



RISK ASSESSMENT FOR THE PROVISION OF RISER/RECLINER CHAIR

Date of Assessment: -.....

Person Details

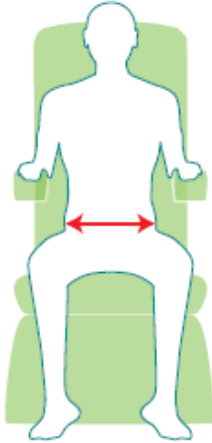
Person's Details:	L.A. No:	Date of Birth
Is the Person Continuing Health Care Funded	Yes/No	

Occupational Therapy Worker Details	
Name:	Telephone:

Relevant Medical Information/Reported Health Features Please include cognitive/sensory and behavioral issues	
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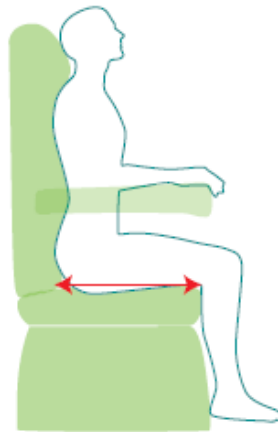
About the Person	Yes	No
Is the person able to stand up out of the chair?		
If no- consider alternative chair in property		
If no- would chair raisers assist?		
If no- would a lift assist cushion assist?		
If no- would a riser unit under existing chair assist?		
Once standing, is the person mobile, either with or without mobility equipment? If yes, consider riser chair		
Does the person need to alter their position		
Is the person at risk of pressure sores?		
Does the person need to elevate their legs? If yes, a riser/recliner chair should be considered, but the following issues should be addressed in all cases		
Who is going to operate the chair		
Does the user have any cognitive impairment? If yes caution should be noted		
Would the person be able to move their legs off the side of the leg rest? If yes would they be able to lift them back up again?		
If no, would they be aware of the position of their legs? If no, caution should be noted		

Seat width: + 2" =



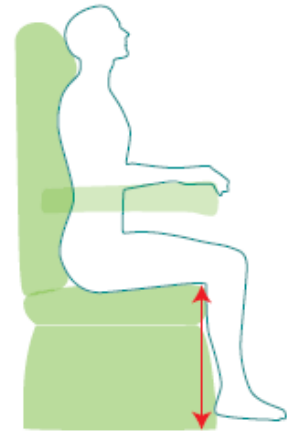
■ Measure user's hips at widest point and add on 2".

Seat depth: - 1" =



■ Measure length from the back of the buttocks to the back of the knee and subtract 1".

Seat height:



■ Measure the user's lower leg from the back of the knee to the floor.
 ■ User should be wearing their usual footwear.

User weight:

The Environment

Where is the chair going to be used (please circle)	Own home	Residential home	Other
	Yes	No	N/A
Is there a socket nearby?			
Is there room for the chair to fully recline, and for the leg rest to be raised?			
Will other equipment be used around the chair?			
Is there room to use any other equipment? Mobile Hoist? Over bed table? Wheelchair/commode? Other equipment? State:			

Others who might be harmed if riser/recliner chair is provided

(Tick as appropriate)

Family members and visitors, including children and pets

Service providers (i.e. Care Assistants)

□

Risk Matrix for continuing with current situation

Note: You must assess the risk against the likelihood of an incident occurring and should it happen the severity of the consequences.

LIKELIHOOD – Please Indicate

Taking into account the controls in place and their adequacy, how likely is it that such an incident could occur? Apply a score according to the following scale:

Level	Descriptor	Description
5	Almost certain	Likely to occur on many occasions, a persistent issue
4	Likely	Will probably occur but it is not a persistent issue
3	Possible	May occur occasionally
2	Unlikely	Do not expect it to happen but it is possible
1	Rare	Can't believe that this will ever happen

SEVERITY – Please Indicate

Taking into account the controls in place and their adequacy, how severe would the consequences be of such an incident? Apply a score according to the following scale:

Level	Descriptor	Actual or Potential Impact on Individual(s)	Actual or Potential Impact on Authority
5	Catastrophic	Death	National adverse publicity HSE investigation. Litigation expected/certain
4	Major	Permanent Injury: eg., RIDDOR reportable/ill health retirement/redeployment	RIDDOR reportable Long term sickness Litigation expected/certain
3	Moderate	Semi-Permanent Injury/Damage: eg., injury that takes up to one year to resolve or requires Occupational Health/rehabilitation	RIDDOR reportable Long term sickness Litigation possible but not certain
2	Minor	Short term injury/damage: eg., injury that has been resolved within one month	Minimal risk to Council Short term sickness Litigation likely
1	Insignificant	No injury or adverse outcome	No risk to Council Litigation remote

RISK SCORE / ACTION TO BE TAKEN: (Likelihood level x Severity level)

LIKELIHOOD LEVEL	SEVERITY					
	1	2	3	4	5	
1	1	2	3	4	5	Low
2	2	4	6	8	10	Medium/Further action required
3	3	6	9	12	15	High/Urgent action
4	4	8	12	16	20	
5	5	10	15	20	25	

Risk Score..... Rating.....

Do you consider the risks of the service user having a Riser Recliner are less than the risk of not providing a Riser Recliner? Yes No

Comments:-

Interim Risk Reduction Plan

To reduce the risk further list below any actions required to reduce the risk rating i.e. training/instructions

Action	Person responsible to action	Date actioned

Signature of Assessor: Date:

Print: Designation.....

Base: Tel No:

Risk Matrix for using the Riser Recliner Chair provided

Note: You must assess the risk against the likelihood of an incident occurring and should it happen the severity of the consequences.

LIKELIHOOD – Please Indicate

Taking into account the controls in place and their adequacy, how likely is it that such an incident could occur? Apply a score according to the following scale:

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RISK SCORE / ACTION TO BE TAKEN: (Likelihood level x Severity level) Please circle

LIKELIHOOD LEVEL	SEVERITY					
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Risk Score..... Rating.....

Identify the hazards associated with the use of the Riser/Recliner chair and then calculate the risk rating using the Risk Matrix overleaf.

Hazard	Likelihood	Severity	Risk Rating
Are there regular visits from children? Yes/No			
Are there any pets in the household? Yes/No			
Entrapment <ul style="list-style-type: none"> • Children/pets becoming trapped under base of chair when chair lowered • Children/pets becoming trapped between back of seat cushion and backrest when chair has been recline and is being brought forward • Users legs becoming trapped between seat cushion and leg rest if users legs are not on footrest • Does the user have pillows/bedding on the chair that may fall off and get trapped? 			
Tripping over trailing wires			
If the person is unable to operate the chair, is there a risk that others around may operate the chair?			
Risk of electrocution			
Other hazard identified: state*			

Is the risk of providing a Riser Recliner chair less than continuing with the current situation Yes No

If the provision of riser/recliner chair will not meet user's needs, then consideration should be given to providing alternative equipment e.g. Fully supportive chair (Symmetrikit/Kirkton)
See separate assessment sheet.

Risk Reduction Plan

To reduce the risk further list below any actions required to reduce the risk rating i.e. training/instructions

Action	Person responsible to action	Date actioned

Action Required

- Return Riser Recliner Chair YES NO
- Reassessment of Riser Recliner Chair YES NO
- Further Assessment YES NO

Review Arrangements:-

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Review of Risk Assessments – you must review your risk assessments in the following three circumstances:

- In accordance with the specified review period and/or
- As a result of change, and/or
- Following an incident

Signature of Assessor: Date:

Print: Designation.....

Base: Tel No:



Demonstration Confirmation Form

Person's Name:	D.o.b:	L.A. No:
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Task Observed

1	
2	
3	
4	
5	

I/we confirm that the task as detailed above has been demonstrated to me/us and that I/we have also demonstrated ability to carry out the above mentioned transfers.
 I/we understand how to use the equipment correctly and understand how to safely maintain the equipment. If any defect is noticed or my needs change, I will notify the Newport City Council Contact Centre immediately by telephoning 01633 656656 (opening times: - 8:00am – 8:00pm Monday to Friday (except bank holidays) and 9:00am – 1:00pm Saturday) and I will not use the equipment until it has been checked/repaired/replaced.

Person/Carer(s):

(Print name and signature)

.....

Date:

I confirm that I have witnessed the above named safely and effectively carry out the above mentioned task(s).

Community OT:

(Print name and Signature)

.....

Date:

Social Services Copy





Demonstration Confirmation Form

Person's Name:	D.o.b:	L.A. No:
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Community OT:

(Print name and Signature)

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.....

Date:

Persons Copy