Walsall Council

Form MHRA – 1(v1.5)

Individual Manual Handling Risk Assessment (MHRA-1)

Persons Name:	Mr Fabien Delph		
Mosaic/Paris No:	09876	DOB:	27/03/1965
Address / Location:	37 Holte End Rd, Pelsall, Walsall, WS3 4ET		

Does the person require assistance to move?	Yes	☒	No	☐

If yes to the above, please tick the assistance to be given;

Standing (e.g. from sitting)	☐	Rolling	☐
Walking	☐	Turning	☐
Sitting (e.g. from standing)	☐	Lying to Sitting	☐
Reposition in chair	☐	Getting in/out of bed	☐
Transfers	☐	Personal care (Please specify)	☐
Getting up from floor	☐		
Position in bed	☐	Other (please specify) Pushing in (attendant) wheelchair when fabien is tired	☒

A: Detailed assessment;

This section should be completed with the person and/or their carer's. Identify if any of the following factors need to be taken into account when providing assistance to move, and make comments as appropriate.

✓	Factor	Comments
☒	Height (please state if estimated)	1.75 meters
☒	Weight (please state if estimated)	77.00 kg
☐	Communication	
☐	Comprehension	
☐	Sight/hearing	
☐	Behaviour	
☐	History of falls/seizures	
☐	Medication	
☐	Balance	
☒	Weight bearing ability	Becomes tired during the day and will ask/need to use his wheelchair
☐	Medical condition	
☐	Supports/attachments (e.g. walking aids, catheters)	
☐	Pain	
☐	Other (please specify)	

Other problems to consider

Are there any other problems associated with the assistance to be given? If **YES** continue overleaf, if **NO** go to **Assessors name** and sign/date the form	YES ☒	NO ☐

SAMPLE

B: Detailed assessment (continued)		
Problems to consider	**Specify each activity to consider** (Make notes underneath of problems identified)	**Suggest possible changes to eliminate or reduce risk of injury**
Task; - Holding away from the trunk - Twisting/Stooping - Over stretching - Strenuous pushing/pulling - Unpredictable movement - Repetitive handling - Team handling	Can involve strenuous pushing/holding if incline is steep/long distances are involved when out in the community	Presite visits to venues are carried out wherever possible. Routes are planned to avoid steep inclines and other hazardous surfaces (e.g. gravel pathways). A battery power-pack is fitted to the wheelchair to assist staff over long distances and any steep inclines that may need to be navigated when out and about.
Individual Capability of staff/carer(s) - Health/Fitness - Pregnancy - Lack of training	Will be a risk to staff with underlying health issues/those who are pregnant.	Only fit and capable staff are asked to assist/push Fabien.
Environment; - Lack of space - Lack of equipment - Variations in level - Poor flooring - To hot/cold - Poor lighting - Unsuitable equipment		
Other Factors; - Inappropriate work attire - poor work organisation - poor communication		
Examples of changes		
- rearrange area - change layout - provide equipment - re-schedule staff - staffing support levels - provide training - consult staff		

SAMPLE

C: Remedial action to be taken

Remedial steps that should be taken in order of priority:	Person responsible for implementing controls	Target implementation date:	Completed Yes/No
1. Any off-site visits are planned to avoid areas with steep inclines etc whever possible. Where terrain is steep or there are long distances, then more than one carer will be required to share the task (e.g. allow for sufficient rest) of pushing Fabien	Keyworker	10/01/2015	Yes
2. Only fit and capable staff will be asked to assist/push Fabien. All staff asked to carry out the task will have received training in the principles of manual handling or be supervised by a staff member who has.	Manager	10/01/2015	Yes
3. OT referal made for a battery power-pack to be fitted to the attended wheelchair	Manager to make referal	24/01/2015	No
4.			Choose
5.			Choose
6.			Choose
7.			Choose

Assessment discussed with (e.g. employees, informal carer's):
Fabien, Bill Smith (Keyworker), Care staff who work with Fabien

Assessors name: Bill Smith	Signature:	Bill Smith
Managers name: Diane Jones	Signature:	Diane Jones
Date of assessment: 10/01/2015	Target date for action:	24/01/2015

Review Dates:							

- Now complete the handling plan -

SAMPLE

D: Safe system of work (Handling Plan)			
Persons Name:	Fabien Delph		
Mosaic/Paris No:	09876	DOB:	
Address / Location:	37 Holte End Rd, Pelsall, Walsall, WS3 4ET		
Persons height:	1.75 meters	Persons weight:	77.00 kg
Persons ability to support their own weight: Generally good except when tired			
Other factors to consider (e.g. pain, ability to cooperate): N/A			

Tick when assistance to be given;			
Standing (e.g. from sitting)	☐	Rolling	☐
Walking	☐	Turning	☐
Sitting (e.g. from standing)	☐	Lying to Sitting	☐
Reposition in chair	☐	Getting in/out of bed	☐
Transfers	☐	Personal care (Please specify)	☐
Getting up from floor	☐		
Position in bed	☐	Other (please specify) Pushing(attendant) wheelchair	☒

Instructions for: Pushing Fabien in attendant wheelchair when he can no longer weight bear reliably

Number of carers required: One

Equipment needed: Manual (attendant) wheelchair

Method to be used:

1. Carry out the visual pre-use equipment checks on Fabien's wheelchair.
2. Assess if you need assistance, e.g. to open doors, if travelling long distances, etc.
3. Check that the environment is safe, e.g. clear and free from obstruction.
4. Ensure that Fabien is safe (lap belt is fastened, clothing not hanging by wheels/over armrests, etc) and well enough to travel in a wheelchair.
5. Do not carry bags etc on the handles, unless there is an approved manufacturer's accessory.
6. Apply the principles taught during training for pushing, pulling and turning. This will help to protect you from injury and ensure a more comfortable journey for Fabien.
7. Continually explain what you are going to do. Offer reassurance if Fabien is concerned about any aspect of the journey, e.g. steps, lifts. Do not rush.
8. Use ramps to avoid kerbs if possible. In the absence of a ramp it is usually possible to negotiate the kerb (see pictures) but check that manoeuvring a wheelchair in this way is within your physical capability. If in doubt check with your manager/supervisor. Never risk the safety of Fabien or yourself.

Warning

- Do not push Fabien in the wheelchair without appropriate footrests in place.
- Do not attempt to lift Fabien whilst in the wheelchair.

SAMPLE

<table>
<tr><th colspan="2">Hoist & sling details (if used)</th><th></th><th></th></tr>
<tr><td colspan="2">Activity hoist used for</td><td></td><td></td></tr>
<tr><td colspan="2">Make and model of hoist:</td><td></td><td></td></tr>
<tr><td colspan="2">Type of sling:</td><td></td><td></td></tr>
<tr><td colspan="2">Size of sling/Serial No:</td><td></td><td></td></tr>
<tr><td colspan="2">Leg configuration/fitting:</td><td></td><td></td></tr>
<tr><td rowspan="3">Loop fitting</td><td>Shoulder</td><td></td><td></td></tr>
<tr><td>Leg</td><td></td><td></td></tr>
<tr><td>(Other) Choose</td><td></td><td></td></tr>
</table>

Please attach continuation sheet if required

<table>
<tr><th colspan="8">Equipment details</th></tr>
<tr><td colspan="4">Name & contact no of organisation responsible for providing and maintaining equipment</td><td colspan="4"></td></tr>
<tr><td colspan="3">Assessor:</td><td>Signature:</td><td colspan="4"></td></tr>
<tr><td>Date of plan:</td><td></td><td>Review dates:</td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
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Further information attached? YES ☐ NO ☐

SAMPLE

E: Signatures

I have read and will comply with the Safe system of work within this document. If there are any changes to the service user, their handling needs and the working environment, or I am experiencing difficulties then I will inform my line manager immediately.

Print Name	Signature	Date