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Service Users Moving and Handling Risk Assessment

Name of Service User	
Address	
Telephone Number	
Any Medication (see Medication List)	

Medical History:

Are you Diabetic?	Medication/Insulin/Food
Are you Epileptic?	
Do you have any food allergies?	
Do you have any drug allergies?	
Any current infections, e.g. MRSA	

Date of Reassessment	Any Changes since last Assessment	Signature of Assessor

I have been fully consulted in all aspects of this Assessment	Signature of Service User:
A moving and handling assessment has been carried out in accordance with Moving and Handling Regulations 1992	Signature of Assessor:
Any other person present who has been involved in this Service User Assessment	Details of others present:
DATE OF ASSESSMENT:	
Others involved in this assessment	Details of others present:

PHYSICAL HAZARD	Yes	No	Comments
Could Service Users Height cause a problem?			
Could Service Users Weight cause a problem?			
Does Service User have swollen/fixed/flaccid limbs? If so, specify in Comments.			
Are feet in good condition?			
Is skin in good condition?			
Is Service User difficult to hold?			
Is Service at risk from sores in pressure areas?			
Does the Service User have pain when moving?			
Does the Service User have impaired hearing?			
Does the Service User have impaired sight?			
Does the Service User have impaired speech?			
Does the Service User suffer spasms or fits?			
Is the Service User unstable or uncoordinated?			
Does the Service User have attachments such as IV/Oxygen Cylinder/Catheter etc. If so, specify in Comments			
Is the Service User wearing appropriate clothing?			
Does the Service User have other aids such as Hoist or Zimmer Frame? If so, specify in Comments			
Does the Service User have any obvious infections such as MRSA etc.?			

PSYCHOLOGICAL HAZARD	Yes	No	Comments
Is the Service User un-cooperative?			
Is the Service User unpredictable?			
Is the Service User anxious?			
Is the Service User prone to mood swings?			
Does the Service User demonstrate challenging Behaviour? If so, specify in Comments			
Does the Service User have difficulties in following simple instructions?			

ENVIRONMENTAL HAZARD	Yes	No	Comments
Is there sufficient working space?			
Is lighting good?			
Is ambient temperature uncomfortable?			
Are there constraints on posture?			
Is the bed or chair at the wrong height?			
Are there risks of falls, slips or trips?			
Are there any pets?			
Is the Service User or any family present present a Smoker?			

SAFE SYSTEMS OF WORKING WITH THE SERVICE USER

List all methods to be used, precautions to be taken, number of staff involved, equipment required for any of the tasks, and detail any further precautions identified.

Movement in bed and movement up in the bed (e.g. sitting up)	
Getting In and Out of Bed	
Sitting Balance in Chairs and Wheelchairs	
Movement from Bed to Chair or Wheelchair, or Commode, or Toilet.	
Method of Bathing and/or Showering	
Walking inside and outside including steps and stairs	
Dressing and Undressing	
Any Other	

Management Action Required for any risk identified in this Assessment

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To be actioned by:	
Action Completed and Signed off:	

COMMENTS

Use this space for any further comments which might be useful for future assessments

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