**Specific Client (Community) Moving and Handling Risk Assessment Form**

**Section A: Essential Information**

## A1

|  |  |  |  |
| --- | --- | --- | --- |
| **Personal Details** | **Review Details** | **Changes** | **No Changes** |
|  |  |  |  |
| Title: | Date of Review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Forename: | Assessor Signature: \_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Surname: |  |  |  |
| CHI No. | Date of Review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
|  | Assessor Signature \_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Weight (Kg) \_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| Actual  Estimated  | Date of Review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Height (metres) \_\_\_\_\_\_\_\_\_\_ | Assessor Signature \_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Actual  Estimated  |  |  |  |
|  | Date of Review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| **Assessor Details** | Assessor Signature \_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
|  |  |  |  |
| Name: | Date of Review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Designation: | Assessor Signature \_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Details of other professionals involved\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date of Review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Assessor Signature \_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Date of Review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Assessor Signature \_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
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|  | Date of Review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Assessor Signature \_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
|  |  |  |  |
| Date of Initial Assessment: \_\_\_\_\_\_\_\_\_ | Date of Review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
|  | Assessor Signature \_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

With reference to the clents assessment of need and care plan, do any elements of the care tasks involve manual handling?

Yes  No 

If No, assessment need go no further.

If Yes, continue to Section B.

**NB If you (staff) have any concerns regarding your ability to participate in any moving**

 **and handling activity, you must consult with your line manager.**

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(reverse)

**Section B: Client Handling Assessment**

**I** =Further Information **R**=Review Details

|  |
| --- |
| Movement Ability B1 |
| B1.1 | Full | Partial | Variable | Unable | Details | **I** | **R** |
| Standing |  |  |  |  |  |  |  |
| B1.2 |
| Walking |  |  |  |  |  |  |  |
| B1.3 |
| Sitting Balance |  |  |  |  |  |  |  |
| B1.4 |
| Head Control |  |  |  |  |  |  |  |
|  |
| Upper LimbB1.5Strength/Movement |  |  |  |  |  |  |  |
|  |

#### B2

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| History/Risk of Falls (please refer to Management of Falls Guidelines and Policies) | Yes | No | Details | **I** | **R** |
|  |  |  |

#### B3

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Relevant Medical Conditions | Yes | No | Details | **I** | **R** |
|  |  |  |

#### B4

|  |
| --- |
| Communication  |
| Any problems with:B4.1 | None | Slight | Moderate | Severe | Details | **I** | **R** |
| Hearing  |  |  |  |  |  |  |  |
| B4.2 |
| Vision |  |  |  |  |  |  |  |
| B4.3 |
| Communication |  |  |  |  |  |  |  |
| B4.4 |
| Comprehension |  |  |  |  |  |  |  |
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Page 2

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| **No** | **Date** | **Further Information/Review Details** | **Signature** |
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**I** =Further Information **R**=Review Details

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| --- |
| **Handling Constraints** B5 |
|  | None | Slight | Moderate | Severe | Details | **I** | **R** |
| PainB5.1 |  |  |  |  |  |  |  |
|  |
| Skin Lesions/ VulnerabilityB5.2 |  |  |  |  |  |  |  |
|  |
| Attachments B5.3e.g. IV, plaster, PEG etc |  |  |  |  |  |  |  |
| B5.4 |
| Involuntary Movements  |  |  |  |  |  |  |  |
|  |
| Difficulties with MuscleB5.5Strength/Tone |  |  |  |  |  |  |  |
|  |
| Behaviour B5.6cooperation (potential for verbal/physical aggression) |  |  |  |  |  |  |  |
| B5.7 |
| Stature |  |  |  |  |  |  |  |
|  |

#### B6

|  |  |  |
| --- | --- | --- |
| Cultural Considerations  | **I** | **R** |
|  |  |  |

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| --- | --- | --- |
| Personal Needs, have family been consultedB7 | **I** | **R** |
|  |  |  |

#### B8

|  |  |  |
| --- | --- | --- |
| Existing Equipment  | **I** | **R** |
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| --- | --- | --- |
| Existing Handling Risks B9 | I | R |
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| Other B10 | I | R |
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SECTION C: WORKING ENVIRONMENT LOCATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**I** =Further Information **R**=Review Details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **The Working EnvironmentIs/Are there;** | **Specify Hazards and Associated Risks** | **Remedial Action (Rough Notes)** | **I** | R |
| Sufficient space to carry out the tasks?C1 |  |  |  |  |
|  Yes No  |
| Any problems with furniture e.g. height/suitability/work surface?**C2** |  |  |  |  |
|  Yes No  |
| Any problems with flooring? e.g. uneven / slippery / carpetingC3 |  |  |  |  |
|  Yes No  |
| Poor lighting?C4 |  |  |  |  |
|   Yes No  |
| Extreme temperaturesC5 |  |  |  |  |
|  Yes No  |
| Difficulties with access/ egressC6 |  |  |  |  |
|  Yes No  |
| Other: Specify (e.g. pets / hygiene)C7 |  |  |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Page 4

Page 4

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| **No** | **Date** | **Further Information/Review Details** | **Signature** |
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#### D2

###### SECTION D ASSESSMENT SUMMARY / ACTION PLAN Page No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | Tasks (Risks) | Action To Be Taken | Person to Action and Date | Outcome | Date Actioned |
|  |  |  |  |  |  |

###### SECTION D: ASSESSMENT SUMMARY / ACTION PLAN - CONTINUATION Page No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Page 5

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| --- | --- | --- | --- | --- | --- |
| Date | Tasks (Risks) | Action To Be Taken | Person to Action and Date | Outcome | Date Actioned |
|  |  |  |  |  |  |

**NB Staff have a responsibility to follow the instructions within this handling plan, to use handling principles as per their training and to report any significant changes in the assessment.**

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reverse

######  Page No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###### SECTION E: PERSON HANDLING PLAN I =Further Information R=Review Details

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| TASKS | CLIENT’S/ABILITIESUsing the rating scale below to assess the person abilitiesPlease tick in appropriate column | Handling Method/Instructions (please detail) | **No. of carers** | **Equipment To Be Used** | **I** | **R** |
|  | 1 | 2 | 3 |  |  |  |  |  |
| No: | Day |  |  |  |
| Evening/Night |  |  |  |  |  |  |  |  |
| No: | Day |  |  |  |  |  |  |  |  |
| Evening/Night |  |  |  |  |  |  |  |  |
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| Evening/Night |  |  |  |  |  |  |  |  |
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| Evening/Night |  |  |  |  |  |  |  |  |
| **RATING SCALE** | 1 | ABLE WITH PROMPTING (please detail **V** for Verbal or **P** for Physical) | 2Page 6 | ABLE WITH ASSISTANCE(please detail in method/ instruction column) | 3 | FULL ASSISTANCEDATE: --------------------------------- |
| **Task** | **Date** | Further Information | **Signature** |
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**NB Staff have a responsibility to follow the instructions within this handling plan, to use handling principles as per their training and to report any significant changes in the assessment.**

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#### SECTION E: PERSON HANDLING PLAN: HOISTING / STANDING AID INSTRUCTIONS I =Further Information R=Review Details

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 1 | 2 | 3 | 4 | **I** | **R** |
| Task Description |  |  |  |  |  |  |
| No of Carers |  |  |  |  |  |  |
| **Hoist / Standing Aid Details** | Make |  |  |  |  |  |  |
| Model |  |  |  |  |  |  |
| **Sling Details** | Type |  |  |  |  |  |  |
| Size |  |  |  |  |  |  |
| **Hoist Sling** **Leg Fitting Details** | Under Legs |  |  |  |  |  |  |
| Between Legs |  |  |  |  |  |  |
| Between Legs and Crossed |  |  |  |  |  |  |
| **Sling Attachment****(e.g. Loop closest to client)** | Shoulder |  |  |  |  |  |  |
| Legs (N/A for a Standing  Aid, standing sling) |  |  |  |  |  |  |

 **Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- |
| **TASK** | **DATE** | FURTHER INFORMATION | **SIGNATURE** |
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