**\* Please delete the grey text and add relevant information for your resident**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Quick reference handling plan for resident’s room** | | | | |
| **Residents name and room number:** | | (add residents name, room number) | | |
| **Type of transfer/take involved:**  **Number of carers:** | i.e Bed to wheelchair, Bed to armchair, armchair to wheelchair, wheelchair to toilet, wheelchair to bath etc  i.e 2 carers or 1 carer | | | |
| **Hoist or patient turner to be used:** | i.e Birdie 175, Pallas stand aid, rotastand solo, rotunda | | | |
| **Sling** (if applicable) | **Type** | | | **Size** |
|  | i.e Silverlea fastfit deluxe sling, care and independence tux | | | i.e medium, size 7 etc. |
| **Sling loop attachment** (if applicable) | **Top** | **Bottom** (if applicable) | **Middle** (if applicable) | |
|  | i.e middle/white loops | i.e long/yellow loops | i.e short/ blue loops | |
| **Equipment storage location:** | i.e birdie 175 hoist stored in equipment cupboard on 1st floor. Sling stored in residents’ room. | | | |
| **Method/technique** | Any specific instructions to follow | | | |
| **Variability in function throughout the day?** | Include tangible information of when to use a certain method and at what point/time to use a different method | | | |
| \* add more rows here if different equipment is required for different transfers | | | | |
| **Date of last manual handling plan review:** |  | **Staff name and signature:** |  | |
| **Date of next planned review:** |  |

* **Please ensure you add additional rows if different equipment is needed for different transfers i.e Mrs Jones uses a stand aid hoist to get into bed but a full body hoist to get from her bed into her wheelchair**
* **Please ensure this plan is updated when the resident requires different equipment or has a change in ability**
* **Please ensure this plan is visible in the residents’ bedroom so all staff can refer to it prior to handling the resident**
* **Please refer this as an overview only**
* **Please ensure a full manual handling risk assessment and handling plan is recorded and maintained within the residents’ care file**