

NHS Number
Hospital No.
Forename(s)
Surname
Date of Birth DD / MM / YYYY
Address






DD / MM / YYYY

Postcode:

PATIENT HANDLING ASSESSMENT & SAFER HANDLING PLAN



TO BE COMPLETED IN BLACK INK

Overall Mobility Classification					Fully Independent				Risk of Falls						
    					Yes		No		Yes		No				
A					Manual Handling Risk Factors / Constraints (tick if present)										
Hospital:		Ward:			Lack of comprehension / understanding				Disability						
Height: or ft, cms ins		Weight: Kg			Has confusion / agitation				Weakness						
		Weighed			Estimated			Lack of co-operation / compliance				Pain			
		Patient Reported			Skin lesions / wounds				Infusion / catheter / drain etc.						
Sensory Factors					Cultural considerations										
Hearing deficit		Hearing aid		Yes		No		Other e.g. traction, limb oedema (state)							
Sight deficit		Spectacles		Yes		No		(Consult patients notes for detail)							

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

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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	Bathing sling size S M L LL XL	
N/A				

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		Equipment		Additional information: e.g. method/manoeuvre, other equipment, day/night variation etc
Supervision / verbal prompt		Standing turntable	Standing Aid	
Assisted		Bed assist, stand	Transfer Board	
N/A				
Active/Standing Hoist		Model:	Sling size S M L XL	
Passive Hoist		Model:	Sling size S M L LL XL	

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Other Specific Risks e.g. environmental, equipment or task-related etc.		
Details	Risk Reduction Measures	
Assessor Name	Date	Mobility Classification Tool (LOCOmotor ©)

ADDITIONAL RESOURCES REQUIRED

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






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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:				
Assessor Name	Signature		Date	

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				
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Other relevant information:				
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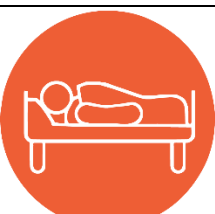
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Guidance Notes: Patient Handling Risk Assessment & Safer Handling Plan

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.

Fix Patient Addressograph: Ensure correct addressograph is attached, if not available write patient's details in the box.

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 ©)	
	<u>A</u> 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
	<u>B</u> 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
	<u>C</u> 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
	<u>D</u> 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
	<u>E</u> 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

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Fully Independent: If **Yes**, sign the form, no further action required. If **No**, complete the remainder of the assessment form.

Risk of Falls: If **High**, ensure this is taken into account when prescribing techniques or equipment for the various 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.

Signature: The RHP must complete, or at least countersign this section.

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.

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.

The Patient Handling Risk Assessment & Safer Handling Plan **MUST** be communicated/sent with the patient to other wards / departments: e.g., Radiology, Theatres, etc.