



**START WITH
STRENGTHS**

Occupational Therapy Moving and Handling People Risk Assessment

Adult Social Care system and process guidance and procedures

Version: 1.1

Date Issued: May 2020

Team: Adult Social Care

Protective Marking: Internal

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▲ Important: Please read [Workaround Guidance 10 \(Mosaic Notes\)](#) before reassigning this form.

Occupational Therapy Moving and Handling People Risk Assessment

The Occupational Therapy Moving and Handling People Risk Assessment must be used in all cases where:

- The person has transfer difficulties to the extent that moving and handling (M&H) equipment is required, or *considerable* physical support of another person (or persons) is being used, *and*;
- Transfer difficulties are not resolved with other methods tried, using an incremental approach (e.g. raising furniture / fitting rails)
- Physical assistance is being used as an alternative where transfer equipment would normally be recommended (e.g. in a positive risk taking situation where an informal carer might be lifting the person and intends to continue this without lifting equipment).

Once the form is opened, you MUST complete each section of the form.

All three of the Occupational Therapy supporting forms can now be found in the Start menu of Mosaic.



The screenshot shows the 'Start' menu of the Mosaic system. It features a blue header bar with the word 'Start' in white. Below the header is a list of links, each preceded by a blue dot. The links are: Admin: Provider Sourcing, Adult Safeguarding Concern, Adult Self-Neglect Concern, Adult Social Care – Case Closure, Brokerage: Provider Sourcing, Chasing, CHC Checklist, CHC Decision Support Tool Planning, Contact (Adults), Conversation Record, CSC Information Alert, Direct Payment Referral Adults, Hospital Social Care and Support Pathway, Individual Placement Agreement (IPA Adults), Information Alert, Mental Capacity Act and Best Interest, My Network, Occupational Therapy Moving and Handling People Risk Assessment, Occupational Therapy Outcomes and Savings, Occupational Therapy Supporting Information, Positive Risk Assessment Management, Provider Quality Notification, Reablement Referral, Referral for Financial Assessment to FABA Team, Request Direct Payment ILT Officer Support, RS Copy My Network for API Testing, and v1 Significant Information on an Open Case (SIOC Adults). The last three links are enclosed in a red rectangular box. At the bottom right of the menu is a 'Cancel' button.

Start

- [Admin: Provider Sourcing](#)
- [Adult Safeguarding Concern](#)
- [Adult Self-Neglect Concern](#)
- [Adult Social Care – Case Closure](#)
- [Brokerage: Provider Sourcing](#)
- [Chasing](#)
- [CHC Checklist](#)
- [CHC Decision Support Tool Planning](#)
- [Contact \(Adults\)](#)
- [Conversation Record](#)
- [CSC Information Alert](#)
- [Direct Payment Referral Adults](#)
- [Hospital Social Care and Support Pathway](#)
- [Individual Placement Agreement \(IPA Adults\)](#)
- [Information Alert](#)
- [Mental Capacity Act and Best Interest](#)
- [My Network](#)
- [Occupational Therapy Moving and Handling People Risk Assessment](#)
- [Occupational Therapy Outcomes and Savings](#)
- [Occupational Therapy Supporting Information](#)
- [Positive Risk Assessment Management](#)
- [Provider Quality Notification](#)
- [Reablement Referral](#)
- [Referral for Financial Assessment to FABA Team](#)
- [Request Direct Payment ILT Officer Support](#)
- [RS Copy My Network for API Testing](#)
- [v1 Significant Information on an Open Case \(SIOC Adults\)](#)

Cancel

Once you have the correct customer's Mosaic record, open the Start menu and select Occupational Therapy Moving and Handling People Risk Assessment.

Person Summary – Mr Gary Barlow (608808)

Start

- Admin: Provider Sourcing
- Adult Safeguarding Concern
- Adult Self-Neglect Concern
- Adult Social Care – Case Closure
- Brokerage: Provider Sourcing
- Chasing
- CHC Checklist
- CHC Decision Support Tool Planning
- Contact (Adults)
- Conversation Record
- CSC Information Alert
- Direct Payment Referral Adults
- Hospital Social Care and Support Pathway
- Individual Placement Agreement (IPA Adults)
- Information Alert
- Mental Capacity Act and Best Interest
- My Network
- Occupational Therapy Moving and Handling People Risk Assessment**
- Occupational Therapy Outcomes and Savings
- Occupational Therapy Supporting Information
- Positive Risk Assessment Management
- Provider Quality Notification
- Reablement Referral
- Referral for Financial Assessment to FAB Team
- Request Direct Payment ILT Officer Support
- RS Copy My Network for API Testing
- v1 Significant Information on an Open Case (SIOC Adults)

Demographic Information

Context: Adult

Address: (Address Type : Main Address)
Kings House W C C Education Sup
King Street
Bedworth
CV12 8LL (View Map)
(In Authority Area)
Cluster Team(s): No teams serve t
Couple
Settled – tenant – private landlord

Gender: Male

Marital Status: Married

First Language: English

Fluency In English: Good (both writte

Nationality: British, UK

Country Of Birth: United Kingdom

Ethnicity: White / British

Religion: Not Known

Cancel

Once the form is opened you MUST complete each section of the form.

Section 1. Person details

OT Moving and Handling People Risk Assessment

Sections

1. Person details
2. Assessment details
3. Your measurements
4. Main handler details
5. Observations – Communication & behaviour
6. Observations – Physical ability
7. Observations – Transfer ability
8. Observations – Environment
9. Your views
10. Assessor summary
11. Actions Taken

1. Person details

*Indicates required field

Title: Mr

Name: Gary Barlow

Other names:

Person ID: 608808

NHS ID:

Date of birth:

Age:

Gender: Male

Ethnicity: White

Sub ethnicity: British

Religion: Not Known

Address: Kings House W C C Education Support Services
King Street
Bedworth
CV12 8LL

Telephone number(s)	<input type="text"/>	
Email address	<input type="text"/>	
Household structure	Couple	
Current GP surgery	<input type="text"/>	

Is the customer in 24 hour care?

Select 'Yes' or 'No'.

Is the customer in 24 hour care?

☐ Yes
 ☒ No

Information use and sharing

In this section you will discuss the purpose of the Occupational Therapy Support Plan and how the customer's information will be used or shared.

This information has been updated, taking into consideration our General Data Protection Regulation (GDPR) responsibilities, and MUST be completed.

You MUST discuss the information and the 3 questions with the customer, even if they have reduced capacity. There is also an option to record that the information has been discussed with a representative.

Good practice – You should always try to involve the customer even if it is likely they will not understand, or fully understand.

Purpose of My Occupational Therapy Support Plan

My Occupational Therapy Support Plan is your opportunity to explore your outcomes and then identify what you may need to achieve them.

How we will use your information

We will use the information collected about you during My Occupational Therapy Assessment to assess your needs for care and support and help design your individual support plan, which will focus on how you will meet your outcomes. Further information about how your information will be used is set out in the Council's Adult Social Care Privacy Notice which can be accessed on the council's website at: www.warwickshire.gov.uk/privacy or contact our Customer Service Centre at: Warwickshire County Council, Shire Hall, Warwick, CV34 4SA. Telephone: 01926 410410.

Sharing your information with others

The information you provide as part of this process may need to be shared with other people and partner organisations providing services or with your family members/support network to ensure you have the required support. You can tell us which people and partner organisations you do NOT want us to share your personal information with and we will only share your information with those people necessary for your services. Please bear in mind that there may be some people or organisations we may need to share your personal information with if we are required by the law, it is in the public interest or we feel it is necessary to safeguard you or another person.

We explained to you how we use your information and how it will help to assess your needs and plan your support. We also explained this information may need to be shared with other people and partner organisations providing services.*

☐ Yes ☐ No

On behalf of another person we explained to you how we use their information and how it will help to assess their needs and plan their support. We also explained this information may need to be shared with other people and partner organisations providing services.*

☐ Yes ☐ No ☐ Not applicable

Anyone who you do not want Warwickshire County Council to share your information with?*

☐ Yes ☐ No

👉 **Note:** If you select 'Yes' for 'Anyone you do not want WCC to share your Information with?' this information MUST be added to the customer's record so that the information can be clearly seen on the customer's Mosaic Person Summary screen, under the heading 'Information Sharing Restriction' in the notes section.

Health conditions

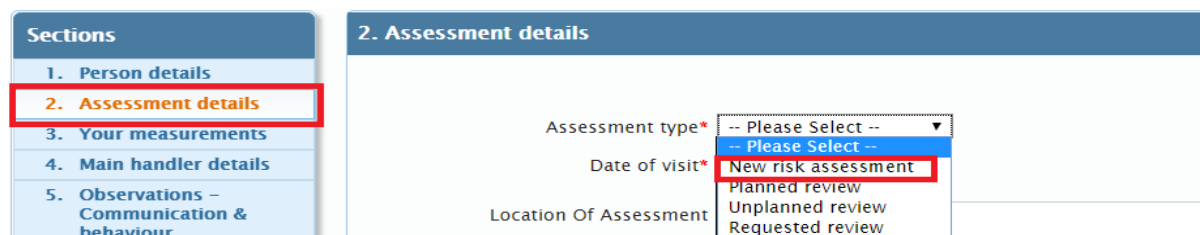
Any health conditions already recorded in Mosaic will pre-populate this section.

Health conditions* Adult SCS: Long term health condition – Neurologic 

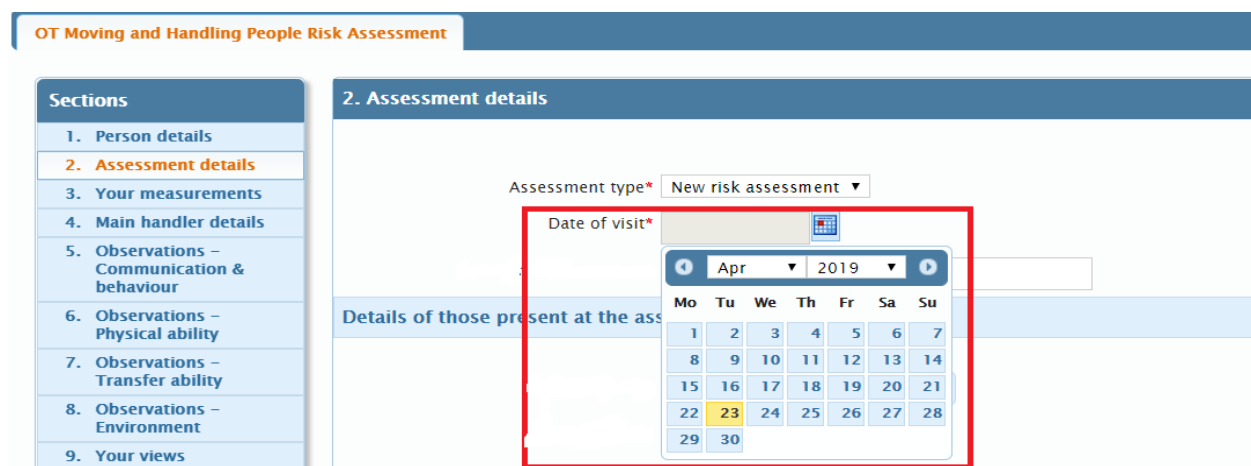
Section 2. Assessment details

Select the appropriate option:

- **New risk assessment** – only use for customers who would not have an ongoing review (e.g. stand and turn equipment).
- **Planned review** – use for all ongoing planned moving and handling reviews that are booked in as scheduled.
- **Unplanned review** – use for all customers who have a planned OT review, but require an urgent / priority allocation rather than wait for the planned review date.
- **Requested review** – only use for customers who are having their first moving and handling review with Warwickshire County Council Occupational Therapy following a referral from NHS Occupational Therapist.




Once you have selected the Assessment type from the drop down list, select the date of visit using the date calendar.



Details of those present at the assessment / review

This is where you record who was present at the assessment.

 **Good Practice** Wherever possible, the person/s present should have already been created on Mosaic; if not, you may add them manually, via the 'Manual Input' button.

Details of those present at the assessment/review – 1

Name of person


Find

Clear

Manual Input

Attendee name

Relationship to customer

 Insert Section

Assessor's details

This section will be pre-populated with the name of the practitioner who opened the form.

Assessor's details

Assessor's details

Kelly Nowell



☐ Assessor signature

HCPC Number (if applicable)

Section 3. Your measurements

This is mandatory and must be completed in all moving and handling risk assessments to ensure safe working load of equipment and for carers to manage when moving and handling is recorded and considered.

3. Your measurements

Weight (kg)*

☐ Weight estimated (tick if yes)

Height (mm)*


☐ Height estimated (tick if yes)

Additional information

Additional information

Use this section to add any relevant notes. For example, if weight is estimated, note who has provided this information. Clothing size might be an additional way to provide some information that would give an indication of stature.

Section 4. Main handler details

 **Good Practice** Wherever possible, the person should have already been created on Mosaic; if not you may add them manually, via the 'Manual Input' button.

4. Main handler details

Main Handler – 1


Main Handler

Find


Clear

Manual Input


Main Handler Name



Main Handler Address



Relationship/designation



Handler issues that may impact on ability to assist with moving and handling

You MUST select 'Yes' or 'No'.

Does the handler have any issues that may impact on their ability to assist with moving and handling?

☐ Yes

☒ No

Main handler information

Main handler information

Add relevant information about the person(s) supporting the customer's moving and handling tasks. Identify what the issues are if 'Yes' was selected and provide evidence to show that there are no issues if 'No' was selected

Example (if answer is 'Yes')

Mr Sharma supports Nina to get out of bed and to her wheelchair every morning and from wheelchair to bed every evening. He has been lifting her, and has recently been experiencing significant back pain. He had an x-ray a few weeks ago confirming he has a slipped disc in his spine, and has been advised not to continue lifting as he has been.

Example (if answer is 'No')

Agency Amber support all transfers when they visit. The agency provide moving and handling training to all of their carers, so all carers should be familiar with the use of standard moving and handling equipment such as hoist and slings.

If the customer has both formal and informal care and there are issues with one or the other, select 'Yes' and provide information about any issues.

Formal care arrangements

Formal care arrangements

Please summarise the total amount of weekly homecare administered by completing an entry on the following table for each day it is received.

Visit details				
Day of week	Number of visits	Visit times	Total daily care (HH:MM)	Number of handlers per visit
<div> Add</div>				

👉 **Note:** You MUST select the 'Add' button to be able to complete this section.

Visit details

Visit details

Day	<div>-- Please Select -- -- Please Select -- Monday Tuesday Wednesday Thursday Friday Saturday Sunday Daily</div>	
Number of visits		
Visit times		
Total daily care (HH:MM)		
Number of handlers per visit		

Add

Add and Close

Close

Select the information from each of the drop down boxes as required - then select 'Add'.

Visit details

Day

-- Please Select --

Number of visits

Visit times

-- Please Select --

Total daily care (HH:MM)

-- Please Select --

Number of handlers per visit

Morning only

Lunchtime only

Evening only

Morning & lunchtime

Morning & evening

Lunchtime & evening

Morning, lunchtime & evening

Morning, Lunchtime, Tea & Dinner

Other

Add

Add and Close

Close

Select the information from each of the drop down boxes as required - then select 'Add'. Continue as required.

24 hour care

Select which type of 24 hour care is being provided.

24 Hour Care

Select Type of 24 Hour Care

Live In

Supported Living

Residential Care

Nursing

Section 5. Observations - Communication and behaviour

5. Observations – Communication & behaviour

Preferred Language

English

Interpreter Needed

Communication, Cognition and Behaviour

Cognition

-- Please Select --

Sensory impairment

-- Please Select --

Psychological state

-- Please Select --

Cognition

Select one option from the drop down box.

Communication, Cognition and Behaviour

Cognition

-- Please Select --

- Please Select --
- No issues
- Memory impairment
- Executive dysfunction
- Minimal conscious state
- Loss of insight
- Acute confusional state

Sensory impairment

Select one option from the drop down box.

Communication, Cognition and Behaviour

Sensory impairment

-- Please Select --

-- Please Select --

-- Please Select --

- Please Select --
- No issues
- Blind & Deaf
- Deaf
- Hearing impairment
- Visual impairment

Psychological state

Select one option from the drop down box.

Communication, Cognition and Behaviour

Psychological state

-- Please Select --

-- Please Select --

-- Please Select --

-- Please Select --

- Please Select --
- No issues
- Aggressive presentation
- Anxious
- Low mood
- Self harm
- Self neglect

You MUST select either 'Yes' or 'No' to the following 4 questions. If you have answered 'Yes' you MUST record what you have observed in the Observations box. (See example below)

Is the customer able to communicate their needs?

☐ Yes ☐ No

Is the customer able to understand and follow instruction?

☐ Yes ☐ No

Is the customer able to retain instructions?

☒ Yes ☐ No

Is the customer willing and able to engage and participate in the task?

☐ Yes ☐ No

Observations

Example

Mary does not communicate verbally, however is able to express her agreement or disagreement through a thumbs up for 'yes', and moving her head side to side for 'no'. If she is not in agreement with what is being said she will raise her hand to prompt the discussion to stop. Through asking questions that can be answered 'yes' or 'no' and giving Mary time to respond, it is possible to establish how Mary would prefer to be supported.

Section 6. Observations - Physical ability

Select one option from the drop down box.

6. Observations – Physical ability

Weight bearing

Weight bearing

-- Please Select --
-- Please Select --
Able to fully weight bear
Able to partially weight bear
Able to weight bear for duration of task
Variable weight bearing
Unable to weight bear

Weight bearing

Select one option from the drop down box.

6. Observations – Physical ability

Weight bearing

Weight bearing

-- Please Select --


What is the current level of mobility

-- Please Select --
-- Please Select --
No mobility (all care in bed)
Wheelchair mobility
Mobile with support of another person and walking aid
Mobile with support of 2 persons and walking aid
Mobile with support of 2 persons
Mobile with the support of another person
Independent with use of walking Aid
Complete independence

Observations

You MUST record what you have observed in the Observations box. (See example below)

Observations

 Includes whether fluctuating & timeframe i.e. daily/weekly/monthly, inconsistent weight bearing & details, loss of limbs

Give *brief* information to explain the drop down selection.

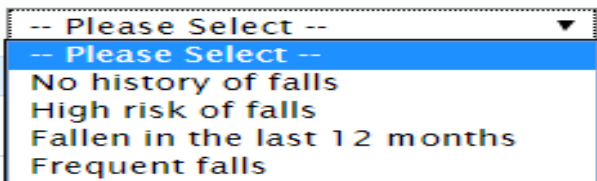
Example

*I observed Magda to move around her home independently in her self-propelled wheelchair.
I observed that Magda could pull herself up to stand and maintain a standing position using an Etac turner for approx. 2-3 seconds before she began to express feeling weak and unsteady and wanting to sit back down.*

Falls

Select one option from the drop down box.

Falls

Fall history 

-- Please Select --
 -- Please Select --
 No history of falls
 High risk of falls
 Fallen in the last 12 months
 Frequent falls

Falls risk assessment required?

Select 'Yes' or 'No'.

Falls risk assessment required?

☐ Yes ☐ No

Additional information

In many moving and handling cases, the likely answer will be 'No'.

If 'Yes', provide additional information where / how this will be recorded (e.g. part of 'My OT Assessment' or 'Moving and Handling Risk Assessment').

Example

Magda has fallen whilst transferring with the Etac turner recently. As falls are linked with transfer ability, falls risks will be considered as part of the moving and handling risk assessment.

Duration of pain

Duration of pain

Customer description

Pain


- Please Select --
- No pain
- Pain on movement
- Pain at rest
- Pain all the time

Example

Gloria shared 'I have dreadful pain in my knees when I stand up, or if anyone touches them'.

Observations

Observations

 Where experiencing pain

Example

I observed Gloria moving to a standing position from seated in her armchair. There were clear indications of pain on her movement from seated to standing, apparent through her facial grimace.

Postural stability (trunk control)

Select one option from the drop down box.

Postural stability

Postural stability (trunk control)

- Please Select --
- Able to sit & maintain upright posture independently
- Able to sit & maintain upright posture with support
- Able to sit & maintain posture for specific task
- Unable to sit & maintain posture

Postural stability (head control)

Select one option from the drop down box.

Postural stability

Postural stability (head control) -- Please Select --

-- Please Select --

- Full head/neck control
- Partial head/neck control
- Variable head/neck control
- No head/neck control

Postural stability

Postural stability (trunk control) -- Please Select --

Postural stability (head control) -- Please Select --

Observations

Observations

Provide any additional observations that assist description of the person's functional ability if / as required.

Example

I observed Dariusz to initially achieve and maintain a good upright seated posture in his armchair after he had sat down, but after about 30 minutes he had begun to lean slightly to the right in his chair. He was able to correct his position using the arm support of the chair, but shared he does get tired and finds he regularly starts to lean over to the right when seated.

Range of movement, strength, muscle tone and sensation

Range of movement, Strength, Muscle Tone and Sensation

Left Upper (Shoulder, Arm, Hand)

Right Upper (Shoulder, Arm, Hand)

Left Lower (Hip, Leg, Ankle)

Right Lower (Hip, Leg, Ankle)

Add relevant information to describe the person's range of movement, strength, muscle tone, sensation.

Examples

- **Right upper:** Asha has full range of movement in her upper right limb, and good hand grip.
- **Left Upper:** Jane has limited range of movement in her upper left limb and cannot move her arm above shoulder height. Her left hand grip is weaker and she has less dexterity in her left hand than her right, but she can still grasp larger items, such as a grab rail.
- **Right lower:** Charlotte's right knee joint causes her a great deal of pain, and she is unable to completely straighten her right leg due to the severity of this pain.
- **Left lower:** David has no sensation in his left foot so would not be able to highlight if his foot became trapped/knocked during moving and handling tasks.

Muscle co-ordination / involuntary movements

Select one option from the drop down box.

Muscle co-ordination/involuntary movements – 1

Muscle co-ordination/involuntary movements

-- Please Select --

- None
- Extensor spasm
- Flexor spasm
- Intention tremor
- Ataxia
- Seizures
- Other

Observations

Record any involuntary movements that the person makes, and if any pattern/predictability with these.

Muscle co-ordination/involuntary movements – 1

Muscle co-ordination/involuntary movements -- Please Select --

Observations

Description, frequency, medication

Insert Section

Example

Eve has tonic clonic (grand mal) seizures during which she is unresponsive and will drop to the floor from standing or seated, and begin fitting with very little warning. She reports she has these seizures approximately 4-5 times annually, typically at night when she is in bed. She also has partial (absence) seizures (approximately 2 a month). These last between 2-3 minutes each, and during a partial seizure she is not able to respond to conversation/prompts, but does maintain a safe seated position well throughout.

👉 **Note:** To enter more sections select 'Insert Section'.

Tissue viability /skin appearance

Tissue viability

Select one option from the drop down box.

Tissue viability/skin appearance

Tissue viability risk (if known)

- Please Select --
- Waterlow score less than 10
- Waterlow score 10+ at risk
- Waterlow score 15-19 at high risk
- Waterlow score 20+ very high risk

Skin appearance

Select one option from the drop down box.

Tissue viability/skin appearance

Skin appearance

- Please Select --
- Intact
- Reddened area/dicoloured tender/warm or cool/hard
- Skin damaged/blister/cuts
- Pressure sore(s)
- Oedema

Observations

Observations

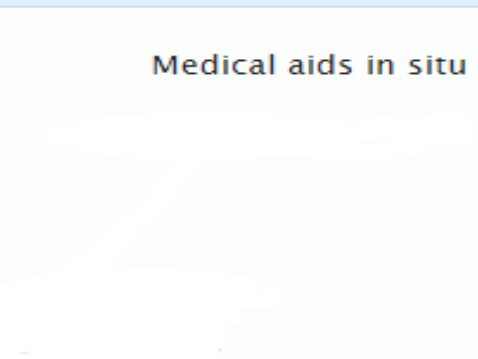
Pressure relieving equipment being used/length of time laying/sitting

If a pressure sore grade is known, note here. Add any other relevant information about the location of noted skin appearance, or tissue viability concern on the person's body.

Medical aids


Select one option from the drop down box.

Medical aids – 1

Medical aids in situ 

-- Please Select --

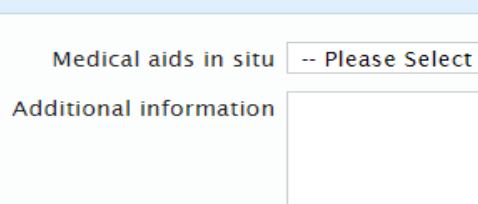
- Please Select --
- Ventilator
- Oxygen cylinder
- Intravenous line/pump
- Peg feed
- Splint
- Prosthetic limb
- Other

 **Note:** To add multiple aids select 'Insert Section'

Additional information


Complete this text box, relating to each medical aid that the customer uses.

Medical aids – 1

Medical aids in situ 

-- Please Select --

Additional information

 **Insert Section**

Example

Medical aids in situ: Prosthetic limb

Additional info: Ian wears a prosthetic leg (below knee) on his right side. He wears this during the day and removes it overnight. He is able to fit and remove this himself.

Continence management

Add any / all that are applicable

Continence management – 1

Continence management

-- Please Select --

-- Please Select --

Continent (urine)

Continent (bowel)

Indwelling catheter

Continence pads

Stoma

Other

👉 **Note:** To enter multiple continence aids select 'Insert Section'.

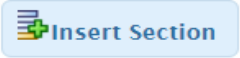
Additional information

Continence management – 1

Continence management

-- Please Select --

Additional information

Insert Section

Example

Adam wears continence pads. He is able to anticipate the need to visit the toilet for both bowel and urinary continence, but cannot always get to the toilet in time, so uses pads to assist managing his continence at the moment.

Section 7. Observations - Transfer ability

Bed - positioning and transfers

Type of Bed: Please give specific description, including if a hospital bed from stores (Cura II, Minuet II).

Bed mobility details: Add all manoeuvres that are completed by / with the person. Complete as if there is no transfer / moving and handling equipment in place.


7. Observations – Transfer ability

Bed – Positioning and Transfers

Type of Bed

Select as many mobility details as required using the 'add' button

Bed mobility details

Bed positioning manoeuvre	Select the relevant level of independence
<div style="text-align: right;"></div>	

Additional information

👉 **Note:** To add multiple manoeuvres select 'Add'.

Additional information

Only add if required. The person's ability should be mainly described in the manoeuvres section. Use this box if the person has fluctuating ability.

Additional information

Chair - positioning and transfers

Type of chair: details of usual home seating in use.


Chair positioning: Add **all** manoeuvres that are completed by / with the person. Complete as if there is no transfer / moving and handling equipment in place.

Chair – Positioning and Transfers

Type of chair

Select as many mobility types as required using the 'add' button

Chair positional details

Chair positioning manoeuvre	Select the relevant level of independence
<div style="text-align: right;"></div>	

Additional Info

👉 **Note:** To add multiple mobility types select 'Add'.

Additional Information

Add relevant measurements for chair. Only add transfer information if required. The person's ability should be mainly described in the manoeuvres section. Use this box if the person has fluctuating ability.

Additional Information

Wheelchair - positioning and transfers

Type of chair: details of person's wheelchair in use. Write 'none' or 'not applicable' if not used.

Wheelchair positioning details: Add **all** manoeuvres that are completed by / with the person. Complete as if there is no transfer / moving and handling equipment in place.

Wheelchair – Positioning and Transfers

Type of Wheel Chair

Select as many mobility types as required using the 'add' button

Wheelchair positional details

Wheelchair positioning manoeuvre

Select the relevant level of independence

Add

Additional Information

👉 **Note:** To add multiple manoeuvres select 'Add'.

Additional Information

Additional Information

Add relevant measurements for wheelchair. Only add transfer information if required. The person's ability should be mainly described in the manoeuvres section. Use this box if the person has fluctuating ability.

Toilet transfers

Select required option from the drop down list.

Toilet type: select from drop down.

Add **all** manoeuvres that are completed by / with the person. Complete as if there is no transfer / moving and handling equipment in place.

Toilet transfers


Type of toilet -- Please Select --

Select as many mobility types as required using the 'add' button


Toilet transfer details

Toilet Transfers

Select the relevant level of independence



Additional Info

 **Note:** To add multiple mobility types, select 'Add'.

Additional Information

Additional Information

Add relevant measurements/details for toilet/commode. Only add transfer information if required. The person's ability should be mainly described in the manoeuvres section. Use this box if the person has fluctuating ability.

Stairlift transfers

Add **all** manoeuvres that are completed by / with the person. Complete as if there is no transfer / moving and handling equipment in place.


Stairlift transfers

Select as many mobility types as required using the 'add' button


Stairlift transfer details

Stairlift Transfer Manoeuvre

Select the relevant level of independence



Additional Information

 **Note:** To add multiple mobility types, select 'Add'.

Additional Information

Additional Information


Write 'Not applicable' if there is no stairlift in situ. Add relevant measurements/details for the stairlift. Only add transfer information if required. The person's ability should be mainly described in the manoeuvres section. Use this box if the person has fluctuating ability.

Shower and bath transfers

Bath/shower type: select an option from the drop down menu.

Add **all** manoeuvres that are completed by / with the person. Complete as if there is no transfer / moving and handling equipment in place.

Shower and bath transfers	
Bath/Shower Type -- Please Select --	
Select as many mobility types as required using the 'add' button	
Shower/bath transfer details	
Bath/shower transfer manoeuvre	Select the relevant level of independence
<div>Add</div>	
Additional Information	

 **Note:** To add multiple mobility types, select 'Add'.

Additional Information

Additional Information

Add relevant measurements/details for bath/shower equipment. Only add transfer information if required. The person's ability should be mainly described in the manoeuvres section. Use this box if the person has fluctuating ability.

Transfer ability summary

Transfer ability summary
Additional Information relating to transfers
<div></div>

Additional Information

Add any information that might assist overall risk assessment not already covered in other areas.

Section 8. Observations - Environment

Add **all** that are relevant / apply.

Room hazards

Add **all** that are relevant / apply.

8. Observations – Environment	
Room Hazards	
Select as many room hazard combinations as required	
Room	Hazard
<div></div>	
<div>Add</div>	
Comments	
<div></div>	

👉 **Note:** To add multiple room hazards combinations select 'Add'.

👉 **Note:** You **MUST** record any hazards in the comments box.

Comments
<div></div>

Example

The property has thick pile carpet throughout, which means movement of any wheeled equipment generally requires considerably increased effort.

Gas appliance risk assessment

You MUST select 'Yes' / 'No'.

Gas appliance risk assessment

Assessment required?


☐ Yes ☒ No

Assessment carried out?

If 'Yes', you MUST select the date the assessment was completed.

Assessment carried out?

☒ Yes ☐ No

Date assessment completed 

Environment summary

You MUST record any supporting information here.

Environment summary

Additional Information relating to environment

Additional info (environment): Enter any information that is not already recorded in environment sections.

Section 9. Your views

Your (customer) views

You MUST record the customer's views / wishes, in the first person if appropriate.

9. Your views

Your preferences/wishes



Include cultural considerations here

Examples

- *I would like to continue to stand up, even if it's with some different equipment. I find stretching my legs really helps with the pain.*
- *I really don't like having equipment at home. In the hospital they lifted me up in a hoist and it was awful. I was so uncomfortable. I know my husband can't lift me forever, and I hate having to rely on him, but it works for us at the moment.*

Carer / main handler views

You MUST record the carer's views, in the first person if appropriate.

Carer/main handler views



Include cultural considerations here

Example

I know I should not be lifting Annie, but we prefer to do things our way, we've done things like this for years. I know my back is not in great shape and I can't carry on doing it forever, but if I can carry on at the moment, then I will.


Section 10. Assessor summary - Action Plan to reduce identified risks

Select 'Add'.

10. Assessor summary

*indicates required field

Action Plan To Reduce Identified Risks

Action	Timeframe for completion	Person Responsible
		

Once you select 'Add' - this box will appear. You MUST complete this.

Action Plan To Reduce Identified Risks

Action

Timeframe for completion

Person Responsible

Examples

Action: Trial of alternative sling that can be applied and removed more easily in the chair.

Timeframe: 2-4 weeks

Person Responsible: OT

Action: Ceiling track hoist survey and installation to be requested.

Timeframe: 2-4 weeks

Person Responsible: OT

Action: Carers to make use of the in bed slide sheet system already at the property to support turning and repositioning in bed.

Timeframe: Immediate.

Person Responsible: Carers from Agency Blue.

Moving and handling risk assessment summary

You MUST evidence professional ownership of your decisions at some point in this section. This section will be written in the first person from the perspective of the practitioner, not the customer.

E.g. 'In my professional opinion.....' or 'I have assessed that.....'.

See example below.

Moving and handling risk assessment summary*

Example

*Following my observations of carer supporting Dennis with transfers from bed to chair with current equipment (Etac patient turner), **I have assessed** that he is able to grasp and hold the handle of the turner, and pull himself to a standing position, but is finding maintaining a standing position very difficult.*

We have agreed to try some alternative equipment options that might provide additional support to Dennis once he is standing, to manage transfers with increased safety and comfort. This would also increase carer safety.

Outcome - overall level of risk

You MUST select either 'High', 'Medium' or 'Low'.

Outcome: Overall level of risk*

☐ High

☐ Medium

☐ Low

Moving and handling advice card left?

You MUST select 'Yes' or 'No'.

Moving and handling advice card left?*

☐ Yes

☒ No

Risk assessment required?

You MUST select 'Yes' or 'No'. If 'Yes' is selected, a second box will appear. This is where you record what action(s) will be taken.

Risk assessment required?

☒ Yes ☐ No

If yes, action(s) to be taken

⚠ Entry to this field is mandatory

☐ Section completed

Example (if 'Yes' is selected)

Physical assistance is being used where transfer equipment (full hoist and deluxe support sling) would normally be recommended. Mr and Mrs Green both wish to continue with doing things the way they are currently and have declined the recommended equipment. A Risk Assessment to be completed to record risks identified and severity of each risk, identify and offer any further ways possible to reduce or manage the risks, and to agree a contingency plan.

Section 11. Actions Taken

Select 'Add'

11. Actions Taken

Next Actions

Next actions					
Next action	Assigned to	Reason	Note	Priority	Status
<div style="border: 1px solid red; padding: 2px; display: inline-block;"> Add </div>					

There is only one Next Action to choose from: 'No further action - other work flow continues'.

OT Moving and Handling People Risk Assessment

Sections

- 1. Person details
- 2. Assessment details
- 3. Your measurements
- 4. Main handler details
- 5. Observations – Communication & behaviour
- 6. Observations – Physical ability
- 7. Observations – Transfer ability
- 8. Observations – Environment
- 9. Your views
- 10. Assessor summary
- 11. Actions Taken

Indicates completed section

11. Actions Taken

Next Actions

Next action

Add

Next actions

Select action: -- Please Select --

-- Please Select --

No Further Action - Other Workflow Continues

Note:

Priority: ☐ Urgent ☒ Normal ☐ Low

Add Add and Close Close

End of Occupational Therapy Moving and Handling People Risk Assessment