

Appendix B - Safe Work Procedure, Client Manual Handling Plan - Example 1

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: John Brown

Persons completing: Wendy White, Gail Green, Paul Purple

Date: 02.07.08

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

- Staff injury from unpredictable drop falls
- John's slow, uncoordinated movement during transfers and mobility tasks can cause staff to work in awkward postures and positions.
- The amount of assistance John requires with transfers can vary, staff unprepared for amount of assistance required.

Risk controls

- Refer to Behaviour Management Plan for falls indicators. Avoid outings when indicators are present. Follow procedures for mobility as per this plan.
- Allow time for John to complete transfers. Assist as per the procedures in this plan.
- Always transfer John applying the principles and techniques of manual handling.
- Workers should receive training/instruction in the principles of manual handling.

Special considerations:

- Uncontrolled movements Deformity/contractures
- Unpredictable movements Challenging behaviour
- Fluctuating/deteriorating condition Non communicative
- Pain on movement Impaired communication
- Fragile skin Visual impairment
- Other....

Weightbearing status:

- Full
- Partial
- Non
- Inconsistent

Specific instructions for falls:

Avoid assisting John to walk when falls indicators are present. Allow him to walk himself or use a wheelchair. Minimise the amount of walking. When assisting John to walk follow the procedures in this plan. Do not attempt to stop John falling. Refer to Falls Management Plan.

Ongoing review requirements

- 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 this particular task.
- If changes are made to the workplace that may affect implementation of this procedure.

Reviewed by:

Date:

In consultation with:

Date:

Manager's Signature:

KEY:

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

TASK	STATUS				EQUIPMENT USED	METHOD (for Staff)
	I	S/P	A1	A2		
TRANSFERS						Refer to other documents as appropriate including Standard Client Manual Handling Procedures (SCMHP) See Standard Client Manual Handling Procedure(SCMHP); Challenging Behaviours; Assisted Sit to Stand Transfer from Behind – 1 Worker. (6A) Standing Transfers; Stand to Sit from the Front and Side (1G). Always be ready to transfer John using these procedures. He may need less assistance at times however, using these procedures will minimise risk.
<input checked="" type="checkbox"/> Standing transfer			X		<input type="checkbox"/> Transfer Belt <input type="checkbox"/> Pivot Board <input type="checkbox"/> Rails Type: _____ <input type="checkbox"/> Walking Aid <input type="checkbox"/> Sling Type: _____ <input type="checkbox"/> Slide sheet <input type="checkbox"/> Hoist	
<input type="checkbox"/> Sliding Board transfer						
<input type="checkbox"/> Hoist transfer						
<input type="checkbox"/> Other						
MOBILITY						See SCMHP ; Challenging Behaviours; Assisted Walking Without Equipment. (6D) Always walk John using this procedure to minimise the risk of him falling. On a “bad day” do not assist John to walk, allow him to walk himself or use a wheelchair.
Walking	I	S/P	A1	A2	<input type="checkbox"/> Stick <input type="checkbox"/> Crutches Type: _____ <input type="checkbox"/> Walking belt <input type="checkbox"/> Walking frame Type: _____	
<input checked="" type="checkbox"/> Inside <input type="checkbox"/> Outside			X			
Wheelchair						A wheelchair is used to mobilise John on a “bad day”. Avoid outings on “bad days”. If John refuses to use the wheelchair allow him to walk alone – do not attempt to assist as he pulls on staff and falls unexpectedly. See SCMHP; Handling Wheelchairs; Handling Manual Wheelchairs (4A)
<input checked="" type="checkbox"/> Inside <input checked="" type="checkbox"/> Outside			X	X	<input checked="" type="checkbox"/> Manual <input type="checkbox"/> Electric <input type="checkbox"/> Self propelling <input checked="" type="checkbox"/> Attendant propelled <input type="checkbox"/> Special Features: _____ _____	
VEHICLE TRANSFER						John can transfer in and out of a car. See SCMHP; Vehicle Transfers; Assisting a weightbearing client into and out of a Car. (3A)
<input checked="" type="checkbox"/> Standing transfer	I	S/P	A1	A2	<input type="checkbox"/> Transfer belt <input type="checkbox"/> Hoist Type: _____ <input type="checkbox"/> Pivot board <input type="checkbox"/> Other <input type="checkbox"/> Slide board <input type="checkbox"/> Slide sheet	
<input type="checkbox"/> Hoist transfer			X			
<input type="checkbox"/> Sliding board transfer						
<input type="checkbox"/> Other						
MOVING IN BED						John requires minimal assistance of one staff to move from lying to sitting, he mainly requires assistance with his legs. See SCMHP; Bed Mobility; Lying to Sitting. (8C) He requires assistance to lift his legs onto the bed when getting into bed and can lie down himself.
Rolling	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	
Up/Down	X					
Across (side to side)	X					
Lying to sitting			X			

KEY:

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

TASK	STATUS				EQUIPMENT USED	METHOD (for Staff)
	I	S/P	A1	A2		
POSITIONING In wheelchair/chair	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	John can adjust his own position once seated in a chair.
	X					
PERSONAL CARE Showering	I	S/P	A1	A2	List Shower Chair with armrests Grab rail – in front of chair Handshower On a “bad day” use a wheeled shower commode or no shower.	Walk John to the shower as per walking procedures. Assist him to sit on the chair as per standing transfer procedures. SCMHP: Personal Care Tasks; Showering a Seated Client.(5B). John can assist to wash himself, needs assistance with feet, legs and groin area. Likes the shower.
			X			
Toileting					List Rail on side wall On a “bad” day use a wheeled shower commode or John walks himself to the toilet.	Walk John to toilet as per walking procedures. John holds the rail whilst the staff adjust his clothing. Assist him to sit and stand as per standing transfers. John holds the rail while staff assist with hygiene and adjust clothing.
Dressing (where)	I	S/P	A1	A2	List Shower chair with armrests Rail in front of chair On a “bad day” use wheeled shower commode, return to bedroom and dress John on the bed.	Ensure floor area is dry before dressing John. Dress his upper body whilst he is seated on the chair. SCMHP; Personal Care Tasks: Assisted Dressing (5G)
	<input type="checkbox"/> Bedroom					
	<input checked="" type="checkbox"/> Bathroom					
	<input type="checkbox"/> Bed		X			
<input checked="" type="checkbox"/> Chair						
Eating/drinking	I	S/P	A1	A2	List	Mealttime Management Program <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No John can feed himself, needs assistance to find and grip cutlery and cut food.
		X				

- 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: _____

Appendix B - Safe Work Procedure, Client Manual Handling Plan - Example 2

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: Thomas Smith

Persons completing: Rose Petal, Lily Flower, Gum Tree

Date: 15.07.08

Manager's Signature: **Date:** 20.07.08

Additional Client and Risk Information available from:

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



Identified risks

1. Incorrect selection of hoist sling.
2. Staff at risk of injury from moving most or all of client's body weight when assisting him to reposition in chairs. Fixed scoliosis to the left.

Risk controls

1. Use prescribed sling as per this procedure.
2. Use tilt-in-space functions of shower commode chair and wheelchair as per this procedure. Allow client sufficient time to reposition himself using his left arm.

Special considerations:

- Uncontrolled movements
- Deformity/contractures
- Unpredictable movements
- Challenging behaviour
- Fluctuating/deteriorating condition
- Non communicative
- Pain on movement
- Impaired communication
- Fragile skin
- Visual impairment
- Other....

Weightbearing status:

- Full
- Partial
- Non
- Inconsistent

Specific instructions for falls:

Nil

Ongoing review requirements

- 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 this particular task.
- If changes are made to the workplace that may affect implementation of this procedure.

Reviewed by:

Date:

In consultation with:

Date:

Manager's Signature:

Date:

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						
<input type="checkbox"/> Standing transfer					<input type="checkbox"/> Transfer Belt <input type="checkbox"/> Pivot Board <input type="checkbox"/> Rails Type: ProMed_____	<input type="checkbox"/> Slide sheet <input checked="" type="checkbox"/> Hoist Type: ProMed_____
<input type="checkbox"/> Sliding Board transfer					<input type="checkbox"/> Walking Aid <input type="checkbox"/> Slide Board	<input checked="" type="checkbox"/> Sling Type: Medium GP_____
<input checked="" type="checkbox"/> Hoist transfer			✓			Thomas is able to assist to roll using his left arm when positioning the sling on the bed.
<input type="checkbox"/> Other						
MOBILITY						NA
Walking	I	S/P	A1	A2	<input type="checkbox"/> Stick <input type="checkbox"/> Crutches Type: _____	
<input type="checkbox"/> Inside						
<input type="checkbox"/> Outside						
Wheelchair						
<input checked="" type="checkbox"/> Inside	✓				<input checked="" type="checkbox"/> Manual <input checked="" type="checkbox"/> Self propelling <input checked="" type="checkbox"/> Special Features: 1 arm drive _____	Thomas can independently mobilise inside using his left arm and the 1-arm drive feature of his wheelchair. He requires assistance when mobilising in the community in his wheelchair. Refer to SCMHP Handling Wheelchairs; Handling Manual Wheelchairs (4A)
<input checked="" type="checkbox"/> Outside			✓			
VEHICLE TRANSFER						
<input type="checkbox"/> Standing transfer	I	S/P	A1	A2	<input type="checkbox"/> Transfer belt <input type="checkbox"/> Pivot board <input type="checkbox"/> Slide board <input type="checkbox"/> Slide sheet	Thomas is transported in the van in his wheelchair. He is always positioned in the last space closest to the van hoist due to the size of his wheelchair. Refer to SCMHP – 3E Loading and unloading a wheelchair into/out of a van and SCMHP – 3F Securing and releasing wheelchair restraints in vans.
<input checked="" type="checkbox"/> Hoist transfer			✓		Type: _____ <input type="checkbox"/> Other	
<input type="checkbox"/> Sliding board transfer						
<input type="checkbox"/> Other						
MOVING IN BED						
Rolling	I	S/P	A1	A2	<input type="checkbox"/> Bed pole <input type="checkbox"/> Over head pole <input type="checkbox"/> Slide sheet	Thomas can assist to roll using the bed rail to pull on with his left arm. He can prop himself up on his elbows when on his stomach but is not able to sit unsupported. Thomas follows simple directions to assist when providing care on the bed.
Up/Down	✓					
Across (side to side)	✓					
Lying to sitting	NA					Use electric bed back rest and knee break to support Thomas in a slightly reclined position.

KEY:

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

TASK	STATUS				EQUIPMENT USED	METHOD (for Staff)
	I	S/P	A1	A2		
POSITIONING In wheelchair/chair			✓		<input type="checkbox"/> Slide sheets <input checked="" type="checkbox"/> Hoist <input type="checkbox"/> Tilt in space chair Type: ProMed _____ <input type="checkbox"/> Moulded seating <input checked="" type="checkbox"/> Sling <input type="checkbox"/> Lap/chest belts Type: Medium GP _____ <input type="checkbox"/> Other	Refer to other documents as appropriate including Standard Client Manual Handling Procedures (SCMHP) Refer to SCMHP Positioning in a chair using a hoist 10A Thomas can assist to position himself using his left arm.
PERSONAL CARE Showering	I	S/P	A1	A2	List Tilt-in-space shower commode chair	Ensure the shower commode chair is slightly tilted to support Thomas's posture. He is able to readjust his position independently as required. Use the Dove shower gel as Thomas has very sensitive skin. See SCMHP – Personal Care tasks; Showering a seated client (5B).
			✓			
Toileting			✓		List Nappy	Thomas is doubly incontinent and wears nappy's 24/7. He is changed on the bed.
Dressing (where)	I	S/P	A1	A2	List	Thomas is transferred onto the bed for dressing. See SCMHP – Personal care Tasks; Dressing the dependent client (5E). He wears overalls during the day.
	<input type="checkbox"/> Bedroom					
	<input checked="" type="checkbox"/> Bathroom		✓			
	<input type="checkbox"/> Bed					
	<input checked="" type="checkbox"/> Chair					
Eating/drinking	I	S/P	A1	A2	List Built-up spoon Manoy plate	Mealttime Management Program <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Thomas can feed himself with a spoon or using his left hand.
			✓			

- 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: _____