






ALL WALES PATIENT HANDLING RISK ASSESSMENT

NHS Wales v1.2 (18/12/2024)

ADDRESSOGRAPH

Hospital:	Ward:
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<p>Overall Mobility Classification</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> A</div> <div style="text-align: center;"> B</div> <div style="text-align: center;"> C</div> <div style="text-align: center;"> D</div> <div style="text-align: center;"> E</div> </div> <p style="text-align: center; font-size: small;">Mobility Classification Tool (LOCOMotor ©)</p> <p>Patient Classification Category:</p>	<p>Is the patient fully independent?</p> <table border="1" style="width:100%"> <tr> <td style="width:10%">No</td> <td style="width:10%"> </td> <td style="width:80%">Complete FULL assessment & plan (Pages 1-3)</td> </tr> <tr> <td>Yes</td> <td> </td> <td>Full assessment not required- sign below</td> </tr> </table>	No		Complete FULL assessment & plan (Pages 1-3)	Yes		Full assessment not required- sign below
No		Complete FULL assessment & plan (Pages 1-3)					
Yes		Full assessment not required- sign below					
Name	Signature	Designation	Date	Time			

<p>Height: cm</p> <p><input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Reported</p>	<p>Weight: kg</p> <p><input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Reported</p>	<p>Is the patient at risk of falls?</p> <table border="1" style="width:100%"> <tr> <td style="width:60%">Yes Consider falls risk assessment See guidance</td> <td style="width:40%">No</td> </tr> </table>	Yes Consider falls risk assessment See guidance	No
Yes Consider falls risk assessment See guidance	No			

<p>Sensory Factors</p> <table border="1" style="width:100%"> <tr> <td style="width:15%">Hearing deficit</td> <td style="width:15%">Hearing aid</td> <td style="width:10%">Yes</td> <td style="width:10%"> </td> <td style="width:10%"> </td> <td style="width:10%"> </td> </tr> <tr> <td></td> <td></td> <td>No</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>Sight deficit</td> <td>Spectacles</td> <td>Yes</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td></td> <td></td> <td>No</td> <td> </td> <td> </td> <td> </td> </tr> </table>	Hearing deficit	Hearing aid	Yes						No				Sight deficit	Spectacles	Yes						No				<p>Manual Handling Risk Factors / Constraints (tick if present)</p> <table border="1" style="width:100%"> <tr> <td style="width:33%">Lack of comprehension / understanding</td> <td style="width:17%">Disability</td> <td style="width:50%">Skin lesions / wounds</td> </tr> <tr> <td>Has confusion / agitation</td> <td>Weakness</td> <td>Cultural considerations</td> </tr> <tr> <td>Lack of co-operation / compliance</td> <td>Pain</td> <td> </td> </tr> <tr> <td>Infusion / catheter / drain etc.</td> <td>Other:</td> <td> </td> </tr> </table>	Lack of comprehension / understanding	Disability	Skin lesions / wounds	Has confusion / agitation	Weakness	Cultural considerations	Lack of co-operation / compliance	Pain		Infusion / catheter / drain etc.	Other:	
Hearing deficit	Hearing aid	Yes																																			
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Infusion / catheter / drain etc.	Other:																																				

Moving in bed (i.e. rolling, turning & up/down bed)			Staff 1 2 3 other
Rolling/Turning	Up/down bed	Equipment (if reqd.)	Additional information: e.g. method/manoeuvre, other equipment, day/night variation etc
Independent	Independent	Slide sheets	
Supervision / verbal prompt	Supervision / verbal prompt	Grab handle	
Assisted	Assisted	Other	
N/A	N/A		

Supine ←→ sitting on edge of bed			Bed Rest	Staff 1 2 3 other
Supine to sitting on edge of bed	Sitting on edge of bed to supine	Equipment (if reqd.)	Additional information: e.g. method/manoeuvre, other equipment, day/night variation etc	
Independent	Independent	Slide sheets		
Supervision / verbal prompt	Supervision / verbal prompt	Grab handle		
Assisted	Assisted	Leg lifter		
N/A	N/A			

Showering	Equipment	Staff 1 2 3 other
Independent	Hi-low hygiene chair	Additional information: e.g. method/manoeuvre, other equipment, day/night variation etc
Supervision / verbal prompt	Fixed Height Shower chair	
Assisted	Shower trolley	
N/A		

Bathing	Equipment	Staff 1 2 3 other
Independent	Bath / Hi-low bath	Additional information: e.g. method/manoeuvre, other equipment, day/night variation etc
Supervision / verbal prompt	Bath trolley / hoist	
Assisted	Hoist & sling	
N/A	Bath sling size: S M L LL XL	

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Washing	Equipment	Staff 1 2 3 other
Independent	Bed/assisted wash	Additional information: e.g. method/manoeuvre, other equipment, day/night variation etc
Supervision / verbal prompt	Chair	
Assisted		
N/A		

Toileting	Equipment	Staff 1 2 3 other
Independent	Toilet	Additional information: e.g. method/manoeuvre, other equipment, day/night variation etc
Supervision / verbal prompt	Commode	
Assisted	Bedpan	
N/A		

Walking	Equipment	Staff 1 2 3 other
Independent	Walking stick	Additional information: e.g. method/manoeuvre, other equipment, day/night variation etc
Supervision / verbal prompt	Walking Frame	
Assisted	Walking Hoist	
N/A		

All Transfers (i.e to/from bed, chair, commode, toilet etc.)	Staff 1 2 3 other
Independent	Additional information: e.g. method/manoeuvre, other equipment, day/night variation etc
Supervision / verbal prompt	
Assisted	
N/A	
Active/Standing Hoist	
Passive Hoist	

Equipment:	Standing Aid	
Standing turntable	Standing Aid	
Bed assist, stand	Transfer Board	
Model:	Sling size: S M L XL	
Model:	Sling size: S M L LL XL	

Other Specific Risks e.g. environmental, equipment or task-related etc.	
Details	Risk Reduction Measures
Completed by: Name	Designation
Date	Time

ADDITIONAL RESOURCES REQUIRED				
Resource Required	Reason/ Justification	Specification	Date Requested	Date Provided
Manager Name		Signature	Date	






Review of the assessment should be carried out a as minimum weekly or more frequently if there is a deterioration or change in the patient's condition or following an incident or a fall.

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SAFER HANDLING PLAN REVIEW

Reason for Review	Routine	More assistance reqd.	Less assistance reqd.	Following Incident
Activity	Change(s) to Documented plan		Overall Mobility Classification	
			    	
Moving in Bed				
Getting in/out of bed				
Showering / bathing / washing				
Toileting				
Transfers				
Walking				
Other relevant information:				
Completed by: Name	Designation	Date	Time	

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Other relevant information:				
Completed by: Name	Designation	Date	Time	






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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 are 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.