



# 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** Date:

**Persons Completing**

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)

**STOP**

**IDENTIFIED RISKS**

- 1.
- 2.
- 3.

**RISK CONTROLS**

- 1.
- 2.
- 3.

**SPECIAL CONSIDERATIONS**

- |  |   |
|--|---|
| <input type="checkbox"/> Uncontrolled movements              | <input type="checkbox"/> Deformity/contractures |
| <input type="checkbox"/> Unpredictable movements             | <input type="checkbox"/> Challenging behaviour  |
| <input type="checkbox"/> Fluctuating/deteriorating condition | <input type="checkbox"/> Non verbal             |
| <input type="checkbox"/> Pain on movement                    | <input type="checkbox"/> Impaired communication |
| <input type="checkbox"/> Fragile skin                        | <input type="checkbox"/> Visual impairment      |
| <input type="checkbox"/> Other                               |   |

**WEIGHTBEARING STATUS**

- Full  
 Partial  
 Non  
 Inconsistent

**SPECIFIC INSTRUCTIONS FOR FALLS**

**Ongoing review requirements (tick reason for review)**

- Review the relevance and currency of this procedure to the client as part of the client review process.  
 If an injury/incident has occurred relating to any of these particular tasks.  
 If changes are made to the workplace that may affect implementation of this procedure.

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

In consultation with: \_\_\_\_\_

Managers Signature: \_\_\_\_\_ 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)
<b>TRANSFERS</b>	<b>I</b>	<b>S/P</b>	<b>A1</b>	<b>A2</b>	<input type="checkbox"/> Hoist Type: <input type="checkbox"/> Slide sheet <input type="checkbox"/> Transfer Belt <input type="checkbox"/> Pivot Board <input type="checkbox"/> Rails <input type="checkbox"/> Walking Aid <input type="checkbox"/> Slide Board <input type="checkbox"/> Sling Type:	
<input type="checkbox"/> Standing transfer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Sliding Board transfer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Hoist transfer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>MOBILITY</b>	<b>I</b>	<b>S/P</b>	<b>A1</b>	<b>A2</b>	<input type="checkbox"/> Walking frame Type: <input type="checkbox"/> Stick <input type="checkbox"/> Crutches <input type="checkbox"/> Walking belt  <input type="checkbox"/> Manual <input type="checkbox"/> Special Features (list) <input type="checkbox"/> Self propelling <input type="checkbox"/> Attendant propelled <input type="checkbox"/> Electric	
<b>Walking</b>						
<input type="checkbox"/> Inside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Outside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Wheelchair</b>						
<input type="checkbox"/> Inside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Outside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>VEHICLE TRANSFER</b>	<b>I</b>	<b>S/P</b>	<b>A1</b>	<b>A2</b>	<input type="checkbox"/> Slide board Type: <input type="checkbox"/> Transfer belt <input type="checkbox"/> Pivot board <input type="checkbox"/> Slide sheet <input type="checkbox"/> Hoist <input type="checkbox"/> Other	
<input type="checkbox"/> Standing transfer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Hoist transfer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Sliding board transfer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>MOVING IN BED</b>	<b>I</b>	<b>S/P</b>	<b>A1</b>	<b>A2</b>	<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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Up/Down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Across (side to side)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Lying to sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

**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)
<b>POSITIONING</b>	I	S/P	A1	A2	<input type="checkbox"/> Hoist           Type: <input type="checkbox"/> Sling            Type: <input type="checkbox"/> Slide sheets <input type="checkbox"/> Tilt in space chair <input type="checkbox"/> Moulded seating <input type="checkbox"/> Lap / chest belts <input type="checkbox"/> Other	
<input type="checkbox"/> In Wheelchair / Chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>PERSONAL CARE</b>	I	S/P	A1	A2	List	
<b>Showering</b>						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Toileting</b>					List	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Dressing (where)</b>					List	
<input type="checkbox"/> Bedroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Eating/ Drinking</b>					List	Mealtime Management Program <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

- 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.

<b>Name</b>		<b>Signature</b>		<b>Date</b>	
<b>Name</b>		<b>Signature</b>		<b>Date</b>	
<b>Name</b>		<b>Signature</b>		<b>Date</b>	
<b>Name</b>		<b>Signature</b>		<b>Date</b>	
<b>Name</b>		<b>Signature</b>		<b>Date</b>	
<b>Name</b>		<b>Signature</b>		<b>Date</b>	
<b>Name</b>		<b>Signature</b>		<b>Date</b>	
<b>Name</b>		<b>Signature</b>		<b>Date</b>	
<b>Name</b>		<b>Signature</b>		<b>Date</b>	
<b>Name</b>		<b>Signature</b>		<b>Date</b>	