

 **Manual Patient Handling (MAPO)**
Community Health Center

Task/Area:

Company/Center:

Date:

Observations:

Type

Checklist

Analytical

General

Total number of operators who perform Manual Patient Handling:

Number of operators who perform Manual Patient Handling in 24 hours (OP):

Nurses			Assistants			Porters		
M	E	N	M	E	N	M	E	N

Patient typology

Patient typology	Non cooperative patients (NC)	Partially cooperative patients (PC)	Total of disabled patients who required MPH (D) (NC+PC)

Maneuvers

Manual Patient Handling Tasks	No. of total liftings		No. of parcial liftings	
	Manuals	Aided	Manuals	Aided
Stretcher to exam bed				
Wheelchair to exam bed				
Ward bed to exam bed				
Exam bed to stretcher				
Exam bed to wheelchair				
Exam bed to ward bed				
Turning over in bed and repositioning	-----	-----		
Trunk lifting	-----	-----		
Other	-----	-----		
TOTAL				

Training

Was there any specific TRAINING in Manual Patient Handling?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	INFORMATION (use of equipments or informative brochures)
If the answer is YES How many months ago?			Was there any training in the use of equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No
How many hours/ operator?			Where any informative brochures on Manual Patient Handling delivered? <input type="checkbox"/> Yes <input type="checkbox"/> No
How many operators?			If the answer is YES, How many operators? <input type="checkbox"/> Yes <input type="checkbox"/> No
Was the effectiveness of the training/information verified?			<input type="checkbox"/> Yes <input type="checkbox"/> No

The following tabs should be completed **ONLY** if **ANALYTICAL** mode is chosen

Stretchers

Total number of stretchers	
Characteristics of ergonomic inadequacy	Number
Malfunctioning brakes	
Not height-adjustable	
Inadequate side bars (they are an obstacle)	
Need to perform partial manual liftings	

Wheelchair

Total number of wheelchairs	
Characteristics of ergonomic inadequacy	Number
Malfunctioning brakes	
Non-removable of folding armrest	
Inadequate backrest H >90cm; Incl. > 100°	
Maximun inadequate width > 70 cm	
Non-removable or non-folding footrest (<i>descriptive</i>)	
Poor maintenance (<i>descriptive</i>)	

Exam rooms

Total number of exam rooms	
Characteristics of ergonomic inadequacy	Number
Free space inadequacy for use of aids	
Exam bed not height adjustable	
Inadequate stretcher side flaps	
Part of exam bed needs to be raised manually	
Patient armchair height less than 50 cm	
Door width < 85 cm	

Rooms (day hospital)

Total number of rooms	
Characteristics of ergonomic inadequacy	Number
Space between beds or between bed and wall less than 90 cm	
Space between foot of bed and wall less than 120 cm	
Unsuitable bed that needs to be partially lifted	
Space between bed and floor less than 15 cm	
Patient armchair height less than 50 cm	