**Generic Client (Inpatient) Moving and Handling Risk Assessment Form**

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| **Hospital** |  | **Date** |  |
| **Ward/Department/Area** |  | **Local Manager** |  |
| **Speciality** |  | **Link Person** |  |
| **Assessment Team** |  |
|  |  |
| **Activity – A and B** | **Current System of Work** | **Manual Handling Risks** | **Control Measures Required** | **Risk Level****VH / H / M / L** |
| **A) Walking** | **Independent**  |  |  |  |
| **Requiring manual assistance** |  |  |  |
| **Requiring walking aid / Equipment** |  |  |  |
| **B) Transfers from floor**  | Independent |  |  |  |
| Requiring minimal assistance of 1 |  |  |  |
| Requiring a hoist |  |  |  |
| **Activity - C** | **Current System of Work** | **Manual Handling Risks** | **Control Measures Required** | **Risk Level****VH / H / M / L** |
| **C \_ ) Sit / Stand Transfers**Different tasks Include:Forwards off the back of a chair / from a chair / from a bed / Repositioning in sitting | Independent  |  |  |  |
| Requiring manual assistance |  |  |  |
| **Task Assessed:** |
| Requiring a hoist or standing aid |  |  |  |
| **C \_ ) Sit / Stand Transfers** | Independent  |  |  |  |
| **Task Assessed:** |
| Requiring manual assistance |  |  |  |
| Requiring a hoist or standing aid |  |  |  |
| **C \_ ) Sit/ Stand Transfers** | Independent  |  |  |  |
| **Task Assessed:** |
| Requiring manual assistance |  |  |  |
| Requiring a hoist or standing aid |  |  |  |
| **Activity – D** | **Current System of Work** | **Manual Handling Risks** | **Control Measures Required** | **Risk Level****VH / H / M / L** |
| **D \_ ) Toileting**Different tasks Include use of:Bed pan or bottle / Commode / Toilet (small) / Toilet (big) | **Independent**  |  |  |  |
| **Requiring manual assistance** |  |  |  |
| **Task Assessed:** |
| **Requiring a hoist or standing aid** |  |  |  |
| **D \_ ) Toileting** | **Independent**  |  |  |  |
| **Task Assessed:** |
| **Requiring manual assistance** |  |  |  |
| **Requiring a hoist or standing aid** |  |  |  |
| **D \_ ) Toileting** | **Independent**  |  |  |  |
| **Task Assessed:** |
| **Requiring manual assistance** |  |  |  |
| **Requiring a hoist or standing aid** |  |  |  |
| **Activity - E** | **Current System of Work** | **Manual Handling Risks** | **Control Measures Required** | **Risk Level****VH / H / M / L** |
| **E \_ ) Bathing**Different tasks include:Bath / Shower wet area / shower cubicle / Bed Bath | **Independent**  |  |  |  |
| **Requiring manual assistance** |  |  |  |
| **Task Assessed:** |
| **Requiring a hoist / standing aid or equipment** |  |  |  |
| **E \_ ) Bathing** | **Independent**  |  |  |  |
| **Task Assessed:** |
| **Requiring manual assistance** |  |  |  |
| **Requiring a hoist or standing aid** |  |  |  |
| **E \_ ) Bathing** | **Independent**  |  |  |  |
| **Task Assessed:** |
| **Requiring manual assistance** |  |  |  |
| **Requiring a hoist or standing aid** |  |  |  |
| **Activity - F** | **Current System of Work** | **Manual Handling Risks** | **Control Measures Required** | **Risk Level****VH / H / M / L** |
| **F \_ ) Movement in Bed**Different tasks include:Moving up the bed / rolling in bed / Lying to sitting over edge of bed / Lateral transfer | **Independent**  |  |  |  |
| **Requiring manual assistance** |  |  |  |
| **Task Assessed:** |
| **Requiring sliding sheets, hoist or other equipment** |  |  |  |
| **F \_ ) Movement in Bed** | **Independent**  |  |  |  |
| **Task Assessed:** |
| **Requiring manual assistance** |  |  |  |
| **Requiring sliding sheets, hoist or other equipment** |  |  |  |
| **F \_ ) Movement in Bed** | **Independent**  |  |  |  |
| **Task Assessed:** |
| **Requiring manual assistance** |  |  |  |
| **Requiring sliding sheets, hoist or other equipment** |  |  |  |

**Generic Client (Hospital) Moving and Handling Risk Assessment Summary and Action Plan**

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| **Activity**e.g. E2 | **Risk Level****VH / H / M / L** | **Control Measures to be Introduced** | **Date / Signature** | **Progress Review Summary** |
| **Proposed Review date** |
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| **Date** |  |  |  |  |  |
| **Signature** |  |  |  |  |  |
| **Proposed review date** |  |  |  |  |  |