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| **Handling Plan – Community Providers**  Copy to be left with care plan/staff/Adult  **This handling plan must be reviewed if there are any significant changes in the adults presentation** | |
| **Emergency Out of Hours for Social Care**: | **0345 6061212** |
| **Essex Equipment Service:**   * main number: **0333 013 5438** (for all enquiries incl. hoist breakdowns during office hours (9-5 Monday – Friday) * out of hours **ceiling track hoist breakdown only**: **0300 003 1623** * email address: [ECL.Contactcentre@essexcares.org](mailto:ECL.Contactcentre@essexcares.org) | |

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| **Adult**  Name, Address and contact number | |  | |
| **Height** |  | **Weight** |  |
| **Senior Carer/Manager/ Manual handling assessor**  Name and Agency contact number | |  | |
| **Date of Plan** | |  | |
| **Date supplied to care provider or Adult** | |  | |

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| **Task Involved** |  | | | |
| **Number of people required** |  | | | |
| **Equipment Used**  if using a hoist; detail type, sling type and size and hoist-sling fastening arrangements | **Type** | i.e. Birdie 175, Pallas stand aid, rotastand solo, rotunda | | |
| **Sling type and size** | i.e medium silverlea fastfit deluxe | | |
| **hoist-sling attachment** | **Top:** | **Bottom:** | **Middle:** |
| **Equipment Storage and additional instructions**  i.e hoist to be left on charge (hoists are trickle charge) |  | | | |
| **Method/technique**  Content may be different for formal carers and informal carers due to previous manual handling experience |  | | | |
| **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 |  | | | |
| **Review requirements**  how frequently? provide tangible information |  | | | |
|  | | | | |
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