Risk Assessment and Manual Handling Plan

Client Risk Assessment

Assessor's Name and Designation:	
Assessor's Contact Telephone Number:	
Client's Name:	
DOB:	
CHI ID:	**ELMS ID:**
Eclipse ID:	
Address:	
Telephone Number:	
Reasoning for Manual Handling Assessment:	
Date of Assessment(s):	

Risk Checklist – TILE is an acronym that prompts assessors to consider each essential area of the activity in order to ensure the health and safety of all involved. In terms of manual handling, the TILE acronym stands for Task, Individual, Load, and Environment. If *any of the answers to the questions are "Yes", the risk should be included in the Risk Management Plan. This should capture the particular hazards, how harm can arise as well out outline the control measures in place or any identified actions to manage the risk. The assessor should also rate the level of risk associated with each hazard.*

Task	**Yes**	**No**	**N/A**
1. Are there any awkward movements for the person or carers?			
2. Does the task involve repetitive movements, strenuous movements, long distances, or uneven weight distribution?			
3. Are there any concerns about the equipment being suitable for both the client and the carer(s)?			
4. Are there concerns about the safe working load (SWL) of the equipment being suitable for use?			
5. Are there any issues with the equipment items being safely used/ fitted?			
6. Are there any compatibility issues arising from the equipment being used?			
7. Are there any particular concerns/ risks about the client being injured?			
8. Are there any issues with checking the manual handling of the client and/ or use of equipment with the client to ensure its suitability?			
9. Is there any issue with the use of posture/ safety belts on any equipment item in use? (this could include how to use/ fit/ remove/ adjust/ check/ clean and maintain the posture and/ or safety belt)			
10. Are there time restrictions impacting on safe handling?			
(b) Individual (Handler(s) carrying out manual handling) *Handler(s) with health problems impacting on handling ability or who may be pregnant should request an individual risk assessment from their line manager to identify any specific hazards.*	**Yes**	**No**	**N/A**
1. Are the carer(s) unable to work safely in the environment where care is			

to be completed using the required equipment?			
2. Are there any issues or concerns about the carer(s) involved being competent and familiar in using the equipment safely and correctly or carrying out safe manual handling?			
3. Will carers be working on their own in delivering care?			
4. Are there any concerns about family/ informal carer(s) using the equipment provided?			
5. Is any special training/ instructions required to ensure the safety of carer(s) in addition to their standard moving and handling training?			
6. Are there any difficulties with carers clothing or footwear?			
Load (Client)	**Yes**	**No**	**N/A**
1. Is the client's sight impaired?			
2. Is the client's hearing impaired?			
3. Does the client have any communication difficulties?			
4. Does the client have swollen, fixed or flaccid limbs?			
5. Does the client have any involuntary movements or spasms?			
6. Does the client find moving painful?			
7. Is the client's skin condition poor?			
8. Is the client's behaviour unpredictable?			
9. Is the client anxious?			
10. Is the client unable or unwilling to co-operate?			
11. Does the client have difficulty in following instructions?			
12. Does the client have a history of falls?			
13. Is there any issue in obtaining an accurate weight of the client?			
14. Does the client's clothing or footwear present a risk?			
15. Does the client have variable abilities at different times of day/night?			
Environment	**Yes**	**No**	**N/A**
1. Are there any concerns about the environment allowing safe use of and manoeuvring of equipment items and/ or manual handling?			
2. Does any furniture need to be moved?			
3. Does any furniture being used by the client cause any issues?			

Risk Assessment and Manual Handling Plan

4. Are there any issues with the door widths if equipment needs to be used in different rooms?			
5. Are there any concerns about the lighting being inadequate?			
6. Are there any concerns about the temperature being comfortable to work in?			
7. Are there any concerns about the condition of the floors and them being suitable for using equipment on?			
8. Are there any issues with internal thresholds?			
9. Is any adjustment required to other equipment/ furniture in use by the client?			
10. Are there any issues with storing of equipment?			
11. Are there any issues with other equipment items that need to be considered? e.g catheters, oxygen cylinders, feeding tubes			

Risk Assessment and Manual Handling Plan

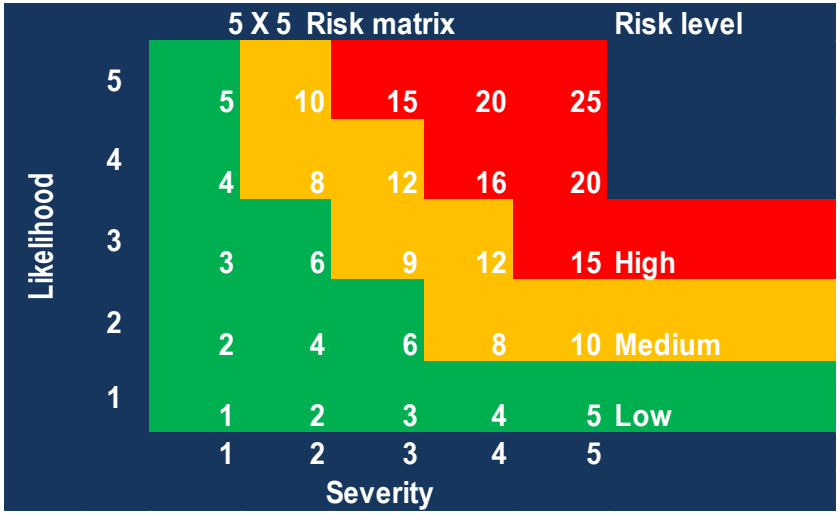
Risk Management Plan

Generic Risk Assessments are in place to support the use of manual handling equipment. This plan outlines how the individual hazards/ risk to the client will/ should be managed.

Client's Name:					
Details of Hazard and how harm can occur	**Persons Affected**	**Risk Level LxS=R**	**Control Measures and Actions to Reduce Risk** *(this section should also detail any areas of disagreement)*	**Implementation Date/ Person Responsible**	**New Risk Level LxS=R**
Likelihood x Severity = Risk Level					

Risk Assessment and Manual Handling Plan

Likelihood harm will occur (Probability)
5. Almost certain (Occurs several times a day /daily)
4. Likely (Could happen/once a week)
3. Possible (Could easily happen/Once a month)
2. Unlikely (Could happen/known to happen/once a year)
1. Rare (Hasn't happened but could/once every 10 years
Severity of harm (Likely consequences)
5. Fatality
4. Major injury, resulting in permanent damage
3. Injury require doctor or hospital attendance/absence
2. Minor injury, first aid required
1. No injury, damage



Risk level	Risk Evaluation
1 to 6	Low – no further action necessary but if something can easily be done then it should. Monitor all existing controls.
8 to 12	Medium – Consideration must be given to other controls. Situation must be monitored by those providing care. Guidance should be sought from original assessor/ service.
15 to 25	High – Immediate controls must be taken to reduce risk. All services must be involved in decision making and risks must be reduced.

Risk Assessment and Manual Handling Plan

Client Manual Handling Plan

Client's Name:			
DOB:			
Medical Presentation:			
Height:	Actual Estimate	**Weight:**	Actual Estimate
Weight Baring Ability and Function: **Full** **Partial** **Variable** **Unable** **Details:**			
Aids/Equipment in use before assessment:			
What are the clients/ Family Member(s) preference with regards to moving and handling and their cultural considerations?			

Equipment Required Following Assessment.	
Equipment required, please *specify model and manufacturer)*	Service Date:
Slings (please specify model and manufacturer).	Service Date:

(if not applicable delete this section)

Sling incompatibility:	
Sling/ Hoist Incompatibility *(Is the same manufacturer for the hoist and sling being used or are there differences?)*	Yes ☐ No ☐ *If Yes, complete section below* If No, complete section on Other Equipment in use
Reason for hoist /sling incompatibility	
Is there a manufacturers compatibility certificate? *(this is a statement from a manufacture advising on whether other manufacturers items can be used or not with their product)*	Yes ☐ No ☐ *If No, complete section below*
	Type of spreader bar: Clip ☐ Loop ☐ **Points to check** **Is it safe?** **Yes** **No** Distance of client to spreader bar ☐ ☐ Angle of client to vertical ☐ ☐ Posture of client ☐ ☐
Any other comments in relation to points checked in relation to incompatibility?	

Risk Assessment Manual Handling Plan

Clients Name:			
Activity/ Transfer(s) *Please detail all activities/ transfers that the client needs to undertake. For example, walking, standing, In/ out bed and transfer to shower chair/ wheelchair, movement in bed, bathing, other.*	***Moving and Handling Aids Required:*** *All equipment items should be detailed to support the moving and handling activity being undertaken.*	***Number of Carers required:***	***Handling Method to be used*** *The type of care and assistance required should be clearly detailed as well as how it should be delivered. The roles of the client and carer(s) should also be detailed. Consideration should be given to any variance in the client's level of function (worse and best) and how the delivery of care should be adapted to accommodate this.*

Risk Assessment Manual Handling Plan

Delete pages declaration section if not required.

Declaration
Demonstration – As part of the manual handling assessment, assessors may need to demonstrate manual handling techniques and/ or the use of equipment to ensure safe manual handling practices are being undertaken. The following section should be completed if this is applicable.
Who has received the competency demonstration assessment?:
Date of competency assessment:
Details of the competency assessment and the equipment and/or technique which the actions below refer to: • • • • •

Actions:	Date:	Complete: (delete as appropriate)
Clinical reasoning for the purpose of equipment has been fully explained		
Demonstration of basic manual handling/posture has been offered/undertaken		
Safety of the environment has been discussed (ie worn, or uneven floors, lack of workable space etc.)		
Explanation provided as to what the equipment can be used for and its limitations		

Risk Assessment Manual Handling Plan

Explanation and instructions to the workings of the equipment has been supplied with equipment		
The battery operations, on/off switch and emergency operations has been fully explained		
An explanation on how to use/fit a sling has been provided		
Instruction in the inspection of sling has been given (including stitching, loops, fasteners, cleaning, safe working load)		
The implications of not reporting changes in the client's health/weight have been fully explained		
The carer has been informed that they should report any changes in their own health, capabilities or circumstances as soon as possible		
Other- please specify		

I/we confirm that the task as detailed above has been demonstrated to me/us and that I/we have also demonstrated ability to carry out the above mentioned transfers.

I/we understand how to use the equipment correctly and understand how to safely maintain the equipment.

Informal carer (s): .....

(Print name and signature)

.....

Risk Assessment Manual Handling Plan

Date: .....

I confirm that I have witnessed the above named and they are assessed as being **Safe/ Unsafe** to effectively carry out the above mentioned task (s)

Main Assessor .....

(Print name and signature)

.....

.....

Date: .....

Risk Assessment Manual Handling Plan

Approval.

Who will the manual handling documentation be sent to?	Client	☐	Care Management	☐
	Care Provider	☐	Community Alarm	☐
	Occupational Therapy	☐	Physio	☐
	Education	☐	Other	☐

Care Provider: I have read and understand the manual handling plan that has been prepared for carers to support the delivery of safe care and will raise any concerns with the assessor as they arise.	**Signature and Date:** **Verbal Agreement and Date:**
Person's Agreement: I have seen a copy of and understood the implications of the manual –handling plan that has been prepared for carers to assist me to be cared for safely. I will co-operate with their requirements and assist as much as I possibly am able.	**Signature and Date:** **Verbal Agreement and Date:**
Any other person involved in assessment, names, designation:	**Signature and Date:** **Verbal Agreement and Date:**

Risk Assessment Manual Handling Plan

Assessor Name and Role:			**Signature and Date:**
Review			
Date of Review		**Outcome of Review:**	
Date of Review		**Outcome of Review:**	

Manual Handling - Guidance Notes

People completing a manual handling assessment or assessors providing equipment have a duty of care to the person requiring use of the equipment as well as people undertaking manual handling and use of the equipment i.e. carer(s).

Assessors are responsible for gathering and considering relevant information and making decisions about the delivery of manual handling and what equipment would be suitable for clients as well as managing identified risks involved in providing equipment and care. Assessors must ensure that any reasonable, foreseeable actions that could cause harm or loss to another party are assessed, controlled and monitored.

- **Risk Assessment –** this details any risks that are relevant to the client and their environment and outlines the controls that should be/ need to be in place to manage their care needs to an acceptable level and allow their care to be delivered.

- The Manual Handling Plan: details relevant information on the manual handling of the client and the safe use of equipment. The plan sets out relevant information on how care should be delivered to the client using the identified equipment. All required parties should be involved in the completion of the risk assessment and manual handling plan including the client.

- **Sling incompatibility:** Only relevant for completion where sling manufacturers and hoist manufacturers are not the same. This should be completed by those trained in sling incompatibility assessment only.

- **The Assessor:** The assessor involved in the completion of the plan and risk assessment is recorded so they can be contacted to discuss any issues. The assessor will be updated should this change.

  If there is any disagreement about the content of this document, a review may be required.

  The assessor cannot allow unacceptable manual handling methods or the ongoing use of equipment if these are deemed unsafe.

- **Clients Responsibility:** Clients (where able) are responsible for ensuring that they provide relevant and accurate information to the Assessor and contribute effectively to the assessment being undertaken. Clients must ensure that they or an appointed other are in agreement to the risk assessment and manual handling plan and are understanding of the content. Clients can involve or nominate another person to speak on their behalf if they are unable to express their views. The client or appointed other must take responsibility on advising the assessor of any changes that affects their care.

  The client or appointed other must also engage effectively in the review of the risk assessment and manual handling plan to ensure that it continues to remain reflective of their situation.

- **The Care Provider(s):** The care provider(s) must ensure that they are in agreement to the content of the manual handling plan and risk assessment. Any concerns must be raised with the assessor and addressed.

- **Reviews**: These will be undertaken as prescribed by the assessor. Reviews can be held if there are changes to how care is being delivered or there are concerns. Reviews may also be undertaken every 6 months or 12 months.

- **Breakdown of Equipment:** Please report these to the person and/ or service that is responsible for them.

- **Declaration:** This section can be deleted if not required

- **Approval:** Required signature or verbal agreement.