

ALL WALES PAEDIATRIC PATIENT HANDLING RISK ASSESSMENT

(NHS Wales v1.2 (22/01/2025))

ADDRESSOGRAPH

Hospital		Ward	
Date of Assessment		Time of Assessment	

Part 1: Criteria for assessment

	Yes	No
Is the patient an infant who is not yet developmentally mobile?	<input type="checkbox"/> Risk assessment not required No further questions Sign this section to complete	<input type="checkbox"/> Go to the next question
Is the child/young person (CYP) currently fully independent and mobile?	<input type="checkbox"/> Go to the next question	<input type="checkbox"/> Go to Part 2: Assessment
Are there any other clinical considerations/ risks/ variations in mobility that require a full assessment? (e.g. expected fluctuations in mobility during the day due to diagnosis or medication)	<input type="checkbox"/> Go to Part 2: Assessment	<input type="checkbox"/> Risk assessment not required No further questions Sign this section to complete

Reassessment should be carried out if there is any deterioration or change in the CYP's condition or weekly if there is no change.

Name	Signature	Designation
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Part 2: Assessment

Overall Mobility Classification Mobility Classification Tool (LOCOMotor ©)					Height: cm	Weight: kg
					<input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Reported	<input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Reported
A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	E <input type="checkbox"/>		

Sensory Factors (Tick all applicable)			Risk Factors (Tick all applicable)		
Hearing deficit	Hearing aid	Yes <input type="checkbox"/>	Reduced co-operation / compliance	Cultural considerations	<input type="checkbox"/>
		No <input type="checkbox"/>	Reduced understanding	Weakness	<input type="checkbox"/>
Sight deficit	Spectacles/	Yes <input type="checkbox"/>	Confused, agitated	Altered muscle tone	<input type="checkbox"/>
	Contact lenses	No <input type="checkbox"/>	Skin lesions / wounds	Fear	<input type="checkbox"/>
Communication impairment		<input type="checkbox"/>	Pain	Bone density disorders	<input type="checkbox"/>
Sensory considerations: e.g. does not like physical touch/ hypersensitive		<input type="checkbox"/>	Attachments e.g. Infusion / catheter / drain /splints/ limb in plaster	Other (e.g. hip dysplasia, traction):	<input type="checkbox"/>
Details & interventions:					

N.B. Consider completing a Falls Risk Assessment

Moving in bed (i.e. rolling, turning & up/down bed)

Rolling/Turning (Tick applicable)	Up/down bed (Tick applicable)	Equipment: Hoist & Sling (type & size):	Details: (No. of staff/ Family involvement/ Method/ Special instructions):
Independent	Independent	Other:(e.g. Slide sheets*/ Specialist bed etc) *If using own equipment from home, ensure integrity check before use.	
Supervision / verbal prompt	Supervision / verbal prompt		
Assisted	Assisted		

Supine to sitting on edge of bed & sitting on edge of bed to supine

Supine to Sitting (Tick applicable)	Sitting to Supine (Tick applicable)	Equipment: Hoist & Sling (type & size):	Details: (No. of staff/ Family involvement/ Method/ Special instructions):
Independent	Independent	Other:(e.g. Slide sheets*/ Specialist bed etc) *If using own equipment from home, ensure integrity check before use.	
Supervision / verbal prompt	Supervision / verbal prompt		
Assisted	Assisted		



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Transfer (e.g. bed to chair, chair to commode/toilet etc)		
Transfer (Tick applicable)	Equipment: Hoist & Sling (type & size):	Details: (No. of staff/ Family involvement/ Method/ Special instructions):
Independent	Other:(e.g. Slide sheets*/ Specialist chairs etc)	
Supervision / verbal prompt		
Assisted	*If using own equipment from home, ensure integrity check before use.	

Walking		
Walking (Tick applicable)	Equipment: Hoist & Sling (type & size):	Details: (No. of staff/ Family involvement/ Method/ Special instructions):
Independent	Other:(e.g. frame, crutches etc)	
Supervision / verbal prompt		
Assisted	*If using own equipment from home, ensure integrity check before use.	

Bathing & Showering & Washing					
Bathing (Tick applicable)		Showering (Tick applicable)		Washing (Tick applicable)	
Independent		Independent		Independent	
Supervision / verbal prompt		Supervision / verbal prompt		Supervision / verbal prompt	
Assisted		Assisted		Assisted	
N/A		N/A			
Equipment: Hoist & Sling (type & size):			Details: (No. of staff/ Family involvement/ Method/ Special instructions)		
Other:(e.g. Slide sheets*/ Specialist chairs etc)					
*If using own equipment from home, ensure integrity check before use.					

Toileting		
Toileting (Tick applicable)	Equipment: Hoist & Sling (type & size):	Details: (No. of staff/ Family involvement/ Method/ Special instructions):
Independent	Other:(e.g. commode, transfer board etc)	
Supervision / verbal prompt		
Assisted	*If using own equipment from home, ensure integrity check before use.	

Other Specific Risks e.g. environmental, equipment or task-related etc.
Details & interventions to reduce risk:

List of any patient's own equipment used:	Integrity checked	Compatibility checked* (e.g. slings)

(*add LOLER inspection date for slings)

Name	Signature	Designation

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PAEDIATRIC PATIENT HANDLING REVIEW					
Hospital		Ward		Date	Time
Overall Mobility Classification Mobility Classification Tool (LOCOMotor ©)				Reason for Review: <input type="checkbox"/> Routine <input type="checkbox"/> More assistance required <input type="checkbox"/> Less assistance required <input type="checkbox"/> Following Incident	
 A <input type="checkbox"/>	 B <input type="checkbox"/>	 C <input type="checkbox"/>	 D <input type="checkbox"/>	 E <input type="checkbox"/>	
Activity		Change(s):			
Moving in Bed					
Supine to sitting on edge of bed					
Sitting on edge of bed to supine					
Transfers					
Walking					
Showering / bathing / washing					
Toileting					
Other relevant information:					
Name		Signature		Designation	

Reassessment should be carried out if there is any deterioration or change in the CYP's condition or weekly if there is no change.

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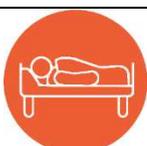
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Guidance: Patient Handling Risk Assessment & Safer Handling Plan

Whom should complete this assessment: A Registered Healthcare Professional (RHP). If a suitably experienced person who is not an RHP completes the assessment form, then it must be checked and countersigned by an RHP.

Functional Mobility Level: Consider the level of the patient's functional mobility i.e. what the patient is physically able to do in assisting with each task. Record this level using the Mobility classification tool (LOCOMotor ©) as detailed below **A,B,C,D or E** where indicated on the form.

Mobility Classification Tool (LOCOMotor ©)

	A Ambulatory, but may use a walking stick for support Independent, can clean and dress oneself. Usually no risk of dynamic or static overload to carer. Stimulation of functional mobility is very important
	B Can support oneself to some degree and uses walking frame or similar. Dependant on carer in some situations. Usually no risk of dynamic overload to carer. A risk of static overload to carer can occur if not using proper equipment. Stimulation of functional mobility is very important
	C Is able to partially weight bear on at least one leg. Often sits in a wheelchair and has some trunk stability. Dependant on carer in many situations. A risk of dynamic and static overload to carer when not using proper aids. Stimulation of functional mobility is very important
	D Cannot stand and is not able to weight bear. Is able to sit if well supported. Dependant on carer in most situations. A high risk of dynamic and static overload to carer when not using proper equipment. Stimulation of functional participation is very important
	E Might be almost completely bedridden, can sit out only in a special chair. Always dependent on carer. A high risk of dynamic and static overload to carer when not using proper equipment. Stimulation of functional participation is not a primary goal

Risk of Falls: If High, ensure this is considered when prescribing techniques or equipment for the manoeuvres with this patient.

Height and Weight: It is important to ensure that the size, shape and safe working load (SWL) of any aid or equipment prescribed is suitable for the patient's weight, stature and height.

Manual Handling Risk Factors / Constraints: This is to identify any other factors that could affect the patient's mobility, and/or may impact on patient safety or safety of the carer. Please indicate any relevant clinical conditions. For the confidentiality of forms left at the bedside please only tick here, Staff must refer to patient notes for detail.

Sensory Factors: Sensory deficit(s) can impact on the patient's compliance. Ensure glasses and / or hearing aid are available, functioning and used.

Manoeuvres: In order to ensure that the patient is handled in a consistent and safe manner, these sections should prescribe the method, level of assistance, equipment including for example the manufacturer, type and size of hoist sling used, number of staff required, etc and any other relevant information as necessary.

Other Specialist Risk: Additional risks along with measures taken to reduce these should be documented to reduce the risk of incident / injury. Ensure usual specialist footwear or prosthetic appliances are fitted correctly and recorded under other specific risks.

Additional Resources: Are additional resources required? For instance bariatric equipment hire? If so, what resource is needed, provide justification and specification for needing it and ensure the Manager is informed.

Reviews: in the paper version there is space to document two reviews, after which a new form should be completed to ensure legibility, instructions are clear and risks are highlighted.