury to patient.
2. Lack of available seating, suitable for patient’s weight and height.
3. Insufficient space to undertake transfer
4. Trip or slip hazards
 | **L** | 1. Dynamic assessment of patient’s current physical and cognitive level reviewed prior to transfer.
2. Purchase sufficient suitable seating (consider height adjustable chairs or a selection of chairs of varying heights).

3&4. Ensure sufficient space available around chair by moving furniture and equipment and that environment is free from slip trip hazards prior to transfer.  | **L** |
| **Requiring manual assistance** Patient has sufficient weight bearing ability and cognitive understanding to complete the transfer with assistance of one or two members of staff as indicated in patient mobility assessment form. Patient may benefit from the provision of small handling aids e.g. for Stedy or Rotastand | 1-4 As Above1. Some staff occasionally using drag lift (under arm hook) to assist patient into standing
2. Lack of available handling aids
 | **VH** | 1-4 As Above1. Ensure all staff have attended induction training and direct staff to read M&H Guidance on high risk practices & review
2. Identify nearby areas to borrow equipment and / or purchase appropriate handling aids.
 | **L** |
| **Requiring a hoist or standing aid** Patient is either partially weight bearing or completely non weight bearing and staff are requiring to use mechanical equipment to complete transfers. | 1-4 & 6 As Above1. Additional hoist required due to increasing number of dependent patients being admitted
2. Equipment not up to date with LOLER / Service.
3. Occasionally hoist activity is undertaken by one member of staff
 | **M** | 1-4 & 6 As Above1. Purchase additional hoist.
2. Report hoist out of date regarding service and LOLER examination to estates.
3. Remind staff a minimum of two is required for all hoisting activities. Ask staff to read through M&H Hoist Guidance and monitor
 | **L** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Activity – D** | **Current System of Work** | **Manual Handling Hazards** | **Current Risk Level** | **Control Measures Required** | **Potential Risk Level** |
| **D1) Toileting** | **Independent / Supervision**Patient has sufficient weight bearing ability and cognitive understanding to complete the transfer without physical assistance from staff however may require a level of supervision and or verbal instruction to complete the transfer.  | 1. Patient’s current weight bearing or cognitive abilities could fluctuate increasing a risk of falls and potential injury to patient.
2. Distance to walk through to toilet is too great.
3. Lack of availability of commodes
4. Insufficient space to undertake transfer
5. Trip or slip hazards
 | **L** | 1. Dynamic assessment of patient’s current physical and cognitive level reviewed prior to transfer.
2. Reposition patient closer to the toilet.
3. Purchase additional commodes.

4&5. Ensure sufficient space available around chair by moving furniture / equipment and that environment is free from slip trip hazards prior to transfer. | **L** |
| **Requiring manual assistance**Patient has sufficient weight bearing ability and cognitive understanding to complete the transfer with assistance of one or two members of staff as indicated in patient mobility assessment form. Patient may benefit from the provision of small handling aids e.g. Stedy /Rotastand | 1- 5 As Above1. Some staff occasionally using drag lift (under arm hook) to assist patient into standing
2. Lack of available handling aids
 | **VH** | 1-5 As Above1. Ensure all staff have attended induction training and direct staff to read M&H Guidance on high risk practices & review
2. Identify nearby areas to borrow equipment and / or purchase appropriate handling aids.
 | **L** |
| **Requiring a hoist or standing aid**Patient is either partially weight bearing or completely non weight bearing and staff are requiring to use mechanical equipment to complete transfer. | 3-6 As Above1. Not enough hoists available due to increasing number of dependent patients being admitted
2. Equipment not up to date with LOLER / Service.
3. Occasionally hoist activity is undertaken by one member of staff
 | **M** | 3-6 As Above1. Purchase additional hoist.
2. Report hoist out of date regarding service and LOLER examination to estates.
3. Remind staff a minimum of two is required for all hoisting activities. Ask staff to read through M&H Hoist Guidance and monitor.
 | **L** |
| **Patient requiring toileting in bed**Patient can use male / female urinal (bottle), slipper, bedpan or pads as per patient specific assessment | 1. Staff adopt top heavy postures to roll patient for positioning and cleaning.
 | **L** | 1. Direct staff to read M&H guidance on postures at and reassess
 | **L** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Activity - E** | **Current System of Work** | **Manual Handling Hazards** | **Current Risk Level** | **Control Measures Required** | **Potential Risk Level** |
| **E1) Showering (wet room)** | **Independent** Orientate to bathroom / shower areaAdvise floors may be slipperyOrientate to Emergency call system | 1. Lack of storage space for toiletries, potential to slip reaching for toiletries
2. Slow water drainage can cause water pooling in shower room
 | **L** | 1. Contact estates for hooks within shower area and worktop area at sinks
2. Monitor extent of problem with the view to contacting estates to review. Ensure frequent monitoring when patients showering
 | **L** |
| **Requiring manual assistance**Manual assistance of 1 or 2 when required to transfer onto and from shower chair and to mobilise and / or wheel patient from bed side to shower area. May require assistance to shower. | 1-2 As above1. Lip on floor at door threshold making it difficult to push shower chair into shower area and creates trip hazard for staff and patients.
2. Floor surface is very slippery when wet
3. Lack of adequate shower head/hose length for assisted washing.
 | **M** | 1-2 As above1. Contact estates to reduce / remove lip on floor
2. Contact estates to replace flooring with non slip surface and ensure all staff and patients are aware of wet slippery floor surface. Ensure staff wearing appropriate footwear.
3. Contact estates for replacement longer shower head / hose
 | **L** |
| **Requiring a hoist / standing aid or equipment**Use of standing aid or hoist to transfer patient to shower chair or hoist to transfer to shower trolley within shower area. | * 1. As above
1. Staff adopt top heavy postures when inserting slings
2. Using hoists and standing aids in wet environments
 | **M** | * 1. As above
1. Direct staff to read M&H guidance on postures at and reassess
2. Prior to bringing in hoist / standing aid to shower area ensure steam has dissipated and area dry as far as reasonable
 | **L** |
| **E2)** **Bathing**  | **Independent** Height adjustable bathsare designed to be used with bathing hoists therefore are unsuitable for independent patients to climb into unaided. | **L** |
| **Requiring manual assistance**Manual assistance onto fixed seat bathing hoist e.g. Arjo Alenti / Malibu with minimum 1 staff | 1. Depending on patients weight the push/pull forces can be high when pushing patient on Alenti / Malibu
2. Bath sometimes not being raised therefore staff adopting top heavy and / or rotated postures
3. Floor surface can become wet from bathing hoist after immersion in bath
 | **M** | 1. Ensure staff request assistance to push chair. Consider transferring patient to bathroom using a wheelchair with larger wheels and then transferring to bathing hoist in bathroom
2. Ensure all staff have read guidance on reducing stooped postures
3. Ensure all staff and patients are aware of wet floor areas, consider using appropriate signage
 | **L** |
| **Requiring a hoist or standing aid** *1) Patient with sitting balance*Generally patients will be bathed using a fixed seat bathing hoist as above, however, in exceptional circumstances some patients may require to be hoisted into a bath using a sling hoist, this will be assessed using an individual risk assessment form.*2) Patient with no sitting balance* Generally these patients will be bathed in bed unless specific reasons require immersion bath in which case an individual risk assessment will be undertaken and assistance from the M&H team sought.  | **M** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Activity – F** | **Current System of Work** | **Manual Handling Hazards** | **Current Risk Level** | **Control Measures Required** | **Potential Risk Level** |
| **F1)** **Moving up / down in bed**  | **Independent** Show patient how to use necessary functions of electric bed.  | 1. Confused patient may operate electric bed inappropriately
2. Not enough electric profiling beds to maximise patient independence
 | **L** | 1. Electric bed has lockout controls which should be applied as per individual patient needs.
2. Purchase additional electric beds
 | **L** |
| **Requiring verbal instruction / minimal assistance**Verbally instruct patient how to best manoeuvre self in bed with minimal assistance  | 1-2 As above1. Staff adopting stooped and / or twisted postures when assisting patient.
2. Limited space around bed
 | **M** | 1-2 As above1. Remind staff to utilise height of bed to prevent top heavy postures, encourage to read related M&H Guidance
2. Ensure sufficient space available around bed by moving furniture / equipment and that environment is free from slip trip hazards prior to transfer. Consider moving more dependent patients to larger bed spaces.
 | **M** |
| **Requiring sliding sheets or other equipment**Use 2 flat sliding sheets and occasionally additional one for the feet. Minimum of two staff required and use considerably more depending on patient’s condition/size/capability. Patients’ encouraged to participate at all times. Sliding sheets inserted by either rolling the patient of by rolling the sheets under the patient. Patient slid on the bed by sliding the top sheet on the bottom one and utilising the electric bed where appropriate. Slide sheets removed and bed profiled as required. If on therapy mattress, P-Max is applied prior to rolling and removed once manoeuvre complete.  | 2-5 As above1. Not enough sliding sheets, staff using one instead of two, or the bed sheet and on occasion, drag lifting the patient up the bed.
2. Accessing enough staff to move bariatric patients difficult
 | **VH** | 2-5 As above1. Purchase sliding sheets
2. Remind staff not to use very high risk handling methods. Directed to read through M&H Guidance and monitored regularly
3. Notify Lead Nurse when dependent bariatric patient is admitted to ensure appropriate staffing levels are made available.
 | **M** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Activity – F** | **Current System of Work** | **Manual Handling Hazards** | **Current Risk Level** | **Control Measures Required** | **Potential Risk Level** |
| **F2)** **Turning / Rolling in bed** | **Independent** Show patient how to use necessary functions of electric bed.  | 1. Confused patient may operate electric bed inappropriately
2. Not enough electric profiling beds to maximise patient independence
 | **L** | 1. Electric bed has lockout controls which should be applied as per individual patient needs.
2. Purchase additional electric beds
 | **L** |
| **Requiring verbal instruction / minimal assistance**Verbal instruction of main components given e.g. bend both knees up, turn head and bring arm across chest in direction of roll, allow knees to drop to side and roll onto side . Assistance provided to help bend the knees up, roll over as required etc. | 1-2 As above1. Staff adopting stooped and / or twisted postures when assisting patient.
 | **M** | 1-2 As above1. Remind staff to utilise height of bed to prevent top heavy postures, encourage to read related M&H Guidance
 | **L** |
| **Requiring manual assistance - minimum of 2 staff**Encourage patient to participate to the best of their ability.Following same components described above as patient’s condition allows staff will generally assist patient to roll with one on either side of the bed. Alternatively roll patient using the bed sheet, or where there is a lack of space use sliding sheets to enable the patient to turn ‘on the spot’ Number of staff required assessed on individual basis. When using fitted sheet the sheet is pulled taut prior to rolling. If on therapy mattress ensure P-Max is applied prior to rolling and removed once manoeuvre complete | 1-3 As above1. Limited space around bed
2. Staff occasionally take a direct hold (grip) of bed sheet or sliding sheet
 | **M** | 1-3 As above1. Ensure sufficient space available around bed by moving furniture / equipment and that environment is free from slip trip hazards prior to transfer. Consider moving more dependent patients to larger bed spaces.
2. Remind staff to use indirect hold and encourage to read guidance on rolling
 | **M** |
| **F3)** **Lateral Transfer** | **Independent** Encourage patient to move self between 2 surfaces or alternatively alight from trolley to sit on chair or bed. | Nil | **L** | Nil | **L** |
| **Requiring sliding sheets and rigid transfer board**Where a patient is unable to independently transfer a lateral transfer is undertaken using a minimum of 3 staff. Additional staff utilised as per individual assessment. A rigid transfer board with two flat sliding sheets is placed under the bed sheet under the patient. The bed sheet is used to pull the patient across  | 1. Not enough sliding sheets, staff using none or one instead of two.
2. Staff adopting stooped and / or twisted postures when reaching for the sheet to pull patient across.
3. When using Sleepknit fitted sheets slack not taken out of sheet prior to transfer.
4. Some staff carry out manoeuvre very fast
 | **H** | 1. Purchase sliding sheets
2. Encourage to read related M&H Guidance on reducing top heavy postures and guidance on lateral transfers
3. Ensure fitted sheets are taut prior to commencing transfer.
4. Direct staff to read guidance on lateral transfers and review.
 | **L** |

**Generic Client (Inpatient) Moving and Handling Risk Assessment Summary and Action Plan**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Activity**e.g. E2 | **Risk Level****VH / H / M / L** | **Control Measures to be Introduced** | **Potential Risk Level** | **Date / Signature** | **Progress Review Summary** (date & sign at bottom) |
| C1 / D1 / F1 | **VH** | * Ensure staff have attended induction training and direct staff to read M&H Guidance on high risk practices and review.
 | L |  |  |
| F1 | **VH** | * Purchase sliding sheets
* Notify Lead Nurse when dependent bariatric patient is admitted to ensure appropriate staffing levels are made available.
 | M |  |  |
| F3 | **H** | * Purchase sliding sheets. Remind staff not to use very high risk handling methods. Directed to read through M&H Guidance and monitored regularly
* Encourage to read related M&H Guidance on reducing top heavy postures and guidance on lateral transfers
* Direct staff to read guidance on lateral transfers and review
 | L |  |  |
| F1 / F2 | **M** | * Ensure sufficient space available around bed by moving furniture / equipment and that environment is free from slip trip hazards prior to transfer. Consider moving more dependent patients to larger bed spaces.
 | M |  |  |
| E1 | **M** | * Contact estates to reduce / remove lip on floor
* Contact estates to replace flooring with non slip surface and ensure all staff and patients are aware of wet slippery floor surface. Ensure staff wearing appropriate footwear.
* Contact estates for replacement longer shower head / hose
 | L |  |  |
| C1 / D1 | **M** | * Purchase additional hoist.
* Report hoist out of date regarding service and LOLER examination to estates.
* Remind staff a minimum of two is required for all hoisting activities. Ask staff to read through M&H Hoist Guidance and monitor
 | L |  |  |
| A1  | **M** | * Identify at handover patients who should not be requiring assistance
* Reduce walking distances, utilise commodes, prepare sufficient space
* Ensure staff aware of falls risk information / guidelines including what to do in the event of a fall
 | L |  |  |
| B1/E1/E2/F1/F2/F3 | **M** | * Direct staff to read M&H guidance on postures and reassess
 | L |  |  |
| B1 | **M** | * Contact falls team for advice re fallen pt with suspect ~NoF or spine.
 | L |  |  |
| E2 | **M** | * Ensure staff request assistance to push chair. Consider transferring patient to bathroom using a wheelchair with larger wheels and then transferring to bathing hoist in bathroom
* Ensure all staff and patients are aware of wet floor areas, consider using appropriate signage
 | L |  |  |
| F2  | **M** | * Remind staff to use indirect hold and encourage to read guidance on rolling
 | L |  |  |
| **Date reviewed** |  |  |  |  |  |
| **Signature** |  |  |  |  |  |