

Appendix A - Safe Work Procedure, Client Manual Handling Plan

How to use this form:

Complete this form for all clients who require hands on assistance during care. This form is to be completed in consultation with the staff doing the task and signed off by the supervisor/ manager. Refer to Guidelines for Completing the SWP Client Manual Handling Plan.

Client:

Persons completing:

Date:

Manager's Signature:

Date:

Additional Client and Risk Information available from:

Individual Plan Client Risk Profile Manual Handling Risk Assessment Mobility Management Plan Other (list):



Identified risks	Risk controls	
1. 2. 3.	1. 2. 3.	
Special considerations: <input type="checkbox"/> Uncontrolled movements <input type="checkbox"/> Unpredictable movements <input type="checkbox"/> Fluctuating/deteriorating condition <input type="checkbox"/> Pain on movement <input type="checkbox"/> Fragile skin <input type="checkbox"/> Other....	<input type="checkbox"/> Deformity/contractures <input type="checkbox"/> Challenging behaviour <input type="checkbox"/> Non communicative <input type="checkbox"/> Impaired communication <input type="checkbox"/> Visual impairment	Weightbearing status: <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Non <input type="checkbox"/> Inconsistent
Ongoing review requirements <ul style="list-style-type: none"> Review the relevance and currency of this procedure to the client as part of the client review process. If an injury/incident occurs relating to any of these particular tasks. If changes are made to the workplace that may affect implementation of this procedure. 	Reviewed by: In consultation with: Manager's Signature:	Specific instructions for falls: Date: Date:

Please turn over for Procedures...

KEY:

I – Independent S/P – Supervision/Prompting A1 - Assistance of one A2 – Assistance of two

TASK	STATUS				EQUIPMENT USED	METHOD (for Staff) Refer to other documents as appropriate including Standard Client Manual Handling Procedures (SCMHP)
	I	S/P	A1	A2		
TRANSFERS	I	S/P	A1	A2	<input type="checkbox"/> Transfer Belt <input type="checkbox"/> Slide sheet <input type="checkbox"/> Pivot Board <input type="checkbox"/> Hoist <input type="checkbox"/> Rails Type: _____ <input type="checkbox"/> Walking Aid <input type="checkbox"/> Sling <input type="checkbox"/> Slide Board Type: _____	
<input type="checkbox"/> Standing transfer						
<input type="checkbox"/> Sliding Board transfer						
<input type="checkbox"/> Hoist transfer						
<input type="checkbox"/> Other						
MOBILITY	I	S/P	A1	A2	<input type="checkbox"/> Stick <input type="checkbox"/> Walking belt <input type="checkbox"/> Crutches <input type="checkbox"/> Walking frame Type: _____	
Walking						
<input type="checkbox"/> Inside						
<input type="checkbox"/> Outside						
Wheelchair					<input type="checkbox"/> Manual <input type="checkbox"/> Electric <input type="checkbox"/> Self propelling <input type="checkbox"/> Attendant propelled <input type="checkbox"/> Special Features:	
<input type="checkbox"/> Inside						
<input type="checkbox"/> Outside						
VEHICLE TRANSFER	I	S/P	A1	A2	<input type="checkbox"/> Transfer belt <input type="checkbox"/> Hoist <input type="checkbox"/> Pivot board Type: _____ <input type="checkbox"/> Slide board <input type="checkbox"/> Other <input type="checkbox"/> Slide sheet	
<input type="checkbox"/> Standing transfer						
<input type="checkbox"/> Hoist transfer						
<input type="checkbox"/> Sliding board transfer						
<input type="checkbox"/> Other						
MOVING IN BED	I	S/P	A1	A2	<input type="checkbox"/> Bed pole <input type="checkbox"/> Bed rail <input type="checkbox"/> Over head pole <input type="checkbox"/> Bed rope ladder <input type="checkbox"/> Slide sheet <input type="checkbox"/> Electric bed	
Rolling						
Up/Down						
Across (side to side)						
Lying to sitting						

KEY:

I – Independent S/P – Supervision/Prompting A1 - Assistance of one A2 – Assistance of two

TASK	STATUS				EQUIPMENT USED	METHOD (for Staff) Refer to other documents as appropriate including Standard Client Manual Handling Procedures (SCMHP)
	I	S/P	A1	A2		
POSITIONING	I	S/P	A1	A2	<input type="checkbox"/> Slide sheets <input type="checkbox"/> Hoist <input type="checkbox"/> Tilt in space chair Type: _____ <input type="checkbox"/> Moulded seating <input type="checkbox"/> Sling <input type="checkbox"/> Lap/chest belts Type: _____ <input type="checkbox"/> Other	
In wheelchair/chair						
PERSONAL CARE	I	S/P	A1	A2	List	
Showering						
Toileting						
Dressing (where)	I	S/P	A1	A2	List	
<input type="checkbox"/> Bedroom						
<input type="checkbox"/> Bathroom						
<input type="checkbox"/> Bed						
<input type="checkbox"/> Chair						
Eating/drinking	I	S/P	A1	A2	List	Mealtime Management Program <input type="checkbox"/> Yes <input type="checkbox"/> No

- I have read or had this procedure explained to me.
- The tasks have been demonstrated to me to a level at which I am comfortable
- I understand and agree to comply with these procedures.

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____