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**Moving and handling of people – guidance and risk assessment form**

**Considerations for carrying out a people handling risk assessment:**

* **physical state –** frail, elderly, ability to balance, ability to weight bear, debilitated, terminal, chronic/acute pain, spasticity, limb mobility, sensory loss, weight, conscious/unconscious, aphasic
* **psychological state –** unpredictable, comprehension, anxiety/fear, resistant, obstructive, uncooperative, depressed, behavioural problems
* **social aspects** – language barriers, communication barriers, ethnic/cultural considerations, and family involvement
* **the task** – assistance by service user, need for task, urgency of task, frequency, duration, repetition, static e.g., holding of limbs, reaching, pushing, pulling, twisting, stooping, awkward posture, sufficient numbers of staff, restricted movements, effect of clothing, safe practices
* **the environment** – awkward spaces, adequate lighting, temperature, humidity, noise, floor surfaces, furniture and equipment available, adjustable beds and trolleys
* **the individual capability** – staff levels and ratios, training, experience, health status, expectant mothers, age, shift patterns, adequate rest breaks, height, size, vulnerability of new staff, strength, physical fitness.

**People handling guidelines**

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| **Service users’ movement ability**  Able to move independently.   * weight-bearing? Fully (F): Partial (P) (which side?): Not (N). * needs minimal assistance * able to move with assistance. How much? What sort? * ability to use limbs – full, partial, none. |
| Medical & physical condition Relevant examples include:- stroke, epilepsy, arthritis, osteoporosis, MS, motor neurone disease, sensory impairment (e.g. blindness, deafness), pain, injuries, skin conditions, conscious state, balance, susceptibility to extremes of heat and cold, history of falls. |
| **Psychological / behavioural issues** Confidence, attitude, cognitive function, confusion, communication ability, tactile defensive response (e.g. makaton, pictures, physical prompts), aggression, unpredictable behaviour, orientation, emotional state. |
| **Constraints**  * **environment:** lighting, heating, draughts, wind, floor condition, changes in level (steps & slopes), space available, clutter, pets, noise, excessive distance, PPE * **medical support equipment:** catheters, IV, colostomy, oxygen, bed, mobility aids (e.g. wheelchair) * **position to be adopted:** Twisting, stooping, holding/supporting loads away from the body, reaching up or down, sitting, feet too close together, side-lifting. |
| **Handlers’ capability – considerations only, not to be entered on any form**  * medical & physical conditions: e.g., arthritis, osteoporosis, previous injuries, height, physical fitness, pregnancy * extent of training, familiarity with equipment/use of PPE * attitude/physical capability. |

**People handling assessment form**

**Service User Information:**

**Name: Age: Date of birth: Height: Weight:**

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| Address (where applicable) | Initial assessment / Review assessment\*  (Delete as appropriate) |
| **Movement ability** |  |
| **Medical and physical conditions** |  |

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| **Psychological / behavioural issues** |  |
| **Constraints** |  |
| **Other** |  |

**To be used only after completion of the people handling assessment form**

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| **Task** | **Technique, equipment and no. of carers/staff** | **Constraints on performing the task** | **Comments / further action required** |
| **In/out of chair/wheelchair** |  |  |  |
| **Positioning in bed, if applicable** |  |  |  |
| **Assisting on/off bed, if applicable** |  |  |  |
| **Repositioning in chair** |  |  |  |
| **To bath/shower, if applicable** |  |  |  |
| **Attending to clothing prior to toileting, if applicable** |  |  |  |
| **To/from toilet/commode, if applicable** |  |  |  |
| **From floor to sitting/standing** |  |  |  |
| **Mobility** |  |  |  |

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| **Task** | **Technique, equipment and no. of Carers** | **Constraints on performing the task** | **Comments/further action required** |
| **Stairs/steps** |  |  |  |
| **Transfers to/from vehicles** |  |  |  |
| **Other external environments** |  |  |  |
| **Other** |  |  |  |

**Assessor’s name: Signature: Assessment date:**

**Manager’s Name: Signature: Date:**

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| --- | --- | --- |
| **Date or reviews** | **Initial of assessor** | **Additional information / action required following review** |
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**Generic people handling risk assessment**

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| ***Name of premises*** |  | | |
| ***Area of premises covered by this assessment*** |  | | |
| ***Staff group covered by this assessment*** |  | | |
| ***Assessor(s) and job titles*** | | | |
| ***Name ……………………………………***  ***Job title ………………….……………..*** | | ***Name ……………………………………***  ***Job title ………………….……………..*** | |
| ***Date of assessment*** |  | ***Date of review*** |  |

The generic risk assessment for manual handling is designed to identify manual handling hazards in the workplace and quantify the associated risks. Information is gathered in the first sections in order to select reasonably practicable and appropriate control measures – which are then listed in the action plan. The questions posed are not an exhaustive list – each assessor should include factors which may be particular to their own workplace. In cases where the required action may take some time to fund and implement it may be necessary to also specify short-term control measures in order to reduce risks to acceptable levels. The assessment follows the TILE(E) formula:

**T(asks):** All moving and handling tasks within the area of this assessment.

**I(ndividual** The levels of staff expertise and training (techniques

**capabilities):** and equipment) and the requirement for individual assessments. *Cross-refer with the register of staff at risk from manual handling at work.*

**L(oads):** The level of people handling required within the scope of this assessment.

**E(nvironment):** Constraints due to environmental features or available space.

**E(quipment)** The quantity and suitability of current moving and handling equipment. *Cross refer with the register of Manual Handling Equipment*

Some information may be duplicated between the other sections of the generic risk assessment or individual student or staff member assessments. In such cases cross-reference should be made between the documents to avoid duplication.

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| **Section one – tasks** | Give details of occasions and frequency | | |
| Do current handling tasks require bearing full body weights of people or giving support over the lifting and lowering limits (1 or more staff) |  | | |
| Are specific handling tasks required for emergency procedures (e.g. fire evacuation or delivery of medication)? |  | | |
| Do tasks require holding or moving people at a distance away from the body, particularly on the floor? Or in sustained postures? |  | | |
| Do tasks require excessive pushing/pulling forces e.g. up/down ramps or across high friction floors? |  | | |
| Do any tasks require a high frequency of repetition within a short time period (e.g. assisting several people during break)? |  | | |
| Do tasks carried out in community locations cause particular difficulties (e.g. when swimming/riding etc.)? |  | | |
| Review the accident logbook for moving and handling incidents – have all contributing hazards been identified and moderated? |  | | |
| Additional notes | | | |
| Indicate the level of risk due to the current ***task*** factors | | | |
| Risk classification (severity x likelihood)  Circle one category | High | Medium | Low |

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| **Section two – individual capability** | Teaching staff | LSA / TA  Staff | Other staff  (specify) |
| Number of staff registered as being at risk of manual handling injury at work |  |  |  |
| Number of staff who currently require initial or update training in moving and handling |  |  |  |
| Yes/no – give details | | | |
| Have all staff received on-site supervision and instruction relating to the use of specific equipment and techniques (as detailed in care plans)? |  | | |
| Do any staff members require individual assessments for health reasons? |  | | |
| Do any tasks require unusual strength or capability – or pose a risk to those who might be pregnant or suffer from previous injury? |  | | |
| Additional notes: | | | |
| Indicate the level of risk due to the current ***individual*** factors | | | |
| Risk classification (severity x likelihood)  Circle one category | High | Medium | Low |

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| **Section three – load (people)** | Give numbers and details as appropriate | | |
| How many people require moving and handling support to facilitate their mobility or primary care? |  | | |
| How many people have additional difficulties that may influence safe manual handling? (communication difficulties, sensory loss, challenging behaviours) |  | | |
| How many people have additional vulnerability to handling? (skin condition, painful joints, lack of head or postural control) |  | | |
| Do all people requiring assistance have accurate, up-to-date and accessible care plans? |  | | |
| Additional notes: | | | |
| Indicate the level of risk due to the current ***load*** factors | | | |
| Risk classification (severity x likelihood)  Circle one category | High | Medium | Low |

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| **Section four – environment and equipment** | Give details of location (bathroom, teaching area, community location etc.) | | | |
| Does lack of space constrain posture or suitable equipment for any tasks? |  | | | |
| Are any of the floors slippery, sloping, stepped or uneven? |  | | | |
| Are areas likely to be cluttered with obstacles that prevent easy access? |  | | | |
| Is the environment adapted for self-management by the people (e.g. grab rails)? |  | | | |
| Is the current equipment provision suitable and available in all areas (including community locations)? |  | | | |
| Is there sufficient handling equipment and mechanical lifting aids to meet people needs? |  | | | |
| Does all mechanical lifting equipment have six monthly servicing and maintenance? |  | | | |
| Is there a system in place to record faults in equipment and to maintain cleanliness of equipment and attachments (slings etc.)? |  | | | |
| Are there currently any plans for alteration of the building to improve accessibility? | Yes already underway | Yes as part of accessibility plan/SDP | | no |
| Additional notes: | | | | |
| Indicate the level of risk due to the current ***environment and equipment*** factors | | | | |
| Risk classification (severity x likelihood)  Circle one category | High | Medium | Low | |