

Risk Assessment - Service User - Moving & Handling the Larger Person

A: DETAILS OF SERVICE USER

Name:	Age:	D.O.B:
BMI:	WEIGHT:	HEIGHT:

B: RISK ASSESSMENT SCHEDULE

Activity / Task	LEVEL OF RISK			Comments
	LOW	MED	HIGH	

B1: THE SERVICE USER:

The Larger Person is defined as being in excess of 159 kg / 25 stones in weight, with a BMI of 30+

Co-morbidities (associated medical disorders)				
Diet linked to degree of obesity				
Documented history of falls				
Ease of mobility				
Behaviour patterns				
Medical conditions affect mobility / behaviour				
Fitted with drains / drips / catheters				

B2: CAPABILITY OF STAFF MEMBERS UNDERTAKING THE ACTIVITY OR TASK:

Risk to staff member with fitness / health issues				
Risk to new / expectant mothers				
Special training required for manual handling				
Unusual capability or strength required				
Concerns regarding training / information				

B3: THE WORKING ENVIRONMENT:

Constraints on posture				
Poor floor surfaces - trip hazards etc				
Inadequate working space - cramped etc				
Poor lighting levels				
Temperature / humidity problems				
Undue variations in working heights				
Movement or posture hindered by clothing / PPE				

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B4: MANUAL HANDLING / LIFTING - The Larger Person should NOT be manually lifted. HOWEVER - the task may still involve some or all of the following activities in relation to mechanical lifting, and will involve 2 or more handlers, according to circumstances:

Stooping				
Twisting of the torso				
Handling away from the torso				
Repetitive handling				
Sustained handling positions				
Insufficient time for rest or recovery				
Stressful pushing / pulling				
Mechanical lifting of most / all service user's weight				

B5: EQUIPMENT REQUIRED TO ASSIST IN MANUAL HANDLING / LIFTING:

Service user's weight exceeds Safe Working Loads of normal equipment used				
SPECIALIST EQUIPMENT FOR MOVING / HANDLING / ASSISTING THE LARGER PERSON	"Heavy-duty" bed			
	Chair / Commode			
	Walking aids			
	Pressure relieving mattress			
	Wheelchair			
	Hoist			
Specialist equipment available and working				
Equipment not "out of service" for maintenance				

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C: ACTION PLAN, OUTCOMES & FOLLOW-UP

PERSONS CONDUCTING RISK ASSESSMENT:

Name: _____ Position: _____ Signature: _____ Date: _____

Name: _____ Position: _____ Signature: _____ Date: _____

PERSON CONDUCTING FOLLOW-UP AUDITS:

Name: _____ Position: _____ Signature: _____ Date: _____