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| Address:  Telephone: | Diagnosis and relevant medical information: | PMH: | Assessor Name:  Designation:  Signature:  Telephone:  Date:  Review Date |
| Falls History: | Height:  Weight: | GP and Surgery: |
| Equipment in situ at patient/service user’s home (Including make and size): | Carer Contact Details:  NOK Contact Details: | Manual Handling equipment to be used by:   * Care Agency/Care Home Carers   Date risk assessment sent to agency/care home:   * Family members   Demonstration date:  Demonstration completed by: | |

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| Date | Summary of transfer assessments carried out on the ward/community e.g. method of transfer and equipment used | Conclusion |
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| **Task:** |  | **Comments:** |
| Strenuous pushing or pulling? |  |  |
| Twisting/Stooping/Reaching? |  |  |
| Sudden or unpredictable movement? |  |  |
| Insufficient rest or recovery? |  |  |
| **Individual:** |  |  |
| Skill Level? |  |  |
| Specific health considerations inclusive of physical and/or cognitive capabilities? |  |  |
| Family and/or carer preferences? |  |  |
| **Load:** |  |  |
| Weight? |  |  |
| Sitting balance? |  |  |
| Involuntary/unpredictable movement of patient? |  |  |
| History of falls? |  |  |
| Pain/Stiffness? |  |  |
| Communication? |  |  |
| Understanding? |  |  |
| Agitated/Challenging Behaviour? |  |  |
| Pressure care needs? |  |  |
| Continence (frequency, pads, catheter) |  |  |
| **Environment:** |  |  |
| Environmental Considerations? |  |  |
| Inadequate lighting? |  |  |
| Space/access difficulties? |  |  |
| Inappropriate flooring? |  |  |
| Tripping/slipping hazards? |  |  |
| **Any other considerations:** | |  |
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**Action to be taken to reduce any identified risks**

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| **Task** |  |
| **Individual** |  |
| **Load** |  |
| **Environment** |  |

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| General Safety Guidelines:   1. The Quickmove should only be used in accordance with the instructions below for the named individual. 2. Always refer to the Manufacturer’s instructions. 3. Carers must have up to date moving and handling training. 4. The weight of the person must not exceed the safe working load indicated on the Quickmove. 5. Ensure Quickmove brakes are on prior to transfer 6. Ensure wheelchair/wheeled commode/hospital bed brakes are on prior to transfer. 7. Carers to check labels on the Quickmove to make sure it has been serviced within the previous 6 months. If not please inform the equipment company. 8. Carers to adjust furniture appropriately and adopt correct posture at all times and avoid bending, twisting and stooping movements. 9. Particular care should be taken to avoid sheering and friction of Mrs X’s skin 10. Carers should not attempt tasks that are beyond their own or Mrs X’s capability. If in doubt, contact senior staff. |

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|  | Transfer: | Equipment for  transfer: | No. of carers | Techniques recommended: |
| R11. | Bed to chair/wheeled commode/ wheelchair  OR  Chair/wheeled commode/ wheelchair to Bed | Quickmove  Slide Sheet: (enter type and size)  Hospital bed: (enter mattress type, if bed safety rails etc)  Wheeled commode/wheelchair | 1 or 2 | * If transferring from bed assist/encourage Mrs X to bring her legs round into a sitting position on bed. * Pivot the seat paddles around. * Position the Quickmove in front of Mrs X and put both brakes on. If required, the legs of the machine can be widened using the footpedal. * Assist Mrs X to place feet correctly on base of Quickmove so that Mrs X feet are placed on the foot rest with knees comfortably against the knee pad (approx.2cm below the knees). * Allow Mrs X to reach and Quickmove handlebar with both hands. * Give verbal prompts to stand. If required, carers can also stand on the side of the Quickmove (near the person) to provide some physical assistance. * Ensure Mrs X is safely standing and holding onto bar before sliding swivelling both seat paddles under their bottom, you ,may need to bring the Quickmove slightly forward for clearance. * Once seat paddles are in position and Mrs X safely in a seated position, carer to move Mrs X to desired location. * Position Mrs X over the bed/chair/commode. Engage the breaks and encourage/assist Mrs X to stand. * Slide the seat paddles out of the way. * Allow Mrs X to lower herself safely onto bed/chair/commode holding onto the bar. * Release the breaks and wheel the Quickmove out of the way ensuring Mrs X lifts her feet to prevent shearing. |