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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 Sara Stedy 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 Sara Stedy. 5. Ensure Sara Stedy 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 Sara Stedy 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 | Sara Stedy  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 pads up. * Position the Sara Stedy in front of Mrs X and put both brakes on. If required, the legs of the machine can be widened by using the central pedals. * Assist Mrs X to place feet correctly on base of Sara Stedy so that Mrs X feet are placed on the foot rest with knees comfortably against the knee pad. * Allow Mrs X to reach and grab the side bars or central bar on the Sara Stedy with both hands. * Give verbal prompts to stand. If required, carers can also stand on the side of the Sara Stedy (near the patient) to provide some physical assistance. * Ensure Mrs X is safely standing and holding onto bars before sliding both seat pads down under their bottom. Mrs X may require verbal or physical prompt to tuck her bottom in for this. * Once seat pads are in position and Mrs X safely in a seating 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 pads out of the way. Please provide physical assistance if required to help tuck their bottom in for this. * Allow Mrs X to lower herself safely onto bed/chair/commode holding onto the cross bar. . * Release the breaks and wheel the Sara Stedy out of the way ensuring Mrs X lifts her feet to prevent shearing. |