**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:**  |
|  |

**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
 |

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| --- |
| **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** |

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

|  |  |  |
| --- | --- | --- |
| **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** |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **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 surfacesProfiling bedsOverhead hoisting systemStaff trainingPurchase 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.**

|  |  |  |
| --- | --- | --- |
| 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** |  |