

**Individual Manual Handling Risk Assessment (MHRA-1)**

Persons Name:	Christian Benteke		
Mosaic/Paris No:	09876	DOB:	27/05/1957
Address / Location:	Oaklands, 39 The Road, Willenhall, Walsall		

Does the person require assistance to move?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
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If yes to the above, please tick the assistance to be given;

Standing	<input checked="" type="checkbox"/>	Rolling	<input type="checkbox"/>
Walking	<input checked="" type="checkbox"/>	Turning	<input type="checkbox"/>
Sitting	<input type="checkbox"/>	Lying to Sitting	<input type="checkbox"/>
Reposition in chair	<input type="checkbox"/>	Getting in/out of bed	<input type="checkbox"/>
Transfers	<input type="checkbox"/>	Personal care <small>(Please specify)</small>	<input type="checkbox"/>
Getting up from floor	<input type="checkbox"/>		
Position in bed	<input type="checkbox"/>	Other <small>(please specify)</small>	<input type="checkbox"/>

**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
<input checked="" type="checkbox"/>	Height <small>(please state if estimated)</small>	1.6 meters
<input checked="" type="checkbox"/>	Weight <small>(please state if estimated)</small>	70 Kg
<input type="checkbox"/>	Communication	
<input type="checkbox"/>	Comprehension	
<input checked="" type="checkbox"/>	Sight/hearing	Visual impairment - Glaucoma
<input type="checkbox"/>	Behaviour	
<input checked="" type="checkbox"/>	History of falls/seizures	Number of falls whilst walking around the house
<input type="checkbox"/>	Medication	
<input checked="" type="checkbox"/>	Balance	Weak to left side from a stroke
<input type="checkbox"/>	Weight bearing ability	
<input type="checkbox"/>	Medical condition	
<input type="checkbox"/>	Supports/attachments <small>(e.g. walking aids, catheters)</small>	
<input type="checkbox"/>	Pain	
<input type="checkbox"/>	Other <small>(please specify)</small>	

**Other problems to consider**

Are there any other problems associated with the assistance to be given? If <b>YES</b> continue overleaf, if <b>NO</b> go to <b>Assessors name</b> and sign/date the form	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>
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**B: Detailed assessment (continued)**

<b>Problems to consider</b>	<b>Specify each activity to consider</b> (Make notes underneath of problems identified)	<b>Suggest possible changes to eliminate or reduce risk of injury</b>
<p><b>Task;</b></p> <ul style="list-style-type: none"> <li>- Holding away from the trunk</li> <li>- Twisting/Stooping</li> <li>- Over stretching</li> <li>- Strenuous pushing/pulling</li> <li>- Unpredictable movement</li> <li>- Repetitive handling</li> <li>- Team handling</li> </ul> <p><b>Individual Capability of staff/carer(s)</b></p> <ul style="list-style-type: none"> <li>- Health/Fitness</li> <li>- Pregnancy</li> <li>- Lack of training</li> </ul> <p><b>Environment;</b></p> <ul style="list-style-type: none"> <li>- Lack of space</li> <li>- Lack of equipment</li> <li>- Variations in level</li> <li>- Poor flooring</li> <li>- To hot/cold</li> <li>- Poor lighting</li> <li>- Unsuitable equipment</li> </ul> <p><b>Other Factors;</b></p> <ul style="list-style-type: none"> <li>- Inappropriate work attire</li> <li>- poor work organisation</li> <li>- poor communication</li> </ul>	<p>Low seated armchair makes it difficult for Christian to raise himself. Staff have to stoop to assist Christian to stand.</p> <p>Numerous pieces of furniture and clutter are in the lounge area that make tripping more likely when Christian makes his way around the room.</p>	<p>OT referral for chair raisers, or a electric standing chair. Staff members to follow the principles of safer handling.</p> <p>Family asked to remove excess clutter and use double sided tape to secure the rug in the lounge.</p>
<p><b>Examples of changes</b></p>		
<ul style="list-style-type: none"> <li>- rearrange area</li> <li>- change layout</li> <li>- provide equipment</li> <li>- re-schedule staff</li> <li>- provide more staff</li> <li>- provide training</li> <li>- consult staff</li> </ul>		

**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. Assessment for chair raisers or electric raising chair	OT	07/11/2014	Yes
2. Family to clear clutter from lounge with Christian to make walking safer for him and staff who assist	Mr & Mrs Benteke	03/11/2014	Yes
3. Staff who are tasked to assist Christian are aware of the principles of safe handling	Community Reablement Manager	03/11/2014	Yes
4.			Choose
5.			Choose
6.			Choose
7.			Choose
Assessment discussed with (e.g. employees, informal carer's): Christian, and both his parents			
Assessors name: Terry Hassall		Signature:	
Managers name: Mandy Halls		Signature:	
Date of assessment: 02/11/2014		Target date for action:	07/11/2014
Review Dates:			

- Now complete the handling plan -

**D: Safe system of work (Handling Plan)**

Persons Name:	Christian Benteke		
Mosaic/Paris No:	09876	DOB:	27/05/1957
Address / Location:	Oaklands, 39 The Road, Willenhall, Walsal		
Persons height:	1.6 meters	Persons weight:	70 kg
Persons ability to support their own weight: Generally good			
Other factors to consider (e.g. pain, ability to cooperate): Christian must be encouraged to wear glasses when walking			

**Tick when assistance to be given;**

Standing	<input checked="" type="checkbox"/>	Rolling	<input type="checkbox"/>
Walking	<input checked="" type="checkbox"/>	Turning	<input type="checkbox"/>
Sitting	<input type="checkbox"/>	Lying to Sitting	<input type="checkbox"/>
Reposition in chair	<input type="checkbox"/>	Getting in/out of bed	<input type="checkbox"/>
Transfers	<input type="checkbox"/>	Personal care (Please specify)	<input type="checkbox"/>
Getting up from floor	<input type="checkbox"/>		
Position in bed	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>

**Instructions for:** Sit to stand from armchair

**Number of carers required:** One

**Equipment needed:** None

**Method to be used:**

Encourage Christian to move to the front of the chair and place his feet flat on the floor, slightly apart.  
 Carer to assist Christian's weaker left side.  
 Carer to stand at side of the seat facing forwards at an oblique angle just behind Christians left shoulder.  
 Keep as close as possible with your feet offset.  
 Carer to follow the principles for safer moving and handling take a long low hold with your arm nearest the individual and make close contact with their back.  
 Carer to use an appropriate (swept along forearm) open palm hold with the other hand.  
 Ask Christian to look up and push on the seat. As you step forwards move your outside foot first then you're inside foot to maintain balance.  
 Once Christian is standing, check that he is balanced



**Instructions for:** Assisted walking

**Number of carers required:** One

**Equipment needed:** Glasses for Christian

**Method to be used:**

Carer to plan the route, assess and deal with any difficulties e.g. obstacles

Carer to assist Christian on his weaker left side

Carer stands close to the individual at an oblique angle (about 45°). Using appropriate open palm holds.

Carer to adjust feet to allow space for both to walk. Follow Christians movement as closely as possible and encourage him to look forwards not down at their feet to encourage good balance.

Walk at a pace suitable for Christian.


**Warning:**

Do not assist Christian's feet forward with your feet.

Do not use drag holds that anchor you to Christian.

Please attach continuation sheet if required

**Hoist details**

Activity hoist to be used for:				
Make and model of hoist:				
Type of sling:				
Size of sling/Serial No:				
Leg configuration/fitting:				
Loop fitting	Shoulder			
	Leg			

**Equipment details**

Name & contact no of organisation responsible for providing and maintaining equipment					
Assessor: Terry Hassall		Signature:			
Date of plan:	9 Nov 2014	Review dates:			

**Further information attached?** YES  NO



**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