



## Risk Assessment for Admission of the Heavier Patient - Site Assessment Form

This form is to be completed yearly, or after significant changes to the workplace.

<b>Site:</b>		<b>Region:</b>	
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Ref #	Nature of Hazard	Describe the Risk	Risk Controls	Adequate		Risk Rating for NO
				Yes (or NA)	No	
<b>SYSTEM OF WORK</b>						
1	Heavy patient 95-150kg (who requires assistance with mobility)	<ul style="list-style-type: none"> <li>ÿ Manual handling (MH) injury</li> </ul>	<ul style="list-style-type: none"> <li>ÿ Minimum of <b>3</b> staff required for patient weights between 95-150kg.</li> <li>ÿ Note: if staff not available, need specialised equipment (see below)</li> </ul>			
	Heavy patient 150kg+	<ul style="list-style-type: none"> <li>ÿ Patient injury</li> </ul>	<ul style="list-style-type: none"> <li>ÿ Minimum of <b>4</b> staff required for patient weights &gt;150kg.</li> <li>ÿ Note: if staff not available, need specialised equipment (see below)</li> </ul>			
2	Heavy patient presents to ED <ul style="list-style-type: none"> <li>- Car retrieval</li> <li>- ED trolley to bed transfer</li> </ul>	<ul style="list-style-type: none"> <li>ÿ MH injury</li> <li>ÿ Patient Injury</li> </ul>	<ul style="list-style-type: none"> <li>ÿ Wheelchair, slide board, slide sheets, HoverMatt</li> <li>ÿ 95-150kg: <b>3</b> staff</li> <li>ÿ 150kg+: <b>4</b> staff</li> <li>ÿ Use ambulance staff if able</li> </ul>			
3	Heavy patient in theatre <ul style="list-style-type: none"> <li>- bed to operating table transfers</li> </ul>	<ul style="list-style-type: none"> <li>ÿ MH injury</li> <li>ÿ Patient Injury</li> </ul>	<ul style="list-style-type: none"> <li>ÿ 95-150kg: <b>3</b> staff</li> <li>ÿ 150kg+: <b>4</b> staff</li> <li>ÿ Appropriate (SWL) equipment available e.g. bed pusher</li> <li>ÿ HoverMatt indicated on theatre list</li> </ul>			

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				Yes (or NA)	No	
4	Deceased heavy patient - bed to mortuary trolley transfers - transfer to fridge	• MH injury	<ul style="list-style-type: none"> <li>• 95-150kg: 3 staff</li> <li>• 150kg+: 4 staff</li> <li>• Leave patient in ward room over night until staff are available</li> <li>• Appropriate (SWL) equipment available e.g. HoverMatt, bed pusher</li> </ul>			
5	Heavy patient requiring rehab services (e.g. physiotherapy, occupational therapy)	<ul style="list-style-type: none"> <li>• MH injury</li> <li>• Patient injury</li> </ul>	If Allied Health staff are not able to provide the required frequency of treatments on site, patient may be required to be transferred to Perth to a specialised rehabilitation centre / service provider.			
6	Staff knowledge and experience may be insufficient to manage the heavier patient	<ul style="list-style-type: none"> <li>• MH injury</li> <li>• Patient injury</li> </ul>	• Awareness of special MH requirements of heavier pts			
			• Training in the safe use of MH equipment.			
			• Access to Manual Handling educator for advice/supervision.			
			• Safe Work Method Statements (SWMS) available for MH equipment			
			• Site MH equipment audit conducted yearly			
			<b>Yes</b>	<b>No</b>		

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				Yes	No	
<b>ENVIRONMENT</b>						
7	Patient room may be inadequate to safely accommodate the heavier patient and allow ease of access for staff or equipment.	<ul style="list-style-type: none"> <li>ÿ MH injury</li> <li>ÿ Patient injury</li> <li>ÿ Damage to equipment and fittings</li> </ul>	<ul style="list-style-type: none"> <li>ÿ Locate patient as close as is possible to a suitable exit.</li> <li>ÿ Appropriate equipment resourced for patient weight / dimensions.</li> <li>ÿ Patient room is sufficiently large (equipment movement)</li> <li>ÿ Patient bathroom is sufficiently large (equipment movement)</li> <li>ÿ Sufficiently wide doorways to accommodate bed and other equipment.</li> </ul>			

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Ref #	Nature of Hazard	Describe the Risk	Risk Controls			Adequate		Risk Rating for NO
						Yes	No	
<b>GENERAL WARD EQUIPMENT</b>								
<b>8</b>	Equipment available does not meet the SWL (Safe Working Load) needs of the patient	ÿ Equipment failure ÿ MH injury ÿ Patient injury  <b>NW</b> = non wheeled  <b>Norm:</b> Enter Yes or No if normal equip is available (enter SWL if not listed)  <b>KG:</b> Enter actual SWL of bariatric item <b>OR</b> Tick if SWL of site's bariatric item equals amount listed  <b>#Bar. ITEMS:</b> Enter number of this bariatric equipment available on site	ÿ Equipment SWL ratings (kg) vary with manufacturer and age and should be checked:			<b>Norm</b>	<b>KG</b>	<b># Bar. ITEMS</b>
			<b>Item</b>	<b>Example Models</b>	<b>Site check</b>			
			Bed	C480 C380 M9 all 250kg				
			Bariatric Beds	C1000 C1080 450kg				
			ED trolley					
			Theatre table	Denyer XRT 5000 500kg when centred and 300kg other positions  Denyer 4000 500kg when centred and 280kg other positions  Steris 454kg with patient positioning				

Continued...

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Ref #	Nature of Hazard	Describe the Risk	Risk Controls		Adequate		Risk Rating for NO	
					Yes	No		
<b>GENERAL WARD EQUIPMENT</b>								
8 Cont'd			Air Mattress	<i>Nimbus</i> 250kg <i>Alpha Response</i> 140kg				
			Foam mattress	Soft form 250kg				
			Chair					
			Other chairs					
			Toilet	Wall or floor mounted				
			Over toilet frame					
			Toilet Commode NW					
			Shower commode (wheeled)					
			Shower chair (NW)					
			Shower trolley					
		Scales (stand / sit, hoist)						

Continued...

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Ref #	Nature of Hazard	Describe the Risk	Risk Controls				Adequate		Risk Rating for NO
							Yes	No	
<b>GENERAL WARD EQUIPMENT</b>									
8 Cont'd			Walking frame						
			Lifting hoist						
			Standing hoist						
			Hover equip (matt and jack)						
			Rehab Plinth						
			Roller slide sheets						
			Scoop stretcher						
			Slide sheets						
			Slide boards (car transfers)						
			Mortuary trolley						

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				Yes	No	
<b>SPECIALISED MANUAL HANDLING EQUIPMENT FOR THE HEAVIER PATIENT</b>						
9	<p>Specialised manual handling equipment is not available (if not available, minimum staff numbers specified in System of Work section MUST be met)</p> <p>HoverMatt and Hoverjack require only two staff to operate.</p> <p>May still need extra staff if patient admitted</p>	<ul style="list-style-type: none"> <li>ÿ Manual handling injury</li> <li>ÿ Unable to admit patient</li> </ul> <p>Note any lack of this equipment on site Risk register</p>	<p>Bed to bed or bed to trolley transfers:</p> <ul style="list-style-type: none"> <li>ÿ HoverMatt required (two person operation). No weight limit.</li> </ul>			
<b>Staff Member completing Risk Assessment:</b>		<b>Name:</b>				
		<b>Designation:</b>		<b>Date:</b>		

**RECOMMENDATIONS:**

Risk controls in place for 0-120kg patient admission (Y / N). If no, what is required?

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Requirements for 120 -150kg (Y/N)

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Greater than150kg+ on admission (Y/N)

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 .....

**Other comments:**

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 .....

Signed by Line Management and emailed to Regional Nurse Director for the region.

DON / CON Name: .....

Signature: .....

Date: .....

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 on request for a person with a disability**

<b>Contact:</b>	Coordinator Surgical and Ambulatory (S.Hogan)		
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