**DIAG ESTABLISHMENT RISK ASSESSMENT Appendix 10**

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| **AGENCY** | | **ESTABLISHMENT** | |
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| **ASSESSMENT TEAM** | | | |
| **NAME** | **DESIGNATION** | | **SIGNATURE** |
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|  |  | |  |
| **DATE OF ASSESSMENT** | |  | |

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| ***Establishment Details*** |

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| Specialty of Care |  | | | | | |
| **Typical age range of people receiving care** |  | | | | | |
| **Typical population of people receiving care** | **Male** |  | **Female** |  | **Mixed** |  |
| **The following areas are where manual handling activities occur:** | | | | | | |
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**Preliminary Establishment Risk Assessment**

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| **LOCATION** | |  | |
| **DEPARTMENT** | |  | |
| **ASSESSORS DETAILS** | **NAME** | |  |
| **DESIGNATION** | |  |
| **SIGNATURE** | |  |
| **DATE OF ASSESSMENT** | |  | |

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| **List Manual Handling Tasks Requiring Assessment** | **Name or Carer group**  **(optional)** |
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| **Establishment Manual Handling Equipment Assessment** |

# List below any manual handling equipment that is available, or loaned on a regular basis, within your establishment.

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| **Examples of manual handling equipment** | | |
| Monkey Poles | Pat Slide | Hoist Slings |
| Rope Ladders | Slide Board | Hoists (all types) |
| Patient Handling Blocks | Turning Discs | Transfer Sheets |
| Sliding Sheets | Bath Types |  |

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| **Type** | **Manufacturer** | **Model (name)** | **Serial No.** | **No.** | **Based**  **in area** | **Loaned from** | **Last serviced** | **Weight limit** |
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| Assessors Details |  |
| **Date of Completion** |  |

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| BEDROOM OR SLEEPING AREAS |

# Are any of the following tasks used in your area?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Activity** | **Yes** | **No** | Activity | **Yes** | **No** |
| Sit/stand |  |  | Rolling/positioning on a bed |  |  |
| Transferring from seat to seat |  |  | Lying to sitting |  |  |
| Walking |  |  | Moving up a bed |  |  |
| Assisting a person from the floor |  |  | Assisting a person on/off bed |  |  |
| Repositioning in a chair |  |  | Transfers in lying |  |  |
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| --- | --- | --- |
| **DO THESE ACTIVITIES COMPLY WITH DIAG CODE OF PRACTICE?** | **YES** | **NO** |
|  |  |
| IF NOT, WHY DO THEY FALL OUTSIDE THE DIAG CODE OF PRACTICE | | |
| State which and why | **FOR EXAMPLE** | |
| * Fixed height surfaces * Lack of space * Poor height-adjustment/Integrated bed rails mechanism * Insufficient room for hoist * Poor posture * No profiling beds | |

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| --- | --- | --- |
| **ACTION PLAN TO IMPROVE COMPLIANCE WITH DIAG CODE OF PRACTICE** | | |
|  | **FOR EXAMPLE** | |
|  | | Height adjustable surfaces  * Profiling beds * Overhead hoisting system * Staff training * Purchase sliding aids |

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| **TOILET AREAS** |

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| **IS ASSISTANCE GIVEN WITH PERSONAL CARE?** | **YES** | **NO** |
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| **DO THESE ACTIVITIES COMPLY WITH DIAG CODE OF PRACTICE?** | **YES** | **NO** |
|  |  |
| IF NOT, WHY DO THEY FALL OUTSIDE THE DIAG CODE OF PRACTICE | | |
| State which and why | **FOR EXAMPLE** | |
| * Poor posture * Lack of space * Lack of hoists * Lack of or poor quality of commodes * Lack of grab rails * Poor floor surface | |

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| **ACTION PLAN TO IMPROVE COMPLIANCE WITH DIAG CODE OF PRACTICE** | | |
|  | **FOR EXAMPLE** | |
|  | | * Purchase of suitable commodes * Purchase suitable hoisting system * Purchase rotundas * Staff training * Purchase slide boards * Install grab rails * Improve floor covering * Alter doorways * Adapt space * Raised toilet seats |

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| **BATHING/SHOWERING AREAS** |

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| **IS ASSISTANCE GIVEN WITH BATHING/SHOWERING?** | **YES** | **NO** |
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| **DO THESE ACTIVITIES COMPLY WITH DIAG CODE OF PRACTICE?** | **YES** | **NO** |
|  |  |
| IF NOT, WHY DO THEY FALL OUTSIDE THE DIAG CODE OF PRACTICE | | |
| State which and why | **FOR EXAMPLE** | |
| * Poor posture * Fixed baths * Lack of hoists * Lack of bath seats | |

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| **ACTION PLAN TO IMPROVE COMPLIANCE WITH DIAG CODE OF PRACTICE** | | |
|  | **FOR EXAMPLE** | |
|  | | * Purchase of suitable bath * Overhead hoisting system * Staff training * Purchase bath- boards/seats etc * Install shower and use trolley |

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| LIVING ROOM OR ACTIVITY AREA |

# Are any of the following tasks used in your area?

|  |  |  |
| --- | --- | --- |
| Activity | **Yes** | **No** |
| Sit/stand |  |  |
| Transferring from surface to surface in sitting |  |  |
| Walking |  |  |
| Assisting a person up from the floor |  |  |
| Repositioning in a chair |  |  |
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| --- | --- | --- |
| **DO THESE ACTIVITIES COMPLY WITH DIAG CODE OF PRACTICE ?** | **YES** | **NO** |
|  |  |
| IF NOT, WHY DO THEY FALL OUTSIDE THE DIAG CODE OF PRACTICE | | |
| State which and why | **FOR EXAMPLE** | |
| * Poor posture * Fixed baths * Lack of hoists * Lack of bath seats | |

|  |  |  |
| --- | --- | --- |
| **ACTION PLAN TO IMPROVE COMPLIANCE WITH DIAG CODE OF PRACTICE** | | |
|  | **FOR EXAMPLE** | |
|  | | * Lack of equipment * Lack of staff * Poor floor surfaces * Lack of space * Lack of rails / grab rails * Seating design – height / width / depth * Defective seating * Fixed foot-plates |
| **LOAD HANDLING** | | | |

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| **HAVE ALL LOAD HANDLING RISK ASSESSMENTS BEEN CARRIED OUT?** | **YES** | **NO** |
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| **WHAT ARE THE LOAD HANDLING ACTIVITIES THAT CAUSE DIFFICULTIES?** |
|  |
| PLEASE GIVE DETAILS OF THESE ACTIVITIES |
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| --- | --- |
| WHY ARE THESE ACTIVITIES DIFFICULT? | **FOR EXAMPLE** |
|  | Lack of equipment  * Lack of space * Poor postures * Lack of staff * Poor training |

|  |  |
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| ACTION PLAN FOR COMPLIANCE WITH SAFER HANDLING GUIDANCE | **FOR EXAMPLE** |
|  | * Purchase of equipment * Rearranging storage * Staff training * Staff rota’s  Smaller loads |

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| **HYDROTHERAPY / SWIMMING POOL AREAS** |

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| --- | --- | --- |
| **IS ASSISTANCE GIVEN WITH THIS ACTIVITY?** | **YES** | **NO** |
|  |  |  |

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| --- | --- | --- |
| **DO THESE ACTIVITIES COMPLY WITH DIAG CODE OF PRACTICE?** | **YES** | **NO** |
|  |  |
| IF NOT, WHY DO THEY FALL OUTSIDE THE DIAG CODE OF PRACTICE | | |
| State which and why | **FOR EXAMPLE** | |
| * Lack of equipment * Lack of staff * Lack of space | |

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| **ACTION PLAN TO IMPROVE COMPLIANCE WITH DIAG CODE OF PRACTICE** | | |
|  | **FOR EXAMPLE** | |
|  | | * Purchase of appropriate equipment * Staff training & availability |

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| **TRANSPORT** |

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| --- | --- | --- |
| **IS ASSISTANCE GIVEN WITH THIS ACTIVITY?** | **YES** | **NO** |
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| **DO THESE ACTIVITIES COMPLY WITH DIAG CODE OF PRACTICE?** | **YES** | **NO** |
|  |  |
| IF NOT, WHY DO THEY FALL OUTSIDE THE DIAG CODE OF PRACTICE | | |
| State which and why | **FOR EXAMPLE** | |
| * Lack of suitable / accessible transport * Lack of staff * Steps | |

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| **ACTION PLAN TO IMPROVE COMPLIANCE WITH DIAG CODE OF PRACTICE** | | |
|  | **FOR EXAMPLE** | |
|  | | * Use of accessible bus / taxi * Car hoist * Staff training & availability * Use of small handling equipment i.e. Turn discs |

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| **ASSISTING A PERSON ON AND OFF THE FLOOR / WORKING AT FLOOR LEVEL** |

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| --- | --- | --- |
| **IS ASSISTANCE GIVEN WITH THIS ACTIVITY?** | **YES** | **NO** |
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|  |  |  |
| --- | --- | --- |
| **DO THESE ACTIVITIES COMPLY WITH DIAG CODE OF PRACTICE?** | **YES** | **NO** |
|  |  |
| IF NOT, WHY DO THEY FALL OUTSIDE THE DIAG CODE OF PRACTICE | | |
| State which and why | **FOR EXAMPLE** | |
| * Lack of hoists * Standing people who have a history of falls * Lack of staff * Working at floor levels for long period of time | |

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| **ACTION PLAN TO IMPROVE COMPLIANCE WITH DIAG CODE OF PRACTICE** | | |
|  | **FOR EXAMPLE** | |
|  | | * Purchase of hoist * Purchase of lifting cushion * Staff training & availability * Rescheduling of work load i.e. Increase rest period * Give assistance on raised surface if possible |
| **ASISTING A PERSON ON / OFF STANDING FRAMES / WEDGES / TRICYCLES / SOFT PLAY EQUIPMENT** | | |

# With which of the following activities is assistance provided?

|  |  |  |
| --- | --- | --- |
| Activity | **Yes** | **No** |
| Assisting a person into a standing frame |  |  |
| Assisting a person onto a wedge |  |  |
| Assisting a person onto a tricycle |  |  |
| Assisting a person with soft play activities |  |  |
| Assisting a person into a ball pool |  |  |
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| --- | --- | --- |
| **DO THESE ACTIVITIES COMPLY WITH DIAG CODE OF PRACTICE?** | **YES** | **NO** |
|  |  |
| IF NOT, WHY DO THEY FALL OUTSIDE THE DIAG CODE OF PRACTICE | | |
| State which and why | **FOR EXAMPLE** | |
| * Lack of hoist or equipment * Lack of staff | |

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| --- | --- | --- |
| **ACTION PLAN TO IMPROVE COMPLIANCE WITH DIAG CODE OF PRACTICE** | | |
|  | **FOR EXAMPLE** | |
|  | | * Purchase of hoist or appropriate equipment * Staff training & availability |
| **AREA** | | | |

# Are any of the following tasks used in this area?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Activity** | **Yes** | **No** | Activity | **Yes** | **No** |
| Sit stand |  |  | Rolling/positioning on a bed |  |  |
| Transferring from seat to seat |  |  | Lying to sitting |  |  |
| Walking |  |  | Moving up a bed |  |  |
| Assisting a person from the floor |  |  | Assisting a person on/off bed |  |  |
| Repositioning in a chair |  |  | Transfers in lying |  |  |
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| --- | --- | --- |
| **DO THESE ACTIVITIES COMPLY WITH DIAG CODE OF PRACTICE?** | **YES** | **NO** |
|  |  |
| IF NOT, WHY DO THEY FALL OUTSIDE THE DIAG CODE OF PRACTICE | | |
| State which and why | **FOR EXAMPLE** | |
| * Fixed height surfaces * Lack of space * Poor height-adjustment/cot side mechanism * Insufficient room for hoist * Poor posture * No profiling beds | |

|  |  |  |
| --- | --- | --- |
| **ACTION PLAN TO IMPROVE COMPLIANCE WITH DIAG CODE OF PRACTICE** | | |
|  | **FOR EXAMPLE** | |
|  | | Height adjustable surfaces Profiling beds  Overhead hoisting system  Staff training  Purchase sliding aids |
| **OTHER ISSUES OF CONCERN** | | | |

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| --- |
| **WHAT OTHER ACTIVITIES FAIL TO COMPLY WITH THE DIAG CODE OF PRACTICE?** |
|  |
| PLEASE GIVE DETAILS OF THESE ACTIVITIES |
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| --- | --- |
| WHY DO THE NOT COMPLY WITH DIAG CODE OF PRACTICE? | **FOR EXAMPLE** |
|  | Poor working postures  * Poor environments i.e. Space, floor condition, lighting * Lack of suitable and maintained equipment * Unsuitable uniform/Clothing /footwear * Poor communication with other departments /services * Fitness / skill / numbers of staff |

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| **ACTION PLAN TO IMPROVE COMPLIANCE WITH DIAG CODE OF PRACTICE** | | |
|  | | **FOR EXAMPLE** |
|  | | * Improvements in the environment * Purchase and maintenance of appropriate equipment * Staff training & availability with suitable clothing |
| **SUMMARY OF NEEDS AND ACTION PLAN** | |

Summarise the needs identified in the action plans for each activity.

**Include target dates for the introduction of changes.**

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| --- | --- | --- |
| Action | **Action by Date** | **Action by Person** |
|  |  |  |

* **This form should be reviewed and updated annually, or whenever a change needs to be recorded**
* **It should be kept in the establishment as a record of action taken**
* **Where action is not within the manager’s budget or authority, service managers must be notified.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Managers Name** |  | Signature |  |
| **Designation** |  | **Date** |  |