
	<h1>Health and Safety Risk Assessment Guidance</h1>		
Ref:CF:026:00	Re: Sample People Handling Risk Assessment and Guidance		
Issue date:	June 2018	Review date:	June 2021
Author(s)	National Health & Safety Function		
Legislation:	Under Section 19 of the Safety, Health and Welfare at Work Act, 2005 and associated Regulations, it is the duty of the employer to identify the hazards and assess the associated risks in the workplace. All risk assessments must be in writing and the necessary control measures to eliminate or minimise the risk documented and implemented.		
Note:	<p><i>It is the responsibility of local management to implement any remedial actions identified.</i></p> <p><i>The following provides an explanation on how to complete a General Risk Assessment Form</i></p>		

Sample – People Handling Risk Assessment Form

1. Is the **service user** able to mobilise independently? ☐ No ☐ Yes If **yes** please date and sign the form **here**.

Date:

Signature :

Ward:

If **NO** please proceed with the assessment and sign below

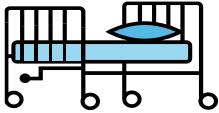





2. Weight kgs _____ <i>Specialist equipment may be required if the service users weight exceeds the safe working load of any equipment. Please detail</i>	2. Medication: is medication relevant to moving and handling e.g. sedation/pain/anti spasmodic medication <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes refer to Drug Kardex</i>
4. Comprehension/Communication/Behaviour: Can the service user understand & participate in simple instructions? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Will behaviour affect cooperation with moving and handling? <input type="checkbox"/> No <input type="checkbox"/> Yes	5. History of Falls <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes complete falls risk assessment</i>
6. Environmental constraints; are confined space/non-adjustable equipment/floors/ramps/ service users attachments an issue <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes please detail</i>	7. Carers Ability / Experience: Does handling this service user require any additional specialised training/instructions? <input type="checkbox"/> No <input type="checkbox"/> Yes (<i>if yes report to Line Manager</i>)
8. Current Mobility Is assistance required to mobilize <input type="checkbox"/> No <input type="checkbox"/> Yes If yes how many carers are required? _____ Are mobility aids currently used? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>please detail</i> _____ Have these been brought with the service user? <input type="checkbox"/> No <input type="checkbox"/> Yes	
9. List main physical limitations – surgery, sedation, impaired sight or hearing, loss of use of limbs, general physical condition, stature, stroke, skin condition, bone density, pain etc.	
10. Is further assistance required to complete this assessment? <input type="checkbox"/> No <input type="checkbox"/> Yes Refer to: e.g. Line Manager, Physiotherapist, Manual Handling Instructor	
People Handling Risk Level <input type="checkbox"/> High – completely dependent, unpredictable, minimum of 2 carers & equipment required. More carers may be required for heavier / bariatric service users <input type="checkbox"/> Medium – requires some assistance usually 1 carer & equipment, 2 carers may be needed for some activities. <input type="checkbox"/> Low –requires no hands on assistance. May require verbal guidance/ equipment <ul style="list-style-type: none"> If the service users condition changes the moving and handling risk assessment will need to be reviewed. <p style="text-align: center;"><i>The Handling Care Plan overleaf should now be completed</i></p>	
Date:	Assessor/s:
Signature:	
Assessment update/comments	
Date:	Signature:
Ward:	
Assessment update / comments	
Date:	Signature:
Ward:	

Handling Plan

People Handling Risk Level ☐ High ☐ Medium ☐ Low *as per the handling risk assessment*

Are there any special considerations about this service user? ☐ No ☐ Yes

If yes please detail briefly

Activity	Date	No of Carers / Equipment / service user action/ comments	Initials
Re-positioning 			
Consider use of		• hoist • sliding sheets • monkey pole	
Sitting forwards 			
Consider use of		• electric bed • hoist • rope ladder	
Sitting to standing 			
Consider use of		• hoist • standing hoist • handling belt	
Walking / Stairs 			
Consider use of		• rollator • zimmer frame • crutches • stick	
Toileting 			
Consider use of		• standing hoist • commode • toilet riser	
Bath/Shower 			
Consider use of		• hoist • shower chair	
Transport and Other Activities			
Advice re use of		• wheelchair • rollerboard • transfer board	
Hoist	Name:	Type:	
Sling Types:			
Size			
Date:	Name/s :	Signature/s :	
Reason for updating the handling plan:			
Date:	Name/s :	Signature/s :	

Guidance on use of the People Handling Risk Assessment Template

The aim of the people handling risk assessment and handling plan is to clarify safe methods of handling each service user, develop a handling care plan so that injury to staff may be avoided and service user care be enhanced. The assessment should be completed by the staff member “admitting” the service user.

Addressograph Simply attach sticker or fill in details.

1) Independent

If the service user is independent in all tasks please date and sign the form here. No further information is required. Please bear in mind that the need to complete the assessment may change during the admission as independent service users may become dependent due to surgery, deterioration etc. If the service user is not independent please proceed with the assessment.

2) Weight

Record the service users weight in kgs, body mass index (BMI) if known. Where the service users weight exceeds the safe working load (SWL) of equipment or furniture, it may be necessary to organise equipment/furniture with increased weight capacity prior to admission on to the ward.

3) Medication

Is the service user on any medication which affects their ability to move e.g. Parkinson’s drugs, sedatives, anti-spasmodic drugs. Does movement of the service user need to coincide with their medication? If yes refer to the service user Drug Kardex.

4) Comprehension / Communication / Behaviour

Is the service user able to understand simple verbal instructions from carers? Is there a language difficulty? Will the carer understand the service user? Is the service user intermittently confused? Will the service users behaviour affect their ability to co-operate with moving and handling?

5) Falls Risk Identification

Please note if the service user has a recognised history of falls or seizures a falls risk assessment may be required.

6) Environmental Constraints

Note any environmental issues that may interfere with the ability to move and handle safely e.g. Is there enough room to move a hoist? Is furniture easy to move? Is equipment adjustable in height? Are floor surfaces likely to be uneven or slippery? Are the service user’s attachments likely to constrain movement?

7) Carer’s ability / experience

Does handling this service user require any additional specialized training or experience beyond standard moving and handling training? E.g. spinal rolls, abnormal muscle tone / movement patterns. Does handling this service user present a risk to carers with underlying health issues, restricted mobility or pregnant carers? If so report to the line manager.

8) Current Mobility

Is the service user able to mobilise independently, do they require assistance and if so how many carers? Please detail mobility aids used if any. Please detail any handling equipment used prior to admission.

9) Physical limitations

Please list the main physical limitations to the service users mobility e.g. impaired sight or hearing, surgery, pain, loss of use of limbs, etc.

10) Further assistance

If following your assessment, you feel you are unable to complete the people handling assessment and handling plan, or for complex moving and handling assessments, please tick yes and refer to the appropriate personnel e.g. line manager, physiotherapist, occupational therapist, manual handling instructor.

Now complete the Person Moving and Handling Risk Rating Level

Tick in the appropriate box whether the service user has been classified as a **High, Medium or Low** risk as determined by your assessment. Date and sign your name and ward.

The Handling Care Plan should now be completed.

Please bear in mind that the need to complete the assessment may change during the admission as independent service users may become dependent due to surgery, deterioration etc.

Guidance on the use of the Handling Plan

The Handling Plan gives guidance as to the most appropriate method of moving a service user. The methods chosen should reflect what is taught in people handling training and should be safe for staff who are most vulnerable during handling tasks e.g. those with less experience or strength, those with restricted mobility or other underlying health issues. In certain situations the techniques may need to be modified to reflect the individual handling capability of staff or for service users who require specialized training / instructions

People Handling Risk Level

Tick in the appropriate box whether the service user has been classed as low, medium or high risk, as determined by the moving and handling assessment.

Special Considerations

If there are any special considerations which staff should be aware of about the service user e.g. poor eyesight or hearing, please tick 'Yes' and detail briefly.

Activities

The most common handling activities are

- turning in bed, moving up the bed,
- lying to sitting
- transferring from bed to chair, sitting to standing
- walking, stairs
- toileting , bathing / showering
- bed to bed transfers, ward to ward transfers

There are 3 lines per activity which allows one line for the initial assessment and two lines for 2 further reviews. The handling plan should be updated if the service user status changes. Please date and initial each entry.

No of Carers

Please tick whether the service user is independent or not in that particular task. If the service user is not independent, indicate how many carers are required to assist with the task. *If the task is not applicable to the service user please note by entering N/A in the comment section.*

Equipment

Write a brief description of type of equipment required e.g. hoist, sliding sheet,

Service User Action

Can the service user complete the task with equipment? E.g. walk with a walking frame etc

Use of hoist

If a service user requires the use of a hoist for safe transfers, the name & type of hoist to be used must be documented (e.g. Arjo sit to stand hoist), the sling type (e.g. Toileting sling) and sling size (e.g. Small, medium, large, extra large) should also be noted.

NB: All slings should be inspected before use to ensure they are intact and in good working order

Transport other activities

Nursing staff should be consulted as to the most appropriate method of transport of the service user off the ward, or where lateral transfers are required. This should be communicated at handover.

Where to place the form

The people moving & handling assessment and handling plan should be stored according to local policy. No sensitive diagnoses or other details should be recorded on this form. Finally - Print **your name, department or community area, and sign and date the form.**

Updating the Handling Plan

If the service user condition changes the handling plan may also change. Please briefly indicate why e.g. post surgery, condition deteriorated etc, and **ensure the change in the service users condition is documented in the nursing note**