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| **Manual Handling Risk Assessment** |
| **Adult/ Client/Resident**Name, Address and contact number |  |
| **Height** |  | **Weight** |  |
| **Height and weight MUST be recorded** |
| **Name, organisation, and designation of person completing the assessment** |  |
| **Contact Tel Number** |  |
| **Date of Risk assessment** |  |
| **Reason for completion of risk assessment:** (comment on whether this is planned or unplanned) |  |

**Only complete relevant boxes. If the same risk and level of risk of presents for several tasks, you can group tasks and record in one box.**

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| **Task/transfer** i.e bed to wheelchair |  |
| **Detail the risk identified:** Comment on the Task, Individual handler, Load, Environment, Equipment - prompts in guidance section on page 3 |
| **Level of risk:**  | Refer to risk chart in guidance section – likelihood/probability vs severity of harm  |

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| **Task/transfer** i.e armchair to commode  |  |
| **Detail the risk identified:** Comment on the Task, Individual handler, Load, Environment, Equipment - prompts in guidance section on page 3 |
| **Level of risk:**  | Refer to risk chart in guidance section – likelihood/probability vs severity of harm  |

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| **Task/transfer** i.e in/out car |  |
| **Detail the risk identified:** Comment on the Task, Individual handler, Load, Environment, Equipment - prompts in guidance section on page 3 |
| **Level of risk:**  | Refer to risk chart in guidance section – likelihood/probability vs severity of harm  |

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| **Adult/ Client/ Resident Name** |  |
| Manual Handling Risk Assessment page 2 |

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| **Action plan:** |
|  | **Date added:** | **Action taken:** what is going to be done to reduce the risk? | **Date actioned:** | **Staff signature:** | **Date reviewed:** | **Comments:** Has this reduced the risk sufficiently? | **Staff signature:** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |

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| **Guidance on completion of the task using TILEE and risk level matrix** | Manual Handling Risk Assessment |

**Use the prompt questions provided below to help you to provide clear details of the risk you have identified.**

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| **Task/transfer**  | *bed to wheelchair, armchair to commode* |
| **Detail the risk identified:** use TILEE format below to consider each aspect |
| Prompts to consider (uses a TILEE format): Task:* Does the task involve an awkward posture for the handler – twisting/stooping/stretching?
* Is it repetitive – does it require prolonged effort (pushing/pulling/lifting/lowering/carrying/holding) ?
* Is there sufficient time for rest and recovery?

Individual handler:* Does the handler need to be specifically trained or require specific information to complete the task?
* Is there a risk to staff who are pregnant or could have a medical need e.g. arthritis, sprains, allergies

Load (person being handled):* Record anything pertinent to this specific risk if it has not already been recorded within this assessment – such as, is the person being handled nervous when being moved? Does the person’s clothing add to the risk – nylon or polyester fabrics often have a slippery surface etc.?

Environment:* Comment if extremes or adequate temperature/light/humidity
* Slips/trip hazards
* Space constraints on movement of hander, body position
* Comment on whether flooring adds to the risk – e.g., types of floors, variations of height

Equipment:* Comment on what equipment is already in place/being used for the task
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| **Level of risk** | Risk chart – likelihood/probability vs severity of harm (link to chart)

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| **Likelihood/probability** |
| **Severity of harm** |  | Very likely | Likely | Possible | unlikely | Highly unlikely |
| Fatality | Extreme | High | High | High | Medium |
| Major injury | High | High | High | Medium | Medium |
| Minor Injury | High | Medium | Medium | Medium | Medium |
| First Aid | Medium | Medium | Medium | Low | Low |
| Negligible | Medium | Low | Low | Low | Low |

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