

Forms

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 - (a) Completed example
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Form 1:

Patient handling: Risk identification tool using MSI statistics

The risk identification tool uses MSI incident statistics to identify the areas within a facility that are experiencing the highest numbers and rates of MSIs. You will need to enter data in six columns for each department or unit:

Column (a) Enter the number of employees or FTEs (full-time equivalents).

Column (b) Enter the total number of all incidents.

Column (c) Enter the number of MSI incidents. This includes patient handling incidents. If your facility identifies patient handling incidents separately, use those statistics.

Column (d) Rank the number of MSI incidents from highest to lowest.

Column (e) Calculate the rate of MSI incidents. Divide column (c) by column (a) and multiply by 100.

Column (f) Rank the rate of MSI incidents from highest to lowest.

For a completed example, see page 65. For a blank form, see page 66.

Patient handing: Risk identification tool using MSI statistics

Facility: Happy Valley Care Home

Date: January 20, 2006

Completed by: A.N. Other

Department or unit	(a) Number of employees or FTEs	(b) Number of incidents	(c) Number of MSI incidents	(d) Rank (col. c)	(e) Rate of MSI incidents ($c \div a \times 100$)	(f) Rank (col. e)	Intervention date
Special Care Unit	36	9	4	2	11.1	3	April 2005
Extended Care Residence 1	37	8	2	4	5.4	6	April 2005
Extended Care Residence 2	38	13	4	2	10.5	5	May 2005
Extended Care Residence 3	30	9	4	2	13.3	2	February 2005
Intermediate Care Residence 4	26	1	1	5	3.8	7	June 2005
Intermediate Care Residence 5	28	3	3	3	10.7	4	March 2005
Intermediate Care Residence 6	23	6	6	1	26.1	1	January 2005

This ranking enables a simple comparison of the number of MSIs between departments.

This ranking establishes the MSI rate, taking into account the number of workers in each department.

Patient handling: Risk identification tool using MSI statistics

Facility:

Date:

Completed by:

Department or unit	(a) Number of employees or FTEs	(b) Number of incidents	(c) Number of MSI incidents	(d) Rank (col. c)	(e) Rate of MSI incidents ($c \div a \times 100$)	(f) Rank (col. e)	Intervention date

Form 2: Physical demands risk assessment

This risk assessment form is a tool for examining the physical demands of patient handling procedures in health care facilities. This form should be used in conjunction with Form 4: Work environment risk assessment (see page 77).

Instructions

Follow these guidelines when conducting a risk assessment of physical demands:

- Determine which patient handling procedure you will be assessing.
- Observe the procedure in several different locations where it typically occurs.
- Observe a representative sample of workers who typically perform the procedure.
- Summarize your observations in the Observations column.
- Refer to the illustrations on page 73 to get a better idea of awkward postures you should be looking for. Circle any awkward postures you identify.

Note: The Risk Factor column provides examples that you can use as a starting point when you are observing a patient handling procedure. However, make sure you consider factors beyond those suggested in the form when conducting a risk assessment.

For a completed example, see page 68. For a blank form, see page 71.

Physical demands risk assessment

Procedure assessed: Side by side up the bed

Date: July 17, 2006

Assessment completed by: A.N. Other (Nurse)

Risk factor	Observations
Workers lift all or a significant portion of the patient's or resident's weight, or apply force vertically.	Tendency for workers to lift the patient with the soaker pad
Workers mainly use their arms or backs to apply force.	Elbows sticking out/shoulders raised (abducted)—taking force on upper limb
Workers use forceful grips with wrists in an awkward posture.	Wrists in awkward position under lift force
Workers exert force while in awkward postures (for example, stooped, twisted, reaching forward, or reaching overhead).	Workers placing knee on bed—rooting them to the spot—resulting in twisting of the back
Workers perform tasks with their backs in awkward postures (stooped, twisted, bent to the side, bent backward, or bent forward).	Twist more apparent when boosting of patient occurs
Workers lift or pull patients or residents at a distance from them (for example, with bed rails up, arms on wheelchairs, furniture near the bed, or IV bag stands in the way).	Workers try to minimize this by placing knee on bed!—posing other problems (see above)
Workers conduct transfers or assists while in postures that may put them off balance.	Worked with one leg on the floor
Workers pull with their arms in awkward postures (for example, behind the body).	Not seen
Workers support a body part or hold a position for a sustained period (for example, holding patients or residents away from them while cleaning them in bed).	Not seen
Workers support patients or residents while performing care tasks (for example, cleaning after toileting or removing clothing in preparation for toileting).	Not applicable
Workers perform quick or jerky movements.	Count in—then movement resulted in rapid/jerky boost of patient
Workers do not use draw sheets or low friction slide sheets during transfers or repositioning.	Soaker pad used—slide sheet or lift would be better
Workers reposition patients with only one foot on the floor.	See above
Workers do not move their feet while twisting their torsos or turning their upper bodies to move patients or residents.	Knee on bed causes this
Workers contact sharp or hard surfaces with parts of their bodies (for example, wrists or knees).	N/A
Workers repeat the same motion throughout the work day (for example, repeatedly cranking manual adjustments for beds).	N/A

Recommendations to reduce the risks observed:

- Examine the feasibility of using alternative boost technique,
e.g., sit down boost from head of the bed–this eliminates lift force.
May have issues with built-in furniture at head of bed.
- Examine what further training/supervision is required for care staff
in this type of transfer.
- Budget for slide sheet provision to reduce force application.
- Establish conditions where this type of transfer should be used–not
suitable for very heavy patients.
- Educate workers on residual risk factors:
 - Twisting of back during boosting
 - Tendency to lift without keeping their elbows in toward their body
 - Tendency to lift rather than transfer their weight

Awkward postures

Use these illustrations to help you identify awkward postures when completing the physical demands risk assessment form. Circle any awkward postures you identify.

Back



Side bend



Forward bend



Twist



Extension

Shoulder



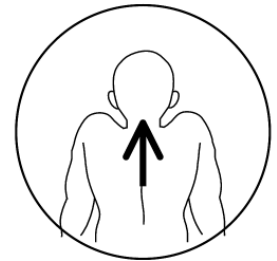
*Forward reach
higher than 45°*



Shoulder abduction



Extension



*Shoulder girdle
elevation*

Neck



Extension



Side bend

Wrist



Flexion



Extension



Deviation

Physical demands risk assessment

Procedure assessed: _____ Date: _____

Assessment completed by: _____

Risk factor	Observations
Workers lift all or a significant portion of the patient's or resident's weight, or apply force vertically.	
Workers mainly use their arms or backs to apply force.	
Workers use forceful grips with wrists in an awkward posture.	
Workers exert force while in awkward postures (for example, stooped, twisted, reaching forward, or reaching overhead).	
Workers perform tasks with their backs in awkward postures (stooped, twisted, bent to the side, bent backward, or bent forward).	
Workers lift or pull patients or residents at a distance from them (for example, with bed rails up, arms on wheelchairs, furniture near the bed, or IV bag stands in the way).	
Workers conduct transfers or assists while in postures that may put them off balance.	
Workers pull with their arms in awkward postures (for example, behind the body).	
Workers support a body part or hold a position for a sustained period (for example, holding patients or residents away from them while cleaning them in bed).	
Workers support patients or residents while performing care tasks (for example, cleaning after toileting or removing clothing in preparation for toileting).	
Workers perform quick or jerky movements.	
Workers do not use draw sheets or low friction slide sheets during transfers or repositioning.	
Workers reposition patients with only one foot on the floor.	
Workers do not move their feet while twisting their torsos or turning their upper bodies to move patients or residents.	
Workers contact sharp or hard surfaces with parts of their bodies (for example, wrists or knees).	
Workers repeat the same motion throughout the work day (for example, repeatedly cranking manual adjustments for beds).	

Awkward postures

Use these illustrations to help you identify awkward postures when completing the physical demands risk assessment form. Circle any awkward postures you identify.

Back



Side bend



Forward bend



Twist



Extension

Shoulder



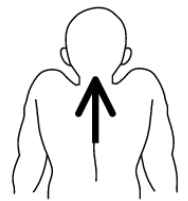
*Forward reach
higher than 45°*



Shoulder abduction



Extension



*Shoulder girdle
elevation*

Neck



Extension



Side bend

Wrist



Flexion



Extension



Deviation

Form 3:

Assessing the patient's handling needs: Mobility chart

If a patient requires assistance in mobility, an assessment of the patient's handling needs must be carried out.

This assessment should include the risks arising from the functional limitations of the patient in performing daily living activities. The significant findings of this assessment and subsequent risk control recommendations must be communicated to the workers caring for the patient. Specifically, workers must know how the patient is to be transferred and lifted.

This is typically achieved by having the prescribed handling procedures, meant to minimize the risk of injury to the workers and the patient, readily available for workers. The prescribed procedures typically form part of the care plan and are summarized on the patient's ADL chart. The Mobility Chart provided on the following pages is one example of how this can be done. Employers are free to use different forms to record their findings.

The assessment of the patient's handling needs should be done as soon as possible after admission. The patient's needs should be reassessed regularly thereafter or when the functional needs of the patient change.

It is beyond the scope of this document to discuss the patient mobility assessment methodology. This assessment must be done by a person who is trained in functional ability evaluation, such as an occupational or physical therapist or other suitably trained person.

For a completed example, see page 75. For a blank form, see page 76.

Assessing the patient's handling needs: Mobility chart

Patient No. 12345 Weight: 68 kg Named nurse: A. McLeod

Name: A.N. Other Ward: 60

Actual or potential problems:	Date: <u>10/08/06</u>
<u>Parkinson's disease + UTI</u>	

Date	Task	Desired outcomes	Equipment and techniques used
	Mobility		Not to be mobilized
	Move up bed		Slide sheet + assistance of 2 in supine
	Bed mobility Rolling/pressure care		Multimover + assistance of 2
	Sit ↔ stand		Not to be mobilized
	Toileting		Maxi hoist + assistance of 2 + commode
	Bathing and showering		Ambulift + assistance of 2
	Laying ↔ sitting over edge of bed		Not to be mobilized
	Transfer ↔ bed trolley		Patslide + assistance of 3 + slide sheet

Patient classification / equipment required			
Ind	Independent	Handling sling	Easi-mover
Sup	Supervised	Slide sheet	Hand block
1/2/3	Requires assistance	Multimover	Monkey pole
		Mechanical lift (specify)	Patslide
			Other (specify)

Mobility
Bed rest
Not to be mobilized
NWB Non-weight-bearing
PWB Partial-weight-bearing
FWB Full-weight-bearing

Mobility aids
Sticks
Crutches
(Wheeled) Zimmer
Wheelchair
Other (specify)

Assessing the patient's handling needs: Mobility chart

Patient No. _____ Weight: _____ Named nurse: _____

Name: _____ Ward: _____

Actual or potential problems:	Date: _____

Date	Task	Desired outcomes	Equipment and techniques used

Patient classification / equipment required			
Ind Independent	Handling sling	Easi-mover	
Sup Supervised	Slide sheet	Hand block	
1/2/3 Requires assistance	Multimover	Monkey pole	
	Mechanical lift (specify)	Patslide	
		Other (specify)	

Mobility
Bed rest
Not to be mobilized
NWB Non-weight-bearing
PWB Partial-weight-bearing
FWB Full-weight-bearing

Mobility aids
Sticks
Crutches
(Wheeled) Zimmer
Wheelchair
Other (specify)

Form 4: Work environment risk assessment

This risk assessment form is based on the Royal College of Nursing Risk Assessment and is used with permission of the Royal College of Nursing (U.K.). Modify the form to suit the needs of your facility.

What is this form for?

This form is targeted at wards. It is intended to help ward managers conduct general manual handling assessments and decide on risk reduction measures while keeping a record of their decision-making process. This form also serves as a safe system of work, guiding managers in documenting general rules for patient handling.

Note: This form deals only with general handling issues on wards. Detailed assessments of handling procedures for each patient should be recorded in the patient care plan.

Tips

- If you cannot easily answer a question “Yes” or “No,” write down your comments. Add to the form any extra aspects that you are concerned about. If necessary, include a separate page.
- Use this form to record all measures that could further reduce risks, including measures that go beyond your budget or authority, to inform decision-making at the senior management level.
- During your assessment, you may decide that you need to change some work practices. To be successful, changes may require a step-by-step approach, trials, and consultation. To allow time for this, make a note of your plan of action and update the form when practices change.
- Use the sample questions and suggestions with the blank form to help you complete some of the columns.

For a completed example, see page 78. For a blank form, see page 87.

Work environment risk assessment

Administration details

Ward (or other area, such as clinic or health centre): <u>East 8</u>
Facility: <u>Hospital 7</u>
Assessment team:
Ward manager: <u>A.N. Other</u> (name) <u>A.N. Other</u> (signature)
Others (worker health and safety representatives, workers from area, supervisors): _____ _____
Date: <u>February 2006</u>
Date(s) reviewed: <u>August 2006</u>

Ward details

Specialty: <u>Long-term care IC3/IC 4/special care</u>	Gender of patients (check one) : Male <input type="checkbox"/>
Typical age range of patients: <u>65-95</u>	Female <input type="checkbox"/>
Number of patients on a typical shift: <u>65</u>	Mixed <input checked="" type="checkbox"/>

Bed mobility and transfers

System of work List methods used and precautions taken to assist patients of various degrees of dependency. Which methods are used most frequently? Which are used only occasionally? (Includes moving up or down beds, moving on or off bedpans, transferring to bed seats, and transferring to bed trolleys.)	Are there any patient handling problems? (Includes moving up or down beds, moving on or off bedpans, transferring to bed seats, transferring to bed trolleys, bed bathing, and attending to patients on beds, trolleys, or examination couches.)	Additional control measures to consider for the future
<p>Moving up or down bed: about three-quarters of patients can move themselves (some using handblocks or monkey poles). Others require slide sheet with two nurses. Dextra or Ambulift is used for patients who are too heavy or awkward.</p> <p>Three or four patients on every shift require bedpans.</p> <p>Moving on or off bedpans:</p> <ul style="list-style-type: none"> • Get patient to bridge or use the monkey pole. • Use leg roll. • Use Dextra hoist or Ambulift. <p>Use Patslide for bed-to-trolley transfers.</p> <p>If a patient needs more than a few kilos of assisting force, use appropriate equipment. Do not attempt to assist if there is not enough space to be alongside the patient.</p>	<p>Three beds are fixed-height. These are only to be used for fully ambulatory patients who do not need direct nursing care. Do not use these beds for short patients.</p> <p>Do not use the Patslide for heavy patients.</p>	<p>Requisition height-adjustable beds to replace three fixed-height beds.</p> <p>Plan an ongoing program to upgrade to profiling beds.</p>

Write any needs or comments resulting from this page in the “Summary of Needs and Action Plan” at the end of the form.

Handling aids

List the handling aids used or available in your ward and whether you own them or borrow them regularly. If possible, refer to brand names.

Examples of handling aids

- Monkey poles
- Slide aids (small/long sheet, or cushion)
- Rope ladders
- Patient hand blocks
- Standing and raising aids
- Mechanical lifts
- Ceiling lifts
- Transfer boards
- Turning discs

Name of handling aid	How many?	Is it based on your ward?	If not, where is it borrowed from?	Is it in good working condition? Does it include attachments?	Is it suitable? If not, why?	Are slings and other attachments available?	Are changes, repairs, or additional attachments needed?	Has it been serviced in the last six months?
Dextra hoist	1	Yes		Yes, need more slings	Yes	1 extra large sling 1 large fabric sling 1 large toilet sling 1 large mesh sling for bathing	Need more slings - at least 1 each of 4 in previous column	Yes
Patslide	1	Yes		Yes	Yes	Canvas with extension loops	Additional canvas X2	No
Sara hoist	1	No	South Ward	Yes	Yes		Obtain own Sara hoist for full-time use on ward	Yes
Patient hand blocks	1 pair	No	South Ward	Yes	Yes		Order a set of hand blocks	Yes
Ambulift Model D	1	Yes		Yes, but chair chassis missing	Yes	1 chair attachment 1 set band slings 1 medium patient sling	Remove band slings Find or order chair chassis, 1 small patient sling, and 1 large patient sling	Yes
Small slide sheet	6	Yes		Minor repairs	Yes		Stitching repairs required on 2 sheets	Yes

Write any comments or needs resulting from this page in the "Summary of Needs and Action Plan" at the end of the form.

Toileting and bathing

System of work	Are there any patient handling problems?	Additional control measures to consider for the future
<p>List methods used to assist patients of various degrees of dependency. Which methods are used most frequently? Which are used only occasionally?</p> <p>The smaller washroom is used for patients who do not require manual handling (about one-quarter of the patients).</p> <p>The two larger washrooms are used for more dependent patients with assistance from one or two nurses.</p> <p>Ambulift or Dextra hoist used with toileting/bathing slings for those who cannot weight-bear.</p> <p>The Sara hoist is often borrowed for patients who can follow instructions and weight-bear.</p> <p>If a patient needs more than a few kilos of assisting force, use appropriate equipment. Do not attempt to assist if there is not enough space to be alongside the patient.</p>	<p>Not enough grab rails beside the toilets.</p> <p>Toilet roll holder in the smaller washroom is in the way.</p> <p>It is difficult to assist patients because there is not enough room at the sides of the toilets. Also, wheelchairs cannot be brought into the toilet.</p> <p>Need more toileting/bathing slings to take full advantage of the hoists. Note: Remove band slings from mechanical lift.</p> <p>Delays in obtaining the Sara hoist mean it is not always fetched for patients who may benefit from its use.</p>	<p>Fit grab rails beside all toilets. Use foldaway grab rails in larger toilets and move toilet paper holders.</p> <p>Turn three current toilets into two of adequate size.</p> <p>Submit requisition for Sara hoist for the ward (this will also be valuable in bed-to-chair transfers).</p>

Write any comments or needs resulting from this page in the “Summary of Needs and Action Plan” at the end of the form.

Seats, wheelchairs, and commodes

System of work	Are there any patient handling problems?	Additional control measures to consider for the future
<p>List methods used to assist patients of various degrees of dependency. Which methods are used most frequently? Which are used only occasionally? (Includes sit-to-stand, stand-to-sit, and repositioning in seat.)</p> <p>At least one-quarter of the patients are nonweight-bearing. The Dextra hoist, Ambulift, or Sara hoist are used to transfer these patients.</p> <p>Patients who have only slightly less mobility are transferred using transfer belts and the side transfer.</p> <p>Repositioning patients to the back of the chair:</p> <ul style="list-style-type: none"> • Use side-to-side rocking. • Use one-way slides for patients who slide down the chair frequently. • Use hoists for heavy or awkward patients. <p>If a patient needs more than a few kilos of assisting force, use appropriate equipment. Do not attempt to assist if there is not enough space to be alongside the patient.</p>	<p>One-quarter of the seats are too low. This reduces independent mobility and causes nurses to stoop.</p>	<p>Plan to replace low seats on a rolling basis.</p> <p>Submit requisition for Sara hoist, which will help with these transfers.</p> <p>Order slide boards. These can be used for transferring patients who cannot stand.</p>

Write any comments or needs resulting from this page in the “Summary of Needs and Action Plan” at the end of the form.

Transfers from floor level

Are falls to the floor frequent? Are patients frequently at floor level? List methods used and precautions taken to reduce risks associated with falling and fallen patients.	Are there any patient handling problems?	Additional control measures to consider for the future
<p>There are three or four falls within the unit per week.</p> <p>Non-dependent patients are taught to get up by themselves.</p> <p>Dependent patients are lifted with a mechanical lift.</p> <p>All workers have been trained in assisting a patient to the floor in the event of a collapse.</p>	<p>Patients needing rehabilitation require support. Because there is no equipment, nurses are walking patients who are at risk of falling. Nurses follow with wheelchairs whenever possible, but there are an increased number of occasions when patients need to be lowered to the floor.</p>	<p>Decide on a strategy for rehabilitation and obtain a walking hoist.</p>

Write any comments or needs resulting from this page in the “Summary of Needs and Action Plan” at the end of the form.

Manual handling concerns (other than patient handling)

Describe the handling and movement issue	Are there any manual handling problems?	Additional control measures to consider for the future
<p>Handling of laundry bags (clean linen).</p> <p>Removal of soiled laundry.</p> <p>Dirty laundry is placed in bags supported in a wheeled wire frame.</p>	<p>Bags are too heavy to lift and there is restricted space in the laundry cupboard.</p> <p>Workers are instructed to take sheets out of bags rather than lift the whole bag (Team Brief 20/11/97).</p> <p>Nurses overfill bags and then have difficulty pulling them out of the frame.</p>	<p>Raise the problem with managers to get the contract for laundry altered to specify that laundry will be packed in safe parcels.</p> <p>Reduce the size of the laundry bags.</p> <p>Warn nurses to avoid overfilling bags.</p>

Write any comments or needs resulting from this page in the “Summary of Needs and Action Plan” at the end of the form.

Summary of needs and action plan

Write down the changes that need to be introduced into the facility's safe work practices or equipment that needs to be purchased. Include target dates for completion. Use additional pages, if necessary.

In deciding which needs are priorities, target the highest risk and make changes that will have the greatest benefit. Here are some examples of questions to consider when justifying needs:

- Why is the change needed?
- How would it improve the present situation?
- How many workers and patients would it help?
- How frequently would it be used?
- Would it bring other benefits (for example, patient independence or improved quality of care)?
- Has anyone been consulted about technical feasibility? Has there been a trial?

Need or action	Target date
Reschedule bathing to spread out workload.	December/ January
Write more details in the patient care plan.	December/ January
Dextra hoist – Need at least two more slings (large and extra large). Currently, larger patients can only be lifted when a sling is borrowed from South Ward. If the extra-large sling is already in use, the patient cannot be moved until it is available.	January/ February
One large toileting sling and one mesh bathing sling are needed for the Dextra hoist to increase its usefulness.	January/ February
Lower priority: get two medium and two large slings to allow more patients to have their own slings (for hygiene purposes).	April
Order patient hand blocks so there is no need to borrow them from another ward.	December
Order two extra canvasses for the Patslide so there are enough to allow for laundry and sewing.	April
Order one-way slides, one wheelchair, and two armchairs.	February
Order one straight transfer board and one curved transfer board.	December
Organize stitching repairs to two small sliding sheets.	Now
Requisition a Sara hoist. A Sara hoist is being borrowed from South Ward. It is useful for handling several patients. The ward needs its own Sara hoist. It would be used at least 100 times a week and would also free up the Dextra hoist for other tasks.	April
Order sling for Ambulift hoist and find or order chair chassis.	February

Need or action	Target date
Move toilet roll holders to ease access in toilets.	December
Provide grab rails in all washrooms. (In larger washrooms, these must fold back for access with hoists.)	December
Plan to rebuild three washrooms as two larger washrooms.	One year
Replace some low chairs with higher chairs.	One year
Replace three fixed-height beds with height-adjustable beds.	June
Plan a program of replacing all beds with electric profiling beds.	Three years
Negotiate with laundry contractor to reduce size of linen packages.	December
Reduce the size of laundry bags.	December
Establish strategy for rehabilitation, including equipment needed.	March

Work environment risk assessment

Administration details

Ward (or other area, such as clinic or health centre): _____
Facility: _____
Assessment team:
Ward manager: _____ (name) _____ (signature)
Others (worker health and safety representatives, workers from area, supervisors): _____ _____
Date: _____
Date(s) reviewed: _____

Ward details

Specialty: _____	Gender of patients (check one) : Male _____
Typical age range of patients: _____	Female _____
Number of patients on a typical shift: _____	Mixed _____

Bed mobility and transfers

System of work List methods used and precautions taken to assist patients of various degrees of dependency. Which methods are used most frequently? Which are used only occasionally? (Includes moving up or down beds, moving on or off bedpans, transferring to bed seats, and transferring to bed trolleys.)	Are there any patient handling problems? (Includes moving up or down beds, moving on or off bedpans, transferring to bed seats, transferring to bed trolleys, bed bathing, and attending to patients on beds, trolleys, or examination couches.)	Additional control measures to consider for the future
	<i>See Note 1</i>	<i>See Note 2</i>

Write any needs or comments resulting from this page in the “Summary of Needs and Action Plan” at the end of the form.

Note 1

Here are examples of questions to ask:

- Is there enough room to move freely with good posture?
- Is there enough room to use a hoist?
- Is the furniture around the bed easy to move?
- Are workers stooping or twisting?
- Are workers lifting?
- Are there straight-lifting hip-injury or spinal-injury patients?
- Are brakes and wheels in good working order?

Note 2

Here are examples of possible control measures:

- Get height-adjustable beds or couches.
- Get profiling beds.
- Put only the most independent patients in fixed-height beds.
- Sit patients on one-way slide aids.
- Use specialist mattresses.
- Label defective items for maintenance.
- Use handling aids (hoists, slide or transfer aids, monkey poles, or rope ladders).
- Use patient hand blocks.

Handling aids

List the handling aids used or available in your ward and whether you own them or borrow them regularly. If possible, refer to brand names.

Examples of handling aids

- Monkey poles
- Slide aids (small/long sheet, or cushion)
- Rope ladders
- Patient hand blocks
- Standing and raising aids
- Mechanical lifts
- Ceiling lifts
- Transfer boards
- Turning discs

Name of handling aid	How many?	Is it based on your ward?	If not, where is it borrowed from?	Is it in good working condition? Does it include attachments?	Is it suitable? If not, why?	Are slings and other attachments available?	Are changes, repairs, or additional attachments needed?	Has it been serviced in the last six months?

Write any comments or needs resulting from this page in the “Summary of Needs and Action Plan” at the end of the form.

Toileting and bathing

System of work List methods used to assist patients of various degrees of dependency. Which methods are used most frequently? Which are used only occasionally?	Are there any patient handling problems?	Additional control measures to consider for the future
	See <i>Note 1</i>	See <i>Note 2</i>

Write any comments or needs resulting from this page in the “Summary of Needs and Action Plan” at the end of the form.

Note 1

Here are examples of questions to ask:

- Is there enough room to move freely with good posture?
- Is there enough room to use a hoist?
- Are workers stooping or twisting?
- Are workers lifting?
- Are there convenient assistive devices such as grab rails?
- Are commodes adequate?
- Is the floor slippery?

Note 2

Here are examples of possible control measures:

- Use a hoist (standing hoist sling lifter).
- Wheel the commode over the toilet.
- Use a raised toilet seat.
- Move the toilet or move the partition wall for more space.
- Widen the doorway.
- Install or move grab rails.
- Modify the door to open outward.
- Change the floor covering.

Seats, wheelchairs, and commodes

System of work List methods used to assist patients of various degrees of dependency. Which methods are used most frequently? Which are used only occasionally? (Includes sit-to-stand, stand-to-sit, and repositioning in seat.)	Are there any patient handling problems?	Additional control measures to consider for the future
See Note 1	See Note 2	

Write any comments or needs resulting from this page in the “Summary of Needs and Action Plan” at the end of the form.

Note 1

Here are examples of questions to ask:

- Are seats too low or too deep?
- Do arms get in the way?
- Can you get close with the hoist?
- Are brakes or wheels defective?
- Are there enough wheelchairs?
- Is the floor slippery?

Note 2

Here are examples of possible control measures:

- Use a hoist (standing hoist sling lifter).
- Use a slide board.
- Use a turning disc.
- Sit the patient on a one-way slide aid.
- Sit or kneel by the patient rather than stooping.
- Change the type of seats used.
- Modify the door to open outward.
- Label defective items for maintenance.

Transfers from floor level

Are falls to the floor frequent? Are patients frequently at floor level? List methods used and precautions taken to reduce risks associated with falling and fallen patients.	Are there any patient handling problems?	Additional control measures to consider for the future
	See Note 1	

Write any comments or needs resulting from this page in the “Summary of Needs and Action Plan” at the end of the form.

Note 1

Here are examples of questions to ask:

- Are uniforms and footwear adequate?
- How many workers are there and what are their fitness and skill levels?
- Can a mechanical lift be used to lift the patient?
- If a manual lift is medically contraindicated, what other control measures or techniques are available?

Manual handling concerns (other than patient handling)

Describe the handling and movement issue	Are there any manual handling problems?	Additional control measures to consider for the future
	See Note 1	

Write any comments or needs resulting from this page in the “Summary of Needs and Action Plan” at the end of the form.

Note 1

Here are examples of questions to ask:

- Do workers handle laundry?
- Do workers handle food containers?
- Are heavy or awkward objects placed too high, too low, or too far from workers?
- Do workers carry equipment?
- Are there difficulties with other departments or services?

