

Risk assessment



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3.1 Why risk assessment is important

A 'risk' refers to the possibility of something happening. In moving and handling, the term 'risk' is usually used to refer to the possibility of an injury or other negative outcome occurring. A low risk means a low likelihood of a negative outcome. A 'hazard' is a feature of a task or environment that may lead to injury or harm to a carer or to a client. The purpose of risk assessment is to identify and manage hazards to reduce the likelihood of incidents occurring that could cause harm or injury for carers and clients. Risk assessment is a key preliminary procedure for all types of moving and handling. It needs to be undertaken prior to moving and handling people to ensure hazards are eliminated, isolated or controlled.

In many countries (e.g. Australia, Canada, the United Kingdom and the United States) local, regional and national health authorities now have guidelines and codes of practice that include conducting risk assessments before moving and handling people.¹ A primary focus in client moving and handling guidelines is that hazards related to moving and handling clients should be clearly identified and eliminated, minimised or controlled where feasible.

In New Zealand, best practice for moving and handling in workplaces comes under the jurisdiction of the Department of Labour and the Accident Compensation Corporation (ACC). *The Health and Safety in Employment Act (1992)* requires employers to provide safe places of work. Employers are expected to set up systems and procedures to identify hazards in the work environment, assess their significance, provide controls and evaluate the effectiveness of the controls.

BOX 3.1

New Zealand legislation and risk assessment

The use of the term 'hazard' in these Guidelines is consistent with its use in the *Health and Safety in Employment Amendment Act (1992)*, and the procedures recommended for reducing risks are consistent with those required of employers by that legislation.

'We regard the lack of systems for identifying and/or not regularly reassessing hazards in places of work as being serious non-compliance with the health and safety legislation.'

(Department of Labour, 2009a, p. 13)

1. For example, Royal College of Nursing, 2003; Johnson, 2011.

3.2 Risks related to moving and handling

Several research studies have identified that client moving and handling tasks are associated with an increased risk of injuries (Box 3.2), including an extensive study based on ACC claims in New Zealand (Box 3.3). The identification and control of hazards related to these moving and handling tasks need to consider the following factors:

- Workplace organisation, such as policies and procedures, shift patterns, staff available to assist, workplace culture and training for staff
- Physical work environment, such as workspaces, layout of furniture and equipment available
- Client characteristics such as size and weight, the ability and willingness of the client to understand and cooperate, and any medical conditions that influence the choice of method for transferring or repositioning the client
- Carers and the physical demands of a task, such as the force required, awkward postures and the frequency and duration of the task.

BOX 3.2

Client handling tasks associated with injuries to carers

- Transfers between bed and chair
- Transfers between chair and toilet
- Lateral transfers between bed and stretcher
- Repositioning in bed
- Repositioning in a chair
- Sitting to standing.

Sources: Nelson et al, 2003; Royal College of Nursing, 2003; Waters et al, 2007

BOX 3.3

Moving and handling tasks associated with higher risks of injury for carers in New Zealand residential care

A taxonomic study of ACC entitlement claims that involved 60 days or more off work between July 2007 and May 2009 reported that lifting patients was the most frequently reported task leading to long-term claims. Lifting patients involved 74% (129) of the 176 claims for injuries that occurred while moving and handling patients within the New Zealand residential care (or retirement village) sector. Of the 129 claims involving patient lifting incidents, 61 had information about the types of transfer during which the carers were lifting the patients. Among these 61 claim incidents, 33 (54%) involved transferring patients to or from equipment (e.g. bed, chair, wheelchair, toilet, commode), 15 (25%) involved catching falling patients, and seven (11%) involved picking patients up from the floor.

Source: Ludke & Kahler, 2009, pp. 27-28

3.3 Identifying hazards in workplaces

For controlling risks in workplaces, the *Prevention and Management of Discomfort, Pain and Injury Programme* (DPI Programme), established by ACC in 2006, describes seven general factors related to workplace hazards (see Section 2). These seven factors provide a general context for identifying hazards and controlling risks related to people moving and handling. Hazard identification should be part of risk assessment. Four specific groups of hazard are outlined that make people moving and handling activities potentially hazardous. These hazards need assessment to reduce the risk of injury to carers. It is important to become familiar with these hazards so that the risks can be managed by eliminating, isolating or controlling them.

(i) Hazards related to workplace organisation and practices

Examples of workplace features that are potentially hazardous include:

- Administrative policies and procedures. A lack of, or inadequate, policies and procedures, or policies and procedures that are not followed, can increase the level of risk associated with performing a people moving and handling task
- Equipment not provided or not maintained adequately, for example when a hoist maintenance programme is not followed, funding is not provided for the replacement of obsolete equipment, some types of equipment are not available – such as hold-ups on slide sheets or slings sent to laundry, or not enough equipment is allocated to specific units
- Staffing levels. Too few staff for the number of clients and for people moving and handling tasks can result in increased work demands being placed on the existing staff, for example through more transfer tasks (repetition) on each shift and long durations on moving and handling tasks. This can lead to fatigue and reduced work capacity, and to staff taking shortcuts and unsafe practices. Under-staffing is common during peak times, for example during activities for daily living such as bathing and dressing
- Extended workdays. Long work hours (more than eight hours) can lead to increased exposure to the risk of injury, for example when overtime becomes necessary because staff on the next shift are suddenly unavailable, or people are working in 12-hour shifts catering for dependent people (see Box 3.4)
- Working in isolation. For example, when caring for a dependent person in their home, a carer generally does not have the opportunity to call for assistance. The availability of assistance to a carer will affect the level of risk associated with performing people moving and handling actions
- Lack of variability. This can increase the load on body tissues owing to a lack of changes in posture and the reduced chance of recovery, for example by performing one action repeatedly, such as holding a limb

- Inadequate rest breaks. Not allowing enough time between people moving and handling tasks can contribute to fatigue and overexertion. An example is busy work schedules leading to missed work breaks
- Lack of consultation with workers when purchasing new equipment
- Inadequate training
- Workplace attitudes and practices that do not support a culture of safety.

BOX 3.4**Long working hours reduce quality of care**

A case brought before the New Zealand Health and Disability Commissioner involved a person being cared for in her home by nursing agency staff. She had developed pressure sores and foot ulcers as a result of inadequate care. The notes for this decision reported that: 'The records indicate that in the several months prior to Mrs A's death, it was not uncommon for one caregiver in particular to work in excess of 100 hours per week. There are instances of staff working 24-hour shifts with relief for only several hours in the morning or early evening.'

Source: Health and Disability Commissioner, Decision 02HDCo8905, retrieved 19 August 2010 from www.hdc.org.nz/2010

(ii) Hazards in the physical work environment

- Slip, trip and fall hazards such as wires and wet floors
- Uneven work surfaces
- Space limitations (small rooms, lots of equipment, clutter)
- Inadequate space around beds and toilets
- Facility design inadequate for transfer tasks in the transfer area and for the equipment required
- Inadequate lighting.

(iii) Hazards related to clients

- Poor mobility
- People who are difficult to move because of their size or condition
- Variation in client cooperation
- A client's ability to hear, see and understand, which may affect their mobility and ability to cooperate
- Cognitive issues such as confusion and dementia
- Language and cultural differences
- Unpredictability of client when being moved

- Client anxiety and fear of moving, which can limit cooperation
- Medical attachments to client, which may limit their ability to help
- Pain, which can affect a client's ability to cooperate.

(iv) Hazards for carers and use of moving and handling techniques

- Force – the amount of physical effort required to perform a task (such as lifting, pushing and pulling) and to maintain control of equipment
- Repetition – performing the same movement or series of movements frequently during the working day
- Awkward positions – assuming positions that place stress on the body, such as leaning over a bed, kneeling or twisting the trunk while moving a client, reaching away from the body or over shoulder height for long periods and while exerting force
- Carer lacks knowledge or training
- Carer may be wearing inappropriate footwear and clothing
- Insufficient number of carers for moving and handling tasks
- Carer working long hours or is fatigued
- No suitable equipment available
- Unsupportive workplace culture.

Uncooperative and aggressive clients

When a client is combative or aggressive, the carer should not attempt to hoist, transfer or reposition the client if there is a risk to the carer's personal safety. If there is an actual or potential risk to the client if a transfer is not carried out, restraint may be necessary. In this case the factors influencing the decision relating to restraint should be documented and all carers should be made aware of these factors.

Healthcare standards in New Zealand require that any restraint used must be the least restrictive for the least amount of time, and used only after all less restrictive interventions have been attempted and found to be inadequate. Restraint is a serious intervention that requires clinical justification and oversight and should be used only in the context of ensuring, maintaining and enhancing safety, while maintaining the client's dignity. If a client is being physically restrained, the carer must be trained and certified in restraint practice. For carers working alone in the community, there should be an agreed procedure for seeking assistance. This is essential to prevent undue distress and serious harm to the clients being restrained, and to maintain the safety of carers.

An uncooperative or aggressive client who needs to be moved and handled for personal care may need to be assessed under the *Mental Health (Compulsory Assessment and Treatment) Act (1992)*. In such a case, a care plan involving all members of the care

team should be in place. A restraint register, or equivalent process, is legally required to provide a record of restraint use for audit purposes, as described in the Standards New Zealand document: *Health and Disability Services (Restraint Minimisation and Safe Practice) Standards*.²

Organisations need to develop their own policies and procedures on calming and restraint that complement their moving and handling policies. Policies should be based on the *Health and Disability Services (Restraint Minimisation and Safe Practice) Standards*.²

2. See Standards New Zealand, 2008

3.4 Workplace hazard management and risk controls

Workplace health and safety policies should incorporate moving and handling and are the responsibility of management. They should include risk assessment and risk control processes.

Typical risk control features include:

- Written information and protocols (e.g. hazard register with risk or hazard control plan, workplace profile)
- Equipment provided for moving and handling clients
- Training programme for client moving and handling
- Incident and injury reporting systems.

Carers should be familiar with their workplace hazard registers and risk control policies and procedures. The subsequent steps in workplace risk assessment processes should be consistent with risk control and hazard management policies.

Workplace profile

Further information on developing a workplace profile in which workplace risk controls for moving and handling can be included, are described later in this section (3.6 'Risk assessment tools') and a detailed example is shown in Appendix 3.2. For some locations, such as residential care facilities and community settings, the workplace risk assessment process may need to be adapted to control risks for carers and clients (see Box 3.5 and Appendix 3.5).

Client risk assessment (load)

Client characteristics that can affect moving and handling risks include (but are not limited to) size and weight, level of dependency and mobility and extent of client compliance. Some specific points to note are that:

- A client's physical characteristics must be known and prepared for in planning
- Clients may have specific physical constraints such as their fragility, tiredness, having contractures, being unable to lie flat, intravenous lines, drainage bags, intubation and frames
- Clients can sometimes be resistive, unpredictable, confused and uncooperative.

Carer risk assessment (individual)

The capabilities of carers involved in moving and handling clients include their physical ability, training related to moving and handling, level of stress and fatigue and the number of other carers involved. Examples of specific risks for carers are:

- Staff who are inexperienced, inadequately trained or unfamiliar with clients and moving and handling equipment
- Continual moving and handling of clients for long periods
- Inadequate staff numbers for safe moving and handling.

BOX 3.5

Example of a community risk assessment

Task – caring for a client in a low bed and on a double bed, including:

- Clinical procedures carried out on the client in bed
- Turning in bed
- Moving up and down the bed
- Sitting client to lying and vice versa
- Bed-bathing
- Getting client in/out of bed.

People involved – carers, including public health nurses, family members and physiotherapists.

Identified risks

- Prolonged stooped postures when attending to client
- Awkward posture when moving client in bed.

Control measures – the level of risk depends on the client and the environment and should be assessed locally. For medium to high risks, consider using these options when working with a client:

- Place knee(s) on bed or floor to reduce stooping when attending to the client (consider infection-control issues)
- Provide electric profiling bed
- Provide hoists and sliding boards for transfers to and from bed
- Keep the client in bed until equipment is available
- Provide extra staff as required
- Provide low stool for carers and staff.

An assessment may result in a recommendation to move furniture or provide equipment. This would need to be discussed with the client and their family. The environment should be managed appropriately, and if the client and family refuse assistive equipment, care may need to be scaled down to avoid risks to carers.

Adapted from: Royal College of Nursing, 2003

Task risk assessment

A task risk assessment includes identifying the specific type of moving and handling task, matching the moving and handling procedure with the load and task, and ensuring that the equipment needed for the task is available. Note that the following are higher-risk tasks:

- Repositioning in a bed
- Repositioning in a chair
- Transfers between bed and chair
- Transfers between chair and toilet
- Lateral transfers between bed and stretcher
- Sit to stand
- Prolonged or sustained holds, such as holding a limb while changing a dressing or changing clothing.

The task will need re-planning if carers need to do any of the following:

- Awkward postures, such as prolonged or repeated bending forward or sideways, twisting, and working at or below knee level
- Exerting high force, such as when holding, restraining or pushing or with loads not equal for both sides of the body
- Reaching away from the body or over shoulder height for long periods or while exerting force (see Box 3.6).

BOX 3.6

One carer or more than one carer needed?

A common question, particularly for clients receiving care in their homes, is whether one carer or two or more carers is needed to transfer a client. Best practice is that, for all new clients and clients whose status has changed, there must be a rigorous **on-site** risk assessment carried out by a person who is experienced in moving and handling assessments. The risk assessment should then be used to determine how many carers are needed for specific types of client transfers. Where there is a significant change to a client's mobility or following an incident, a risk assessment should take place as soon as possible.

Environmental risk assessment

An environmental risk assessment includes the physical space, equipment available, floor surfaces, clutter, lighting, noise and temperature. For a comprehensive environmental assessment for a client, some specific environmental features to assess are:

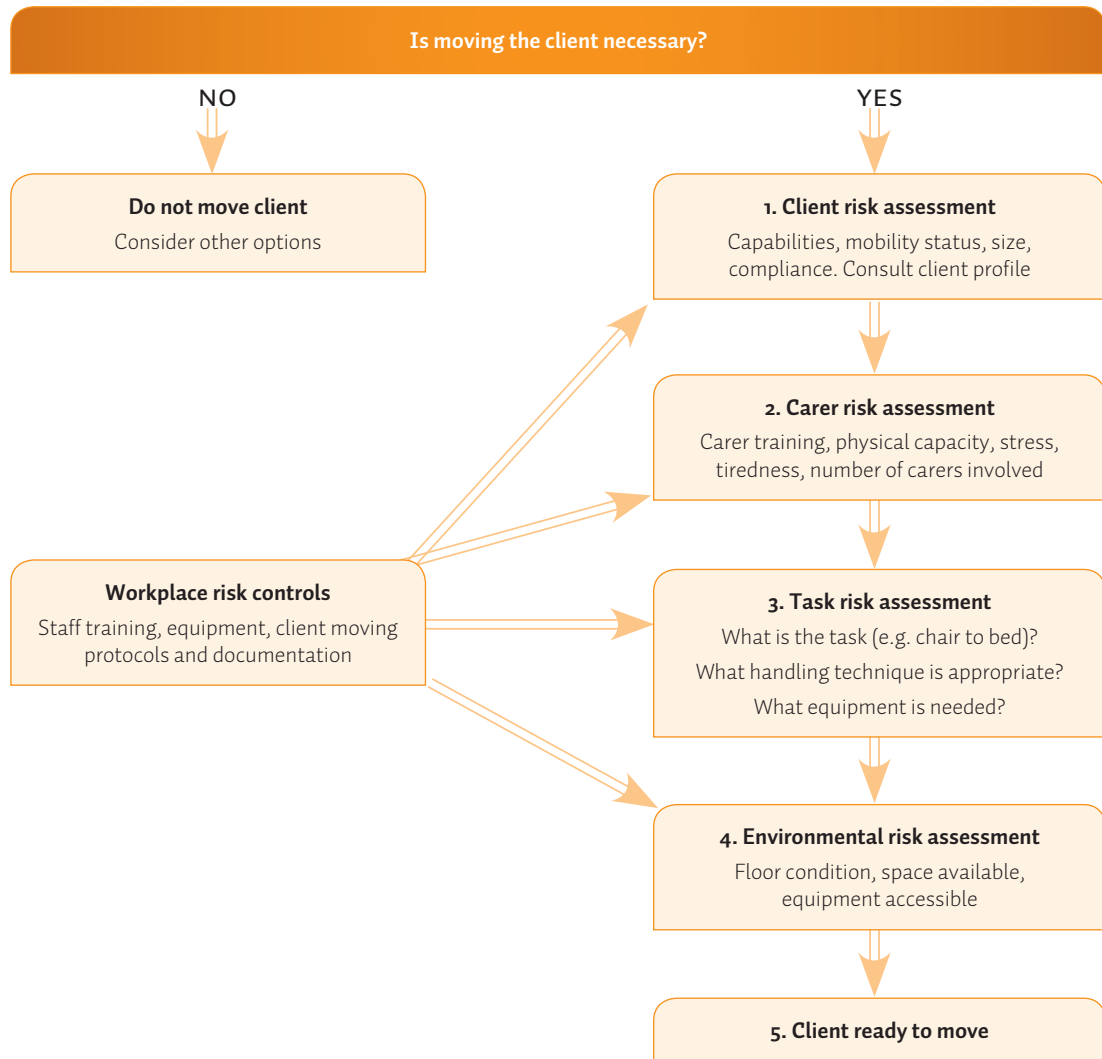
- Inappropriate furniture and fittings, such as wind-up and manual-adjust beds, low baths and low client chairs
- No grab rails in bathrooms, toilets or corridors
- Limited space and access to working areas
- Equipment not easily moveable
- Slippery floors
- Carpets that make pushing equipment difficult
- Narrow doorways or ramps
- Changes of level at lifts.

An example of a specific system or approach for client risk assessment, known as the 'LITEN-UP' approach, is shown in Appendix 3.1. LITEN-UP has been used in some facilities in New Zealand since 2003 and is suitable for use where a healthcare provider wishes to use a specific client risk assessment system.

3.5 The risk assessment process

Before any moving and handling of a client, there should be a systematic risk assessment to identify risks and organise controls. Figure 3.1 provides an overview of the process of risk assessment.

FIGURE 3.1 OVERVIEW OF THE RISK ASSESSMENT PROCESS



When a decision has been made that a client should be moved, the carer needs to carry out the specific risk assessment procedures relating to the client, the carer (or carers), the task and the environment in which the task will take place. The components for the specific risk assessments are described in more detail below.

The risk assessments set out in this section are primarily relevant for inpatients or clients receiving ongoing care. Carers who have only brief contact with clients (e.g. ambulance and fire service staff) should use briefer checklists or assessments, which can be adapted from the examples shown in this section.

3.6 Risk assessment tools

This section outlines five assessment procedures that contribute to the overall client assessment. The assessment procedures include the workplace profile, client profile and client mobility, falls and pre-movement risk assessments. Examples of specific assessment tools are included in the section appendices. These tools and examples illustrate possible ways for conducting risk assessments. Each organisation should adapt the existing tools and forms to suit its specific needs, or develop its own tools.

Developing a workplace profile

The workplace profile is a specific moving and handling audit of the environment in which carers work. It can include both people handling and object handling. From the workplace profile, controls are developed to maximise staff and client safety within the workplace. A workplace profile and risk control plan help organisations meet their legal responsibilities. It sets out what the risks are, what will be done about them, and when changes should be made and by whom. They can also be used to record and control risks and other safety issues identified during client moving and handling. The information gathered should be integrated into the organisational moving and handling programme and included in training programmes.

The workplace profile can be used to:

- Identify and prioritise the areas that are potential risks or need improvement to reduce moving and handling risks
- Establish a baseline from which to measure improvements
- Give a 'snapshot' of the workplace, including a client's home where relevant – information that could be useful when dealing with consultants, designers, suppliers and technical experts
- Develop information that can be compared with other work units or organisations
- Provide information needed to prepare a risk control plan
- Provide information needed as part of the organisational moving and handling programme.

Who does the workplace profile?

The ward or unit manager is responsible for completing or delegating the task of completing the workplace profile and developing a control plan to address the risks identified. They should work with the client moving and handling adviser or the health and safety coordinator and arrange for discussions at staff meetings to get feedback from staff. The workplace profile should be completed at least every year, and updated earlier whenever there is a significant change in the workplace.

What does the workplace profile involve?

The workplace profile is in two parts:

- **Workplace details** – this covers client populations, staff numbers, equipment and facilities
- **Workplace risk assessment** – this uses a scoring system to identify risks and prioritise actions to build an effective client moving and handling programme.

Risks you will need to think about include:

- **Equipment** – Do you have the right equipment for the tasks you carry out, do you have enough equipment, what sort of condition is it in and is it readily accessible for staff to use? Are there an equipment maintenance schedule and replacement plan?
- **Staff** – Do you have enough staff, do they know what is expected of them, has everyone done the basic training required, and do you have clear policies and procedures to guide them? Is the workplace culture supportive?
- **Environment** – Is there enough space for moving and handling operations, can you improve the layout and remove clutter to improve conditions, and can you provide mobility aids to help clients be more independent?
- **Incident reporting** – Do you have a culture of reporting near misses and accidents relating to moving and handling?

Appendix 3.2 at the end of this section provides an example of a workplace profile.

The client profile

The client profile summarises a client's details, capabilities and action plan. The client profile includes information on individual client characteristics and factors that could affect client moving and handling. It provides information needed to make decisions about the techniques and equipment required, and other controls for client moving and handling. Where relevant, it can include 'clinical reasoning' relevant to specific recommendations regarding equipment and techniques (see Box 3.7).

The client profile should be signed off by an authorised person. In healthcare facilities, this will usually be a registered nurse, physiotherapist or occupational therapist. The profile provides a guide for all carers who work with the client. Appendix 3.3 provides an example of the summary details that can be included in a client profile. Each organisation needs to ensure that, whatever type of client profile is used, it contains information relevant to moving and handling.

Who does the profile and when?

For admissions to health facilities, usually a registered nurse, occupational therapist or physiotherapist completes the client profile when a client is admitted. Staff who are required to complete or review the client profile should be identified by the

organisation or unit manager and trained appropriately. The profile should be reviewed periodically or as circumstances change, such as:

- When the client's condition or treatment changes
- At agreed periods as per policy (e.g. in some District Health Boards it is every three days)
- When conditions in the ward or unit change (for instance if layout or procedures change)
- When the client moves to a different ward or service
- When there has been an incident or injury involving the client.

For residential care facilities, there should be an initial risk assessment at the time of admission of a client and at regular intervals following admission. The initial risk assessment should be completed by a staff member who has had training in moving and handling risk assessments and is deemed qualified to do so by the organisation. Prior to any transfer, the risk assessment should also be checked by the carer who will be moving the client.

For clients in home care, an initial on-site risk assessment should be carried out by a carer deemed qualified by the organisation. It should involve the client, the client's family where appropriate and if applicable the funder. The risk assessment should note what moving and handling equipment will be required, what changes (if any) are needed in room or building layout, and whether the client will require assistance from one or two carers for specific transfers (see Appendix 3.3). The carer assigned to the client will be responsible for carrying out the care specified by the risk assessment prior to each client transfer. Sole carers should be able to request specialist risk assessments following any significant changes in clients' mobility, profile or environment, or following any indication that more than one carer or different equipment may be required to transfer clients.

BOX 3.7

Clinical reasoning in client profile information

Including clinical reasoning for a technique or equipment choice helps where staff may later question a decision, or do not understand why a specific choice was made. For example, a carer has tried a simple turning device to assist a standing turn from wheelchair to bed, but the client feels unsteady because they prefer to hold on to something during the turn. Instead, a turning device with a handle is used. A new supervisor makes an independent assessment and decides the more expensive device is not necessary, failing to consider the previous decision outcome that the ordinary turn disc was unsuccessful. The new supervisor restarts the process, potentially leading to distress for the client and frustration for other staff. Documented clinical reasoning, especially in complex situations, enables future assessors or practitioners to understand the decisions taken and review these appropriately.

Source: Carole Johnson, moving and handling consultant, UK

What information is included in the client profile?

The client profile summarises the client's details, capabilities and needs and provides a moving and handling plan when needed (see Appendix 3.3). It consists of two parts:

1. **The client risk assessment** covers factors that can affect client handling and increase moving and handling risks, such as pain, medication, orthotics and compliance. If the assessment shows there are any risk factors, the second part, the moving and handling plan, must be completed
2. **The moving and handling plan** records the techniques, the equipment considered appropriate for each moving and handling task and the number of carers required. It should be followed by everyone carrying out the tasks, unless the client's condition has changed. For instance, a change in a client's condition or medication may have altered their balance or ability to follow instructions. Not every client will need a moving and handling plan, but the assessment part of the profile should be done for every client and regularly reviewed in case things change.

The client profile provides carers with the information they need in a clear and consistent way. It provides a quick overview of the client's condition and any moving and handling needs. It sets out the techniques and equipment most suitable for each moving and handling task, and provides a quick checklist of the factors that carers need to consider before they carry out the task.

The client profile should be:

- Available to everyone who works with the client
- Considered, and if necessary reviewed, before each moving and handling task is carried out
- Kept with the client's medication and treatment care plan (at the bedside)
- Sent with the client if they move to another ward or service.

Involve the client where possible in the development of the client profile. This will assist with introducing any specialist equipment required. It is essential to explain to the client how the equipment works and what the benefits are. It is also important that the client understands that the assessment is reducing the risk of injury to carers and themselves.

Client moving and handling plan

The client moving and handling plan includes:

- Client mobility assessment
- Falls risk assessment
- Equipment
- Techniques
- Staff required.

A client mobility assessment is carried out whenever a new client is admitted. It assesses the client's need for assistance. There are several systems used to assess client mobility or dependency. These range from simple to quite complicated systems. In most cases, it is better to have a simple system that allows for additional comments when needed. The client mobility information should be incorporated into the client profile and should be accessible to all staff responsible for caring for the client. Client mobility information should be updated regularly. The frequency of updating depends on the client's condition and progress.

Box 3.8 describes some commonly used categories of client mobility that can be used to assess a client prior to moving them. The client's mobility status will determine the selection of a specific technique for the moving and handling task. For clients categorised as 'assisted movement', the assistance required may range from moderate to substantial. This is reflected in having more than one technique for some transfers where clients need assistance. These variations should be recorded on the client profile form.

Each facility needs to develop its own system that can be easily conducted and clearly communicated to all staff involved in moving and handling clients. Examples of two systems for categorising client mobility are shown in Table 3.1.

BOX 3.8

Assessment of client mobility

Independent: Client does not require assistance, able to move on own without supervision.

Supervised movement: Client can move on own provided they are supervised. May need oral instruction and some physical assistance (such as lowering the bed or positioning a chair) with preparation for a move.

Assisted movement: Client requires some or considerable physical assistance. Client is cooperative, willing to assist movement and has weight-bearing capacity.

Dependent: Client is completely dependent on help from carers to move. Client is unable or unwilling to assist.

An example of a more complex mobility scale is the Physical Mobility Scale, developed to assess mobility in frail older people.³ In this scale, eight movements are covered (Box 3.9) and each movement is scored on a six-point scale (0 = unable to do unaided; 5 = independent, no assistance required).

BOX 3.9

Movements covered in Physical Mobility Scale

- | | |
|------------------------|-----------------------------------|
| 1. Rolling | 6. Standing balance |
| 2. Lying to sitting | 7. Transferring from bed to chair |
| 3. Sitting balance | 8. Ambulation ability. |
| 4. Sitting to standing | Source: Nitz et al, 2006 |
| 5. Standing to sitting | |

TABLE 3.1 EXAMPLES OF MOBILITY ASSESSMENT TOOLS

Example 1 Hoist, Assist, Supervise, Independent (HASI)*	Example 2 Patient Movement Classifications**
Hoist – moving and transfers require the use of a hoist	Total assist/max assist – patient performs less than 50% of task and demonstrates any of the following: poor safety awareness, serious gait impairment, poor sitting balance and/or weight bearing restriction (Red colour code)
Assist – some assistance is needed from the carer and/or use of equipment	Mod/min assist – patient performs 50-75% of task but may be unsteady, unpredictable, have a motor planning deficit and/or a weight bearing restriction (Orange colour code)
Supervise – client can move by self but needs supervision by a carer during movement	Supervision/mod independent – patient performs 100% of task but requires assistance setting up or using equipment (Green colour code)
Independent – client can move without assistance or supervision	
* Waitemata District Health Board provided the information about HASI.	** Swedish Medical Centre, 2007, Safe Patient Handling Risk Assessment.

3. Nitz et al, 2006.

Falls risk assessment

When a client is assessed as being at risk of falling, this risk status should be communicated to all staff, the client and the client's family. This should be recorded in the client profile and mentioned during handover communication, on signage, and in line with any local falls prevention strategy, policy or documentation. If the client's mobility is likely to change over a day, the client profile should reflect these changes so that information on the client's mobility is up to date. The risk rating should reflect the client's least able times. For example, someone who can walk with an aid and lots of assistance may still need hoisting at 3am for a toilet visit, so both should be recorded.

Pre-movement risk assessment

A pre-movement risk assessment is carried out immediately before moving a client. Staff and carers should be familiar with the workplace profile and the client profile, and use the information from these sources as part of the pre-movement risk assessment. The purposes of the pre-movement risk assessment are to identify specific risks prior to moving a client and to plan the move so that the risks are controlled or reduced. This may involve consultation among carers or between a carer and unit manager, especially where several pre-move risk factors are identified. An example of a pre-movement risk assessment form is shown in Appendix 3.4.

A pre-movement risk assessment needs to be done prior to every move. Any changes in the client's condition need to be documented in the client's notes. If a carer is in doubt regarding the client's condition, they should seek advice from their clinical or professional supervisor.

3.7 Monitoring risk assessment

The final step in the process of managing exposure to the risks associated with people moving and handling is to monitor and review the effectiveness of measures. This is necessary to make sure the systems are working as intended. Monitoring assesses the extent to which organisational systems and control measures are working and ensures they are implemented systematically throughout the workplace. It is important to consult a range of staff, particularly those who have worked with the control measures.

A specific part of monitoring and review is to conduct audits of risk assessment procedures. An audit refers to a performance review intended to ensure that what should be done is being done. Where there are gaps, an audit should provide information that enables improvements to be made. Instructions on how to conduct a risk assessment audit are described in Section 13 Audits.

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Appendices: Resources for risk assessment

These appendices include resources relating to risk assessment. It is recommended that each organisation adapt existing tools and forms to suit its specific needs, or develop its own tools. Examples of other tools are in the reports listed in 'References and resources'.

Appendix 3.1 Example of a risk assessment system: The LITEN-UP approach

Appendix 3.2 Example of a workplace profile

Appendix 3.3 Example of information included in a client profile

Appendix 3.4 Example of pre-movement risk assessment form

Appendix 3.5 Example of a client assessment profile for home caregivers

Appendix 3.1 Example of a risk assessment system: The LITEN-UP approach

This appendix describes an example of a specific system or approach for client risk assessment, known as the 'LITEN-UP' approach. LITEN-UP has been used in some facilities in New Zealand since 2003. It is suitable for use where a healthcare provider wishes to use a specific client risk assessment system.

The purpose of LITEN-UP is to ensure that client handling is safe for both carers and clients. Risk can be assessed using the LITE principles outlined below in conjunction with suitable assessments of client dependency. The LITE principles, combined with client profile information, provide the information needed to make decisions about safe client handling.

The LITE principles

LITE is a way to remember the key risk factors that should be considered when preparing a safe client handling strategy. The LITE principles are described in the table below.

LITE principles	
Load	Load refers to the client characteristics that can affect the handling risk, such as age, gender, diagnosis, comprehension of oral language, dependency, neurological status, size, weight, ability, extent of client cooperation, client disabilities, culture and fall risk.
Individual	Individual refers to carers who are moving the client. It includes the carers' knowledge, training, general health and fatigue that can affect one's ability to do the job.
Task	Task refers to the nature of the moving and handling task to be done, how and when. Different tasks have different challenges. Each moving and handling task needs assessment and a specific strategy.
Environment	Environment means the working environment, and covers factors such as space, equipment availability, staffing levels, work culture and resources, which all impact on how the task can be done.

In the LITEN-UP approach, risk factors are not necessarily assessed in the order shown, and not all risk factors need to be completely reassessed in every situation. In most wards or units the 'Environment' and 'Individual' factors can be assessed by staff (or other people who are trained in risk assessment) and applied to most client handling situations. Generally, carers must consider all four LITE principles before selecting a handling technique and organising any equipment required. Check the information in the client profile, related to risk assessment, prior to moving the client to ensure appropriate handling procedures are used.

Appendix 3.2 Example of a workplace profile

Workplace profile (Part A)		
Organisation		
Last review date		Next review date
Ward or unit	Profile completed by	Date
Profile of clients		
Number of beds or places (in unit)		
Types of client admitted (e.g. age range, medical conditions, short term or long term)		
Profile of staff		
Senior staff	Permanent staff	
New graduates	Casual and agency staff	
Nursing assistants	Other staff	
Number of staff involved in moving clients	Proportion of staff who have attended manual handling training (one day or more)	
Person (or people) responsible for policy, advice, training, practices and equipment maintenance relating to moving and handling in this unit (list names, job titles and responsibilities)		
Name	Title	Responsibility

Workplace profile (Part A) Continued ...

Equipment inventory (list types of equipment available for use in unit)

Equipment item (note number in unit)	Location (note if shared with another unit)	Maintenance
Ceiling hoists		Performance verification sticker must be in date
Mobile hoists		Performance verification sticker must be in date
Hoist slings (mobile and ceiling hoists)		Disposable slings are one client, multiple use per client, then discarded Multiple use slings are one client, multiple use per client, then laundered (green bag)
Slide sheets (two per occupied bed)		One client, multiple use per client. Launder (white bags) after discharge or soiling
Pat slides		
Transfer belts		
Electric beds		
Add other equipment items as needed		

Workplace profile (Part B)

Profile of facilities

Number of beds	Number of toilets
Number of electric beds	Number of bath/shower rooms
Equipment storage areas	
Add other facility details as needed	

Moving and handling activities (training, communication, maintenance and upgrading)

Activity or event	Describe arrangements	Person responsible
Induction briefing for new staff on moving and handling		
Ongoing moving and handling training for staff		
Record of staff training completed		
Communication of moving and handling policies and practices to staff and clients		
Client mobility assessments		
Routine equipment checks		
Equipment repair and replacement		
Risk control plan		
Incident reporting		
Injury reporting		
Risk assessment audits		
Identification and reporting of facility features (e.g. buildings, space, flooring) that need upgrading		
Add other activities as needed		

Appendix 3.3 Example of information included in a client profile

Client profile		
Organisation		
Last review date		Next review date
Ward or unit	Profile completed by	Date
Client details		
Name		Preferred name
Height	Weight	Date of birth
Relevant medical conditions		
Client mobility status		
Independent _____ Supervise _____ Assist _____ Hoist _____		
Note any specific conditions that affect moving the client		
Falling risk	Skin at risk	Medical equipment
In pain	Incontinence	Surgery risks
Impaired movement	Vision problems	Footwear needs
Loss of sensation	Hearing problems	Compliance issues
Other communication issues	Other issues (e.g. cognitive state). Describe here	
Handling plan required? No____ Yes____ complete details below		
Task (add tasks as needed)	Technique to be used, number of carers, equipment needed	Comments*
Sitting and standing		
Walking		
Moving in bed		

*For example client capabilities, clinical reasoning

Appendix 3.4 Example of a pre-movement risk assessment form

Circle one			Circle one		
Client assessment			Carer (staff) capability		
Large or very large (bariatric) client	No	Yes	Staff not adequately trained for or confident about planned move	No	Yes
Client unable to assist	No	Yes	Continual handling of clients for more than 30 minutes on shift	No	Yes
Client physical constraints (e.g. medical equipment in place, spinal or other injury)	No	Yes	Insufficient staff numbers for move	No	Yes
Client may be resistive, unpredictable or uncooperative	No	Yes			
Task assessment			Environmental assessment		
High-risk move*	No	Yes	Limited space or access to working areas	No	Yes
Move requires awkward postures, bending, twisting	No	Yes	Slippery floors, uneven surfaces	No	Yes
Move requires high force, holding, restraining	No	Yes	Inappropriate furniture, such as wind-up beds, no grab rails in bathrooms	No	Yes
Move requires reaching away from body or over shoulder height	No	Yes	Equipment not easily moveable	No	Yes
Total column score ('Yes' selected)			Total column score ('Yes' selected)		
*High-risk moves include: repositioning in bed, repositioning in a chair, transfer between bed and chair, transfer between chair and toilet, lateral transfer bed to stretcher.			Total risk score = (out of 15) Scores over 6 indicate need to re-plan move to control or reduce risk		

Appendix 3.5 Example of a client assessment profile for home caregivers

Client Assessment Profile

The following criteria are designed to assist a home caregiver who is in the process of making a decision regarding access to an appropriate hoist. Once you have considered these criteria, we recommend you consult District Health Board staff, ACC or staff in other organisations who are familiar with moving and handling equipment to get advice on recommended models of hoists, slings, beds and accessories to meet your specific needs. Occupational therapists and physiotherapists may also be able to advise on access to Ministry of Health and ACC funded moving and handling equipment.

Client dependence – the client’s required level of assistance is one of the most important criteria when determining hoist types and accessories. When considering a hoist, assess whether the client is fully dependent or partially dependent on the carer for assistance in getting into and using the hoist.

Client clinical condition – the client’s clinical and mental condition can also affect hoist selection. Make a note of pain levels, fractures or joint limitations, medication, recent surgery, muscle spasms, sensitive skin, ability to communicate, agitation and cooperativeness.

Client strength and stamina – both the client’s upper and lower body strength must be taken into consideration before making a hoist recommendation. This may determine whether a standing hoist, ceiling hoist, gantry hoist or a mobile floor hoist would best suit your needs.

Weight bearing – another important consideration is the client’s ability to bear their own weight for a period of time and to retain their balance.

Physical characteristics – make a note of the client’s size, height and weight. Weight will help to determine the type and model of hoist, while size/shape will help to determine sling size and type. Ensure you have the correct safe-working-load hoist to fit your client.

Special circumstances – make a note of any other factors, such as general practitioner or therapy recommendations, surgical dressings, attached medical equipment and anticipated length of recovery. NOTE: If the client’s condition is permanent or long term, you may wish to consider getting a hoist. Contact an occupational therapist or physiotherapist for advice or to access Ministry of Health or ACC funded moving and handling equipment.

Adapted from:

www.safeliftingportal.com/homecare/patient-lift/assessment-information.php.

Retrieved 19 August 2010