PATIENT HANDLING
SAFETY ACTION PLAN

Montana
State Fund

Patient Name: _____   **Room #:** _____

Risk Assessing Team: _____   **Date:** _____

Goal: _____

_____

Fill out action steps created from Seven Step Risk Assessment. Create an action item for each step not meeting standards.

Patient Need: _____
Action Steps: _____
_____
Person Responsible: _____

☐ **Progressing**

☐ **Done**

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Action Steps: _____
_____
Person Responsible: _____

☐ **Progressing**

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Action Steps: _____
_____
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_____
Person Responsible: _____

☐ **Progressing**

☐ **Done**