

# Specific Client (Community) Moving and Handling Risk Assessment Form

## Section A: Essential Information

A1

Personal Details	Review Details	Changes	No Changes
Title: Forename: Surname: CHI No.	Date of Review: _____ Assessor Signature: _____		
Weight (Kg) _____ Actual <input type="checkbox"/> Estimated <input type="checkbox"/>	Date of Review: _____ Assessor Signature _____		
Height (metres) _____ Actual <input type="checkbox"/> Estimated <input type="checkbox"/>	Date of Review: _____ Assessor Signature _____		
<b>Assessor Details</b>	Date of Review: _____ Assessor Signature _____		
Name: Designation: Details of other professionals involved _____	Date of Review: _____ Assessor Signature _____		
_____	Date of Review: _____ Assessor Signature _____		
_____	Date of Review: _____ Assessor Signature _____		
Signature _____	Date of Review: _____ Assessor Signature _____		
Date of Initial Assessment: _____	Date of Review: _____ Assessor Signature _____		

With reference to the clients assessment of need and care plan, do any elements of the care tasks involve manual handling?

Yes  No

If No, assessment need go no further.

If Yes, continue to Section B.

**NB If you (staff) have any concerns regarding your ability to participate in any moving and handling activity, you must consult with your line manager.**



## Section B: Client Handling Assessment

I =Further Information R=Review Details

B1	Movement Ability					Details	I	R	
	Full	Partial	Variable	Unable					
B1.1	Standing								
B1.2	Walking								
B1.3	Sitting Balance								
B1.4	Head Control								
B1.5	Upper Limb Strength/Movement								
B2	<b>History/Risk of Falls</b> <small>(please refer to Management of Falls Guidelines and Policies)</small>	Yes	No	Details			I	R	
B3	<b>Relevant Medical Conditions</b>	Yes	No	Details			I	R	
B4	<b>Communication</b>								
	Any problems with:	None	Slight	Moderate	Severe	Details	I	R	
B4.1	Hearing								
B4.2	Vision								
B4.3	Communication								
B4.4	Comprehension								



I =Further Information R=Review Details

<b>B5 Handling Constraints</b>		None	Slight	Moderate	Severe	Details	I	R
<b>B5.1</b>	Pain							
<b>B5.2</b>	Skin Lesions/ Vulnerability							
<b>B5.3</b>	Attachments e.g. IV, plaster, PEG etc							
<b>B5.4</b>	Involuntary Movements							
<b>B5.5</b>	Difficulties with Muscle Strength/Tone							
<b>B5.6</b>	Behaviour cooperation (potential for verbal/physical aggression)							
<b>B5.7</b>	Stature							
<b>B6</b>	<b>Cultural Considerations</b>						I	R
<b>B7</b>	<b>Personal Needs, have family been consulted</b>						I	R
<b>B8</b>	<b>Existing Equipment</b>						I	R
<b>B9</b>	<b>Existing Handling Risks</b>						I	R
<b>B10</b>	<b>Other</b>						I	R



**SECTION C: WORKING ENVIRONMENT LOCATION:** \_\_\_\_\_

I =Further Information R=Review Details

	<b>The Working Environment Is/Are there;</b>	<b>Specify Hazards and Associated Risks</b>	<b>Remedial Action (Rough Notes)</b>	<b>I</b>	<b>R</b>
<b>C1</b>	Sufficient space to carry out the tasks?				
	Yes                      No				
<b>C2</b>	Any problems with furniture e.g. height/suitability/work surface?				
	Yes                      No				
<b>C3</b>	Any problems with flooring? e.g. uneven / slippery / carpeting				
	Yes                      No				
<b>C4</b>	Poor lighting?				
	Yes                      No				
<b>C5</b>	Extreme temperatures				
	Yes                      No				
<b>C6</b>	Difficulties with access/ egress				
	Yes                      No				
<b>C7</b>	Other: Specify (e.g. pets / hygiene)				
	_____ _____				



**SECTION D ASSESSMENT SUMMARY / ACTION PLAN**

Page No. \_\_\_\_\_

Date	Tasks (Risks)	Action To Be Taken	Person to Action and Date	Outcome	Date Actioned

**SECTION D: ASSESSMENT SUMMARY / ACTION PLAN - CONTINUATION**

Page No. \_\_\_\_\_

Date	Tasks (Risks)	Action To Be Taken	Person to Action and Date	Outcome	Date Actioned

NB Staff have a responsibility to follow the instructions within this handling plan, to use handling principles as per their training and to report any significant changes in the assessment.

Page No. \_\_\_\_\_

**SECTION E: PERSON HANDLING PLAN**

I =Further Information R=Review Details

TASKS	CLIENT'S/ABILITIES Using the rating scale below to assess the person abilities Please tick in appropriate column			Handling Method/Instructions (please detail)	No. of carers	Equipment To Be Used	I	R
	1	2	3					
No:	Day							
	Evening/ Night							
No:	Day							
	Evening/ Night							
No:	Day							
	Evening/ Night							
No:	Day							
	Evening/ Night							
No:	Day							
	Evening/ Night							

**RATING SCALE** 1 ABLE WITH PROMPTING  
(please detail **V** for Verbal or **P** for Physical)

2 ABLE WITH ASSISTANCE  
(please detail in method/ instruction column)

3 FULL ASSISTANCE

DATE: .....



NB Staff have a responsibility to follow the instructions within this handling plan, to use handling principles as per their training and to report any significant changes in the assessment.

**SECTION E: PERSON HANDLING PLAN: HOISTING / STANDING AID INSTRUCTIONS**

I =Further Information R=Review Details

		1	2	3	4	I	R
<b>Task Description</b>							
<b>No of Carers</b>							
<b>Hoist / Standing Aid Details</b>	Make						
	Model						
<b>Sling Details</b>	Type						
	Size						
<b>Hoist Sling Leg Fitting Details</b>	Under Legs						
	Between Legs						
	Between Legs and Crossed						
<b>Sling Attachment</b> (e.g. Loop closest to client)	Shoulder						
	Legs (N/A for a Standing Aid, standing sling)						

