

Moving and Handling (MH) Risk Assessment and Plan

Name:	CHI/DOB:	Weight: Kg	Height: cm
School / Centre:	Class:	Completed on:	
Completed by:			
Job Title:			
Monitored by:	Review Date:		

Relevant Medical Information: Please describe below any key medical information could impact on the moving and handling of the Child/Young Person

Key Considerations: Please record below any key risk factors that need to be considered when carrying out M + H tasks with the Child/YP **Ensure any risk control measures required are documented within the moving and handling chart**

<p>Handling constraints e.g. muscle power / tone, joint / bone issues, head / neck control, seizures, skin condition, impaired balance</p>
<p>Communication challenges e.g. comprehension, behavior, hearing, vision</p>
<p>Other considerations e.g. risk of falls, medication, fatigue</p>

Individual Capability of Handler(s): Standard statement

All employed handler(s) should have received appropriate M + H training and/or received a competency assessment in practice. At least one handler involved should have sufficient knowledge and experience of the moving and handling of the child/YP and so be aware of what risk factors to consider and control measures required prior to carrying the out the M H task(s)

Working Environment/Organisation: Please indicate which environments this MH plan is to be used.

Home	School	Respite Care	Hospital	Other (please state)
<p>.....</p> <p>Please record any specific environmental risk(s) e.g. space, flooring, obstructions etc and risk control measures(s) required in the Moving and Handling Plan</p>				



Moving and Handling Plan

Child/Young Person's name:

CHI/SCN:

Weight:.....

Height:.....

Please note: When using this document handler(s) should undertake an **on-the-spot risk assessment** prior to any moving and handling intervention. Any significant changes in practice should be documented and line management informed as appropriate

Moving and Handling Task	MH equipment	No. of Handlers	Description of moving and handling task(s)
			Insert photos as required.

Does a hoist and sling compatibility check form require completion - **Yes / No / N/A (circle as appropriate)**

Please note: If form(s) is required ensure that it is stored with moving and handling plan.

Date(s) of 6 monthly sling check(s):

Parent/Carer(s)

We/ I have understood the purpose and read the content of the above Moving and Handling Risk Assessment and Plan which has been formulated by the relevant professionals working around my child. I am aware that we/I will be contacted if any change in moving and handling practice is being considered and likewise raise any concerns if they should arise. **I give my consent for this plan to be shared with Moving and Handling trainers in order to deliver bespoke training to support my child.**

Name of Parent / Carer(s)	
Signature	Date

Child/YP (to be signed as appropriate)

I confirm that I have been involved in the development of this Moving and Handling Plan and I have told the staff working with me what my views/wishes are.

Name of Child/YP	
Signature	Date

The Head Teacher / Designated member of staff

I agree that the content of this Moving and Handling Risk Assessment and Moving and Handling Plan adequately reflects the Moving and Handling needs of the Child/YP and provides a safe system of work for those staff involved in the delivering the Child/YP's care.

Name	Job Title
Signature	Date