Safe Resident Handling Assessment Form

Assessor: Date: Time of Day:

Resident: Date of last fall: High Risk: ❑ Yes or ❑ No

❑ Initial or ❑ Reassessment Weight bearing restrictions (order): ❑ Yes or ❑ No

PHYSICAL (check appropriate)

Transfers

(Please reference the safe handling flowchart on page 2 if you require support)

Unsupervised: ❑ Yes ❑ No
Stand by: ❑ Yes ❑ No
– One Person: ❑ Yes ❑ No
(Gait belt required)
– Two Person: ❑ Yes ❑ No
(Gait belt required)
Sit to Stand Lift ❑ Yes ❑ No
If Yes, Jacket Size: ❑ S ❑ M ❑ L ❑ XL
Any mechanical Lift: ❑ Yes ❑ No
Sling Size: ❑ S ❑ M ❑ L ❑ XL
Sling Configuration: _____

Sling type: ❑ Universal ❑ Repositioning
❑ Hygiene ❑ Hammock
❑ Limb ❑ Turning
Slide board: ❑ Yes ❑ No

Personal Care:

❑ Bed bath: Number of staff: ❑ 1 ❑ 2
❑ Tub bath: Number of staff: ❑ 1 ❑ 2
❑ Shower: Number of staff: ❑ 1 ❑ 2
❑ Toilet: Number of staff: ❑ 1 ❑ 2

Reposition in Bed:

❑ Sling required: ❑ Yes ❑ No
Number of staff: ❑ 1 ❑ 2
❑ Fitted slide sheets: ❑ Yes ❑ No
Number of staff: ❑ 1 ❑ 2

Restraints:

❑ Bed Rail:
Number of staff: ❑ 1 ❑ 2
❑ Seat belt: ❑ Yes ❑ No
❑ Tray: ❑ Yes ❑ No
❑ Bed to Floor: ❑ Yes ❑ No
❑ Bed Exit Alarm: ❑ Yes ❑ No

Mobility Aides (check all that apply):

❑  ❑  ❑  ❑  ❑  ❑  ❑  ❑ 

AGITATION/AGGRESSION (all that apply)

❑ Unpredictable behaviour
❑ Resistant
❑ Anxious/depressed
❑ Impaired judgment
❑ Confused
❑ Impulsive
❑ Disoriented
❑ Impaired memory
❑ Clipped or angry speech
❑ Using angry facial expressions
❑ Agitated speech pattern
❑ Using threats or threatening gestures

COMMUNICATION (check appropriate)

Sensations: ❑ Normal ❑ Impaired
Diabetic: ❑ Yes ❑ No
Hearing: ❑ Normal ❑ Impaired
If Impaired, Hearing Aids: ❑ Yes ❑ No
Vision: ❑ Normal ❑ Impaired
If impaired, Glasses: ❑ Yes ❑ No

Communication: ❑ Normal ❑ Impaired
Comprehension: ❑ Normal ❑ Impaired
Pain: ❑ Yes ❑ No
If Yes, where: _____

ENVIRONMENT (check appropriate)

There are many places where you conduct your work, each space requiring you to identify hazards and evaluate the potential risk. As you perform an environmental scan, please ask yourself – Is the area I am about to work in safe?

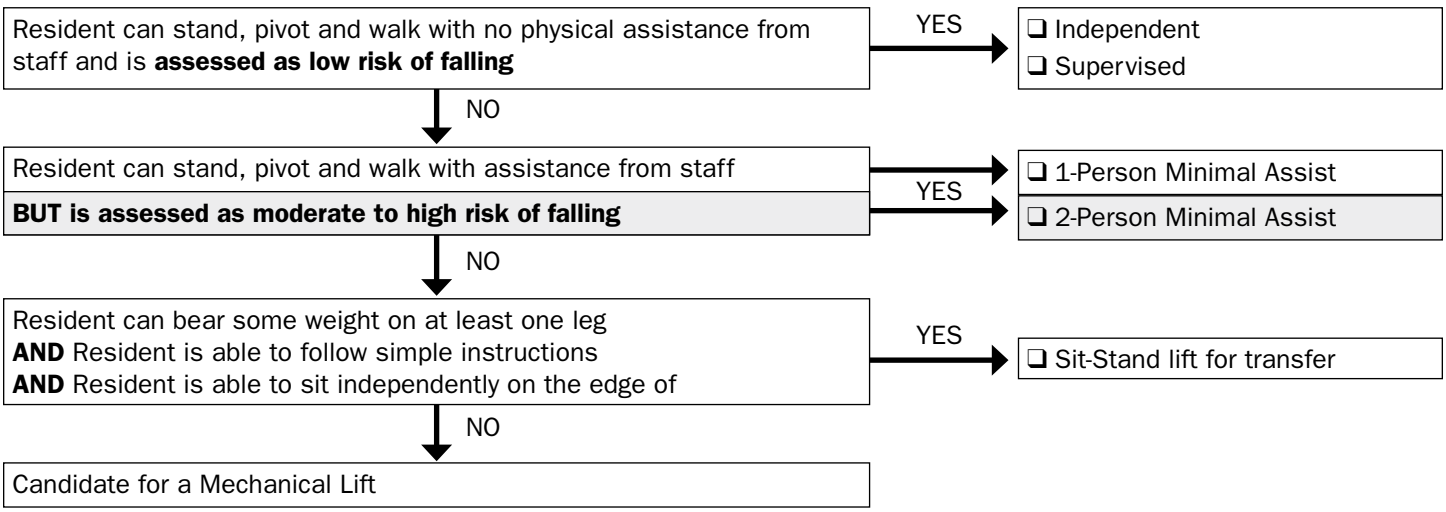
- ❑ Are there slip/trip hazards? (spills or slippery surfaces)
- ❑ Is there enough space to deliver care (i.e. can you access 3 sides of the bed?)
- ❑ Is the necessary support equipment available and present? (i.e. lifting equipment)
- ❑ Are there chemical/biological or physical hazards in your path of work?
- ❑ Are all supportive devices available and in close proximity?
- ❑ Are there any housekeeping obstacles?

Other notes:

Resident Assessment Flowchart

Resident: Height: Weight:

Assessment Completed by: Date Completed:



Sling Size: ❑ S ❑ M ❑ L ❑ XL
Sling Model: _____

Requires: ❑ Transfer belt ❑ Swift Sheets
❑ Maxi Slide Sheet