**Generic Inpatient Moving and Handling Risk Assessment Form (Partnerships)**

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| **Hospital** | Partnerships Hospital | **Date** |  |
| **Ward/Department/Area** | General Ward Area | **Local Manager** |  |
| **Speciality** |  | **Link Person** |  |
| **Assessment Team** |  |

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| **Activity – A**  | **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** Orientate to ward/ department including toilet/ bathroom and dining areas if cognitive understanding of task allows | **L** |
| **Requiring manual assistance**Depending on degree of weight bearing and cognitive understanding, may require assistance of 1 – 2 nurses, as per care plan | 1. Lack of effective physical risk assessment and communication between staff and client
2. Low level working for staff. Some staff have difficulty kneeling on floor to assist clients due to their own musculoskeletal disorder.
3. Trip and slip hazards on floor surface.
4. Client wearing inappropriate footwear.
5. Adopting a ‘lock on hold’
6. Inappropriate use of walking aid.
 | **H** | 1. Ensure all staff have knowledge and skill to physically assess client’s mobility and ability to participate in transfers. .
2. Staff member should be aware of their own physical capabilities. Ask other members of staff for assistance if required.
3. Ensure spillages on floor are dried immediately to reduce risk of further slipping on floor; ensure obstacles are removed from thoroughfare Encourage staff to access Falls Management information
4. Ensure client has adequate footwear while mobilising/ transferring.
5. Direct staff to M&H guidance on high risk holds
6. Instruct staff to not use lock on holds, monitor and review practice regularly
7. Demonstration of walking aid(s) prior to use and provide initial support if required.
 | **L** |

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| **Activity – B** | **Current System of Work** | **Manual Handling Hazards** | **Current Risk Level** | **Control Measures Required** | **Potential Risk Level** |
| **B1) Transfers from floor**  | **Independent / Supervision**Assess for injury, encourage and instruct client how to rise from floor | **L** |
| **Requiring minimal assistance**All clients who fall to the floor are assessed for injury prior to being moved.Dependent on degree of independence and cognitive understanding, client may require assistance of 1 – 2 nurses as per care plan.Incident reported on Datix and care plan updated  | 1. Lack of effective communication between staff and client.
2. Low level working for staff. Some staff have difficulty kneeling on floor to assist clients due to their musculoskeletal disorder.
3. Client attempting to self raise without assistance.
4. Client wearing inappropriate footwear.
5. Spillages are not being dried timeously.
6. Poor lighting in some areas creating trip hazard.
 | **M** | 1. Remind staff to check client understanding prior to providing assistance
2. Remind staff to work within own capabilities and to request assistance when required. Advise relevant staff about accessing support from Occupational Health by self referring.
3. Encourage client not to rise without assistance from nursing staff. Consider nursing in high visibility area
4. Remind staff to ensure client has adequate footwear while mobilising / transferring, removing inappropriate footwear if necessary.
5. Remind staff to clean up spillages immediately and to use signage if appropriate.
6. Ensure all client areas have adequate lighting. Remind night staff must take this into account when mobilising clients.
 | **L** |
| **Requiring a hoist**Use passive hoist to transfer from floor level if client unable to rise from floor. Clients who fall in tight space are rolled onto a blanket / sliding sheet and slid into more open space for hoist access; or, furniture is moved to improve access.Falls team contacted | 2 As above1. Clients are pushed in the hoist through public spaces to their bed.
2. Some staff adopt top heavy and / or twisted postures.
 | **M** | 1 As above1. Remind staff it may be more appropriate to bring the bed to the client Staff to be more aware of own position and avoid developing awkward postures such as top-heavy, crouched and rotated. Encourage staff to read M&H guidance on postures
 | **L** |

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| **Activity - C** | **Current System of Work** | **Manual Handling Hazards** | **Current Risk Level** | **Control Measures Required** | **Potential Risk Level** |
| **C1)****Sit / Stand Transfers** | **Independent** Ensure suitability of seating for client to maintain independence if client has cognitive understanding of task. | **L** |
| **Requiring manual assistance**Each client individually assessed and recorded on care plan | 1. Chairs are of the same height meaning that for some clients they are too low to enable clients to actively participate in transfer (therefore staff have to assist more frequently) and too high for others causing pressure on the backs of legs and sacrum.
 | **M** | 1. Audit seating in area and decide on plan of action for client group to include the purchase of height adjustable chairs or chairs of varying heights. Contact OT for advice on seating and seating assessments.
 | **L** |
| **Requiring a hoist or standing aid**Reposition / transfer using suitable hoist and sling. Chair / hoist compatibility is checked before transfer and environment adjusted to enable sufficient room for the transfer. | 1. Slopes in flooring and ill-fitting carpets occasionally cause hoist to tip.
2. Some staff have not received any training in the use of a hoist and are therefore unable to participate.
 | **VH** | 1. Assess suitability of area with equipment currently available and remove from use if required. Contact estates for remedial work to be undertaken.
2. Contact M&H team to identify suitable training
 | **L** |

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| **Activity – D** | **Current System of Work** | **Manual Handling Hazards** | **Current Risk Level** | **Control Measures Required** | **Potential Risk Level** |
| **D1) Toileting** | **Independent** Orientate to toilet / bathroom area if cognitive understanding allows. | **L** |
| **Requiring manual assistance**Client is assisted to toilet using bed pans, urinals etc. in bed; or assisted to the commode or to walk to the toilet. Assistance provided with clothing and personal care as required. Assessed individually and recorded on care plan. | 1. Some staff lift clients onto bed pans.
2. Some toilets are too low to enable active participation of client. Therefore more assistance required from staff which can reduce independence of client.
3. Not enough room at sides of toilets due to position of toilet roll holders and sinks. Staff can develop awkward postures when trying to assist.
 | **H** | 1. Direct staff to M&H guidance on high risk moves and instruct not to, monitor and review regularly
2. Provide toilet seat raisers (contact OT for guidance); or sit this client group on commode and wheel over toilet. This will help maintain the client’s independence.
3. Contact Estates Dept re toilet layout and M&H Dept regarding Ergonomic assessment
 | **L** |
| **Requiring a hoist or standing aid**For those who cannot bridge or roll, the hoist or standing aid is used to transfer the client onto a commode or bedpan. | 1. Not enough slings and hoists for number of dependent patients in ward causing delay in toileting. Some staff feel pressured into and actually do manually assist (lift) clients onto commodes or bed pans.
2. Staff frequently do not prepare the environment prior to hoisting, risk to hoist wheels getting caught and hoist toppling.
 | **VH** | 1. Assess need for more slings and hoists and purchase number required. Direct staff to M&H guidance on high risk moves and instruct not to, monitor and review regularly. Remind staff to prepare environment prior to starting the hoisting activity, monitor and review.
 | **L** |
| **Activity – E** | **Current System of Work** | **Manual Handling Hazards** | **Current Risk Level** | **Control Measures Required** | **Potential Risk Level** |
| **E) Bathing** | **Independent** Orientated to bath/ shower cabinet room if client has cognitive understanding of task. Advised re slippery floor surface when wet. | **L** |
| **Requiring manual assistance**Clients individually assessed and either assisted to mobilise to bath / shower or with a bed bath | 1. Slippery floor surface due to accidental spillages.
2. Bath sometimes not being raised therefore staff adopting top heavy and / or rotated postures
 | **M** | 1. Ensure area is monitored regularly when clients are showering / bathing.
2. Ensure all staff have read guidance on reducing stooped postures
 | **M** |
| **Requiring a hoist / standing aid or equipment**Sling lifting hoists / standing aids are used to transfer from wheelchair onto shower chair / trolley in bathing area.Hoists with fixed seats are used to transfer clients from their bed to the bath. | 3 Lip on floor at door threshold making it difficult to push shower chair into shower area and creates trip hazard for staff and patients4. Bath is not height adjustable causing staff to stoop when washing client. Some staff may have difficulty with low level working due to existing musculoskeletal disorder. | **M** | 1. Contact estates to reduce / remove lip on floor
2. Assess bathroom needs in area based on fixed height baths only suitable for fully independent clients. Purchase wet rooms or variable height baths if client needs dictate this
 | **M** |

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| **Activity - F** | **Current System of Work** | **Manual Handling Hazards** | **Current Risk Level** | **Control Measures Required** | **Potential Risk Level** |
| **F1) Moving up / down in Bed**(Guidance document for bed manoeuvres in development)(Guidance document for hoisting in development) | **Independent** Orientate to bed environment | 1. Confused patient may operate electric bed inappropriately
2. Not enough electric profiling beds to maximise patient independence
 | **M** | 1. Electric bed has lockout controls which should be applied as per individual patient needs.
2. Purchase additional electric beds
 | **L** |
| **Requiring manual assistance**Instruct client how best to manoeuvre self in bed with minimal assistance. | 1. Staff developing awkward postures when assisting clients in bed. This can be affected by working height of bed and space available around bed space.
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.
 | **L** |
| **Requiring sliding sheets, hoist or other equipment**Moving up / down bed - use hoist or sliding sheets as per M&H guidance (Guidance). | 1-4 as above1. Some staff not using equipment and undertaking very high risk drag lifting and full body lifting.
2. Not enough sliding sheets available for number of dependent clients
3. Furniture is occasionally identified as broken / faulty making it difficult to manoeuvre around which leads to staff applying more effort to push and pull. This can develop increasing musculoskeletal strain throughout the body.
 | **VH** | 1-4 as above1. Remind staff not to use very high risk handling methods. Direct staff to read through M&H Guidance and monitor practice regularly
2. Encourage staff to read M&H guidance on bed manoeuvres
3. Purchase sliding sheets
4. Report all faults via Estates help line. Label furniture with date and reason for reporting and who reported. Consider removing from use.
 | **L** |

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

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| **Activity**e.g. E2 | **Current****Risk Level****VH / H / M / L** | **Control Measures to be Introduced** | **Potential Risk Level** | **Date / Signature** | **Progress Review Summary** (date & sign at bottom) |
| C1 | **VH** | * Assess suitability of area with equipment currently available and remove from use if required. Contact estates for remedial work to be undertaken.
* Contact M&H team to identify suitable training
 | L |  |  |
| D1 | **VH** | * Assess need for more slings and hoists and purchase number required. Direct staff to M&H guidance on high risk moves and instruct not to, monitor and review regularly
 | L |  |  |
| F1 | **VH** | * Purchase sliding sheets
* Report all faults via Estates help line. Label furniture with date and reason for reporting and who reported. Consider removing from use.
 | L |  |  |
| A1 / D1 / F1 | **H** | * Direct staff to M&H guidance on high risk holds. Instruct staff to not use high risk holds, monitor and review practice regularly
 | L |  |  |
| D1 | **H** | * Provide toilet seat raisers (contact OT for guidance); or sit this client group on commode and wheel over toilet. This will help maintain the client’s independence.
* Contact Estates Dept re toilet layout and M&H Dept regarding Ergonomic assessment
 | L |  |  |
| B1 | **M** | * All control measures
 | L |  |  |
| C1 | **M** | * Audit seating in area and decide on plan of action for client group to include the purchase of height adjustable chairs or chairs of varying heights. Contact OT for advice on seating and seating assessments.
 | L |  |  |
| E1 | **M** | * All control measures
 | M |  |  |
| F1 | **M** | * Remind staff to utilise height of bed to prevent top heavy postures, encourage to read related M&H Guidance
* 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.
 | L |  |  |
| **Date reviewed** |  |  |  |  |  |
| **Signature** |  |  |  |  |  |