

## Care Provider name and logo

### Connected Lives – 'Back on Feet' Risk Positive Management Plan

Name of Assessor		Signature	
Position		Competency	
Date of Assessment		Date of proposed Re-Assessment	

Step 1	<b>Complete Multifactorial Falls Risk Assessment (MFRA)</b>	YES/NO – <i>Please circle</i>
Step 2	<b>Address any risks identified in the MFRA</b>	YES/NO – <i>Please see MFRA</i>
Step 3	<p><b>Practise mobility</b>  <b>NB: <i>Always follow this plan for PRACTISING mobility when you are unsure whether a person will be safe.</i></b></p> <p>Follow the current Moving and Assisting Care and Support Plan          Transfer the person for all usual transfers (i.e., for toileting, getting in and out of bed etc)</p> <p><i>Meanwhile. choose an optimal time for them and for you, and:</i></p> <ul style="list-style-type: none"> <li>• <i>Transfer them (following the Care Plan) to a suitable (and clean), wheelchair.              Ensure the wheelchair has a cushion and is the appropriate height for the person, so they have '90,90 90 degrees' at their hips, knees, and ankles when their feet are on the floor.</i></li> <li>• <i>Take the person to an area where there is enough space to practise. Initially, there is less risk of falling if you get the person to walk in a straight line, and if you turn them around when they are sitting in the wheelchair. However, it is also really important to practise turning, when the person is ready, so you need enough obstacle-free space to practise this safely.</i></li> <li>• <i>You <b>must</b> have 3 members of staff - one following closely with the wheelchair behind, and one either side of the individual for safety, in case they lose their balance sideways when in standing (obviously NOT to lift). It is important to be close to the person, with one person supporting with hands either side of the pelvis and stepping with the same foot as the person.</i></li> <li>• <i>The person following with the wheelchair can be a family member, but always ensure that they are vigilant and that they stay as close behind as possible to the person at all times.</i></li> <li>• <i>Have the appropriate mobility aid (e.g., rollator frame) ready.</i></li> </ul>	<p><i>Following this episode of practice, give details of progress made, including any strategies that were particularly helpful with this person:</i></p>

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	<ul style="list-style-type: none"> <li>○ <i>If the person is stooped, or the mobility aid appears too high for the person, or the mobility aid does not appear appropriate for the person, refer to Physiotherapist or Occupational Therapist (OT) for review.</i></li> <li>○ <i>You can check the height of mobility aids if you have been trained to do so (e.g., on HCPA's Enabling Care or Moving and Assisting Train the Trainer courses).</i></li> <li>● <i>Use 'sit to stand' and mobility techniques as practised on HCPA's Enabling Care or Moving and Assisting Train the Trainer training.</i></li> </ul>	
Step 4	<p><b>Document</b></p> <ul style="list-style-type: none"> <li>● Document progress and handover to other staff regarding any progress made and the person's goals.</li> <li>● Also feed into care plan reviews.</li> <li>● Make sure documentation is cross-referenced to all appropriate sections of the care plan.</li> </ul>	YES/NO – Please circle
Step 5	<p><b>Review</b></p> <ul style="list-style-type: none"> <li>● Follow this plan, and review as appropriate, until the person is safe to mobilise with less assistance.</li> <li>● Always think about <i>enabling</i> the person, whilst minimising any risks. Soon it may be that only one member of staff is needed at the person's side, with the second following with the wheelchair, and soon after that, when there is no concern that the person may sit unexpectedly, the wheelchair may not be needed).</li> </ul>	YES/NO – Please circle
Step 6	<p><b>Refer if needed</b></p> <ul style="list-style-type: none"> <li>● Refer to a Physiotherapist or Occupational Therapist (OT) if necessary and appropriate – stating the person's current abilities and goals, and any risks to the person if they were to continue to be unable to mobilise (e.g., increased risk of pressure sores, chest infections, mental health deterioration etc).</li> </ul>	YES/Not needed – Please circle <i>If not needed, state alternative plan</i>