



DATA COLLECTION SHEET - RISK ASSESSMENT FOR MANUAL PATIENT HANDLING IN WARDS

1. INTERVIEW

DESCRIPTION OF THE HEALTHCARE FACILITY			
HOSPITAL :	WARD :	WARD CODE:	
Nr BEDS :	AVERAGE HOSPITAL STAY (days) :	DATE :	
Nr OF OPERATORS ENGAGED IN MPH: indicate the total number of operators per job category			
Nursing staff:	Nurses aides:	Other:	
Nr of OPERATORS ENGAGED IN MPH OVER 3 SHIFTS: indicate the number of operators on duty per shift			
SHIFT	morning	Afternoon	night
Shift schedule: (00:00 to 00:00)	from _____ to _____	from _____ to _____	from _____ to _____
Nr of operators over entire shift			
(A) Total operators over entire shift =			
Nr of OF PART-TIME OPERATORS: indicate the exact number of hours worked and calculate them as unit fractions (in relation to the overall duration of the shift).			
Nr of part-time operators present	Hours worked in shift: (00:00 to 00:00)	Unit fraction	(unit fraction by Nr of operators)
	from _____ to _____		
	from _____ to _____		
	from _____ to _____		
(B) Total operators (as unit fractions) present by shift duration =			
TOTAL Nr OF OPERATORS ENGAGED IN MPH OVER 24 HOURS (Op): add the total number of operators present over the entire shift (A) to the total number of part-time operators (B)			Op

Is the work carried out by two nurses? If it is, indicate the number of 2-nurse teams per shift:

1° morning _____ 2° afternoon _____ 3° night _____

TYPE OF PATIENTS:

"Totally Non-Cooperative" patients (NC) are patients who need to be fully lifted in transfer/repositioning operations. "Partially Cooperative" patients (PC) are patients who need only partial lifting.

DISABLED PATIENTS (D) _____ (indicate average number per day)
Non-Cooperative patients (NC) Nr _____ Partially Cooperative patients (PC) Nr _____

DISABLED PATIENTS	Nr NC	Nr PC
Elderly with multiple concomitant diseases		
Hemiplegic		
Surgical		
Severe stroke		
Dementia		
Other neurologic diseases		
Fracture		
Bariatric		
Other		
Total		



OPERATOR EDUCATION AND TRAINING					
EDUCATION AND TRAINING			INFORMATION		
Attended theoretical/practical course	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Training only on how to use equipment	<input type="checkbox"/> YES	<input type="checkbox"/> NO
if YES, how many months ago? and how many hours/operator	Months _____ hours _____		Only provided brochures on MPH	<input type="checkbox"/> YES	<input type="checkbox"/> NO
if YES, how many operators?			if YES, how many operators?		
Was EFFECTIVENESS measured and documented in writing?			<input type="checkbox"/> YES	<input type="checkbox"/> NO	

PATIENT HANDLING TASKS CURRENTLY CARRIED OUT IN ONE SHIFT:						
MANUAL HANDLING: describe routine tasks involving total or partial patient lifting	Total lifting (TL) WITHOUT EQUIPMENT			Partial Lifting (PL) WITHOUT EQUIPMENT		
indicate the number of tasks per shift involving manual patient handling	morning	afternoon	night	morning	afternoon	night
	A	B	C	D	E	F
<input type="checkbox"/> pulling up in bed	□□□□	□□□□	□□□□	□□□□	□□□□	□□□□
<input type="checkbox"/> turning over in bed (to change position)				□□□□□	□□□□□	□□□□□
<input type="checkbox"/> bed-to-wheelchair and viceversa	□□	□□	□□	□□	□□	□□
<input type="checkbox"/> lifting from seated to upright position				□□	□□	□□
<input type="checkbox"/> bed-to-stretcher and viceversa	□□	□□	□□	□□	□□	□□
<input type="checkbox"/> wheelchair-to-toilet and viceversa	□□	□□	□□	□□	□□	□□
<input type="checkbox"/> other	□□	□□	□□	□□	□□	□□
<input type="checkbox"/> other	□□	□□	□□	□□	□□	□□
TOTAL: calculate the total for each column						
Number of total (TL) or partial (PL) manual lifting tasks	A+B+C = TL			D+E+F=PL		
AIDED HANDLING: describe routine tasks involving total or partial patients lifting using available equipment	Total lifting (TL) AIDED			Partial Lifting (PL) AIDED		
Indicate the number of tasks per shift involving aided patient handling	morning	afternoon	night	morning	afternoon	night
	G	H	I	L	M	N
<input type="checkbox"/> pulling up in bed	□□□□	□□□□	□□□□	□□□□	□□□□	□□□□
<input type="checkbox"/> turning over in bed (to change position)				□□□□□	□□□□□	□□□□□
<input type="checkbox"/> bed-to-wheelchair and viceversa	□□	□□	□□	□□	□□	□□
<input type="checkbox"/> lifting from seated to upright position				□□	□□	□□
<input type="checkbox"/> bed-to-stretcher and viceversa	□□	□□	□□	□□	□□	□□
<input type="checkbox"/> wheelchair-to-toilet and viceversa	□□	□□	□□	□□	□□	□□
<input type="checkbox"/> other	□□	□□	□□	□□	□□	□□
<input type="checkbox"/> other	□□	□□	□□	□□	□□	□□
TOTAL: calculate the total for each column						
AIDED handling total (ATL) or partial (APL) lifting	G+H+I = ATL			L+M+N=APL		
% OF AIDED TOTAL LIFTING OPERATIONS (% ATL)	$\frac{ATL}{TL + ATL}$					
% OF AIDED PARTIAL LIFTING OPERATIONS (% APL)				$\frac{APL}{PL + APL}$		



2.ON SITE INSPECTION

EQUIPMENT FOR DISABLED PATIENT LIFTING/TRANSFER *

EQUIPMENT DESCRIPTION		Nr	Lack of essential requirements		Lack of adaptability to patients or environment		Lack of maintenance	
			YES	NO	YES	NO	YES	NO
LIFTING EQUIPMENT type :			YES	NO	YES	NO	YES	NO
LIFTING EQUIPMENT type :			YES	NO	YES	NO	YES	NO
LIFTING EQUIPMENT type :			YES	NO	YES	NO	YES	NO
Adjustable STRETCHER type :			YES	NO	YES	NO	YES	NO
Adjustable STRETCHER type :			YES	NO	YES	NO	YES	NO

OTHER AIDS (MINOR AIDS):

EQUIPMENT DESCRIPTION		Nr	Lack of essential requirements		Lack of adaptability to patients or environment		Lack of maintenance	
			YES	NO	YES	NO	YES	NO
SLIDING SHEETS			YES	NO	YES	NO	YES	NO
STANDING HOISTS type:			YES	NO	YES	NO	YES	NO
ERGONOMIC BELTS:			YES	NO	YES	NO	YES	NO
SLIDING BOARDS:			YES	NO	YES	NO	YES	NO
OTHER:			YES	NO	YES	NO	YES	NO

* N.B. : Attach floor plan to assess available space for more equipment and if there is an equipment storage room

WHEELCHAIRS: WHEELCHAIR FEATURES AND INADEQUACY SCORE	Score	Type of wheelchair						Total Nr of wheelchairs ____
		A Nr	B Nr	C Nr	D Nr	E Nr	F Nr	
Poor maintenance								Total wheelchair score: ____
Malfunctioning brakes	1							
Non-removable armrest	1							
Non-removable footrest								
Cumbersome backrest	1							
Width exceeding 70 cm	1	Cm	Cm	Cm	Cm	Cm	Cm	
Column score (Nr of wheelchairs x sum of scores)								

MEAN WHEELCHAIRS SCORE (MSWh) = Total wheelchair score / Nr of wheelchairs = |____|



STRUCTURAL FEATURES OF ENVIRONMENT BATHROOMS (centralized or individual in rooms)

TYPES OF BATHROOMS WITH SHOWER/BATH:

BATHROOMS WITH SHOWER/BATH: FEATURES AND INADEQUACY SCORE	Score	TYPE OF BATHROOM WITH SHOWER/BATH							Total Nr of bathrooms __
		En-suite			Centralized bathrooms				
		Nr	Nr	Nr	Nr	Nr	Nr	Nr	
Free space inadequate for use of aids	2								Total bathroom score
Door opening inwards (not outwards)									
No shower									
No bath									
Door width less than 85 cm	1	cm	cm	cm	cm	cm	cm	cm	
Non-removable obstacles	1								
Column score (Nr bathrooms x sum of scores)									

Mean bathroom score (MBS) = Total bathroom score/total Nr bathrooms : |_____| MBS

TOILETS (WC):

TOILETS: FEATURES AND INADEQUACY SCORE	Score	TYPE OF TOILETS (WC)							Total Nr of toilets (WC) __
		En-suite			Centralized bathrooms				
		Nr	Nr	Nr	Nr	Nr	Nr	Nr	
Free space insufficient to turn around wheelchair	2								Total WC score:
Door opening inwards (not outwards)									
Insufficient height of WC (below 50 cm)	1								
WC without grab bars*	1								
Door width less than 85 cm	1								
Space at side of WC less than 80 cm	1								
Column score (Nr toilets x sum of scores)									

* if GRAB BARS are present but inadequate, indicate reason for inadequacy in notes and count as absent

Mean WC score (MSWC) = total WC score/Nr WCs: |_____| MSWC

NOTES



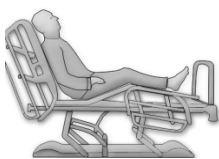
PATIENT ROOM CONFIGURATION ROOMS: FEATURES AND INADEQUACY SCORE	Score	PATIENT ROOMS					Total Nr of rooms ____
		Nr of rooms	Nr of rooms	Nr of rooms	Nr of rooms	Nr of rooms	
Number of beds per room							Total room score: ____
Space between beds or between bed and wall less than 90 cm	2						
Space between foot of bed and wall less than 120 cm	2						
Presence of non-removable obstacles							
Fixed beds with height less than 70 cm		Cm Nr	Cm Nr	Cm Nr	Cm Nr	Cm Nr	
Unsuitable bed that needs to be partially lifted	1						
Inadequate side flaps							
Door width		Cm	cm	cm	cm	cm	
Space between bed and floor less than 15 cm	2	cm	cm	cm	cm	cm	
Beds with 2 wheels or no wheels							
Height of armchair seat less than 50 cm	0,5						
Column score (Nr of rooms x sum of scores)							

Mean room score (MSR) = total ward score /total Nr rooms |____| MSR

INDICATE IF BATHROOMS (OR WHEELCHAIRS) ARE NOT USED BY DISABLED PATIENTS (CONFINED TO BED)

YES NO

MEAN ENVIRONMENT SCORE: MSB + MSWC + MSR = |____| MSEN

HEIGHT-ADJUSTABLE BEDS												
DESCRIPTION OF BEDS		Nr	Electric adjustable		Mechanical adjustable		Nr of sections				Manual lifting of bed head or foot	
			YES	NO	YES	NO	1	2	3	4	YES	NO
BED A:			YES	NO	YES	NO	1	2	3	4	YES	NO
BED B:			YES	NO	YES	NO	1	2	3	4	YES	NO
BED C:			YES	NO	YES	NO	1	2	3	4	YES	NO
BED D:			YES	NO	YES	NO	1	2	3	4	YES	NO