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**Moving and handling of people – guidance**

**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.
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| Medical & physical conditionRelevant 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.
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| **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.
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**People handling assessment form**

**Service User Information:**

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

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

|  |  |
| --- | --- |
| **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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