

Manual Handling Assessment Risk Assessment For Patient Handling Areas

Hospital / Location		Date	
Ward/Area		Line Manager	
Speciality		Link/Key worker	

A) Staffing Levels

What is the number of nursing staff typically on duty on each shift:

Early: Late: Night:

Can additional staff nursing assistance be obtained at short notice?	YES / NO
If so explain how	

Have all staff attended a manual handling induction course?	YES / NO
Have all staff attended a manual handling update courses in the last 4 years?	YES / NO
Are all staff, students and temporary staff shown how to use the manual handling hoists in your area?	YES / NO
Comments:	

B) Ward / Area Profile

Type of ward / department area	
Typical number of patients per shift	

Please indicate the number of the following facilities included in this area and give a brief description

Facility	Number	Description:
Beds / Plinths/ trolleys / couches (please indicate)		<i>Adjustable height?</i> <i>Fixed height?</i> <i>Profiling?</i>
Bays (partitioned areas)		
Side Rooms		
Dining areas / Day Areas		
Treatment rooms		
Bathrooms		
Showers		
Toilets		
Corridors		

C) Ward / Area Design

Please complete the following questions. If problems are identified that require action, provide details and provide further comments if required.

Layout

Are there any features of the general layout of the area that interfere with moving and handling activities?	YES / NO
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Floors

Defective	YES / NO	Uneven	YES / NO
Slippery	YES / NO	Sloping	YES / NO

Lighting

Is the lighting adequate to move patients safely at all times of the day?	YES / NO
Is the lighting adequate to move patients safely at all times of the night?	YES / NO

Housekeeping

Are working areas and access routes kept free of obstructions?	YES / NO
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Space

Is there sufficient space to allow entry and use of lifting aids in:			
Bed Areas	YES / NO	Toilets	YES / NO
Day Areas	YES / NO	Individual Rooms	YES / NO
Bathrooms	YES / NO	Treatment Rooms	YES / NO

Are corridors wide enough for the safe passage of beds, trolleys, wheelchairs etc	YES / NO
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Are the door mechanisms adequate to allow the safe passage of staff and patients?	YES / NO
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Is there sufficient space to use safe manual handling techniques in:			
Bed Areas	YES / NO	Toilets	YES / NO
Day Areas	YES / NO	Individual Rooms	YES / NO
Bathrooms	YES / NO	Treatment Rooms	YES / NO

Comments:

D) Manual Handling Equipment

Please list below all mechanical lifting aids (mobile and fixed) available in the ward/ clinical area. Aids to be considered include hoists, adjustable height beds / plinths & adjustable height baths. Indicate Safe Working Load (SWL) of equipment.

Please list range and number of slings, glide sheets, bed pulls, transfer boards, weight scales and any other smaller handling aids?

Equipment	SWL Kg	Serial Number of hoist/ Equipment	Purchase Date	Date of Maintenance / LOLER Check	Comments (Shared / borrowed from another area)
Equipment	SWL Kg	Serial Number of hoist/ Equipment	Purchase Date	Date of Maintenance /	Comments (Shared / borrowed

				LOLER Check	from another area)

What other equipment is used for the transporting patients within the ward area and to and from other areas, e.g. wheelchairs, trolleys etc? Please comment on whether trolleys etc. are height adjustable.

Equipment	No	SWL Kg	Comments

Do you have sufficient numbers of lifting aids ?	YES / NO
Do you have sufficient numbers of transportation equipment?	YES / NO
Do you have sufficient numbers of small handling equipment?	YES / NO
Do you have systems in place for inspection and maintenance of the above noted equipment?	YES / NO

Please indicate which of the following checks are in place:	
Annual Service of hoists and associated lifting equipment	YES / NO
Annual Insurance checks for lifting and electrical equipment	YES / NO
Before use safety checks for all equipment	YES / NO
Electrical safety check (Portable Appliance Test) for all electrical manual handling equipment	YES / NO
What is the procedure in place in case of fault or failure of equipment?	

List the equipment in your area for bariatric / heavy patients	
Do you require any additional equipment, please list and note on action plan	

Risk Assessment

Please assess all significant manual handling risks on the following form using the following scale for the severity of the risk;

GREEN

Risk is well controlled, precautions are sufficient and reliable

YELLOW

Risk is acceptable but borderline. The combination of the severity of the consequences and the likelihood indicates that improvements would be desirable in the medium term; serious adverse effects are most likely.

ORANGE

Risk is unacceptable. Remedial action is necessary

RED

Risk is unacceptable. Remedial action is urgent; consideration should be given to stopping the work until the risk can be reduced.

E) Nursing Activities

Assisting patients / clients with the following activities may place staff at risk of injury. Please list handling methods used for patients of various levels of dependency. Identify any residual manual handling risks associated with these activities and note on this table. Plan actions to reduce the risk and note in section G (Action Plan). **Consider:** Flooring, work surfaces, space constraints, type of patients, negotiating doors, unsuitable equipment, equipment compatibility, availability of grab rails, current use of lifting techniques etc

Activity	Safe Systems of work:	Any Manual Handling Issues:
Sitting / Standing <ul style="list-style-type: none"> • Independent • Moderate • Maximum 		
Walking <ul style="list-style-type: none"> • Independent • Moderate • Maximum 		
Toileting <ul style="list-style-type: none"> • Independent • Moderate • Maximum 		
On/off bed / trolley / plinth <ul style="list-style-type: none"> • Independent • Moderate • Maximum 		
Movement in Bed <ul style="list-style-type: none"> • Independent • Moderate • Maximum 		
Bathing <ul style="list-style-type: none"> • Independent • Moderate • Maximum 		
Transfer from floor level (The fallen Patient / client procedure)		
Other:		

F) Specific task assessment form (complete a separate page for each high risk manual handling task that has not already been identified in section E)

Task / Activity	Complete the relevant details of the activity being assessed

Hazards	List all hazards here: Lifting, lowering, pushing, pulling, twisting, carrying and working with an awkward posture.
	The Task
	Holding away from trunk Twist, stoop, reach, Lift or carry distance Frequency/recovery time.
	The Load
	Heavy, bulky, unstable, sharp, or hot surface etc.
	The Environment
	Space, floor, thermal, lighting, clothing etc.
	Individual capacity
Pregnant, health problem, requires special training	
Individuals or groups exposed	Highlight staff at risk and the likely maximum numbers exposed.

Current control measures	List current control measures, Eliminate the need to handle, redesign the task or load. Provide handling equipment, improve environment, vary work, job rotation, team handling, information instruction and training, supervision, enforcement of policy, protective measures and monitoring procedures.			
With these controls the risk is (tick)	GREEN	YELLOW	ORANGE	RED

Further control measures required	Include any additional controls identified to eliminate or reduce the risk further.

Date					
Initial					

G) Action Plan

Identify the problem area; the controls that are required to reduce risks to an acceptable level; who is to action the controls; and target and completion dates.

Examples of actions that may be required are: Equipment purchase or repair, Buildings alterations of repair (e.g. widen doorways, repair floors) Organisational changes (e.g. working practices, staffing levels)

Training requirements (e.g. use of equipment, moving & handling training, health & safety awareness).

Problem	Risk Level	Controls Required	Designated Person	Target Date	Date of Action

Designation	Date	Print name	Signature
Assessor			
Ward/Area Manager			
Senior Manager			

Assessment review date				
Assessor name				
Assessor signature				
Assessment still valid?	YES / NO	YES / NO	YES / NO	YES / NO

Keep this form in the ward/area as a written record of your assessment. This form must be reviewed and updated annually or when ever there is a change to the record.