

	<b>Policy</b>
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<b>TARGET AUDIENCE:</b>	All Trust Personnel
<b>DOCUMENT PURPOSE:</b>	<p>It is the Trust's policy to manage its activities such that hazardous manual handling operations are avoided so far as is reasonably practicable. Where they cannot be avoided operations are assessed and measures taken to reduce the risk so far as reasonably practicable.</p> <p>Each employee of the Trust has a legal obligation to make full and proper use of systems of work provided by the Trust to meet its legal duty to reduce risks associated with hazardous manual handling to the lowest level reasonably practicable.</p> <p>In this policy the term employee refers to all paid employees and volunteers to the Trust</p>

<b>To be read in conjunction with</b>	Safer Handling Policy Guidance (internal document) Referred to as SHPG in the policy
<b>SUPPORTING REFERENCES</b>	<ul style="list-style-type: none"> <li>▪ The Health and Safety at Work Act 1974</li> <li>▪ The Manual Handling Operations Regulations 1992 –as amended 2002</li> <li>▪ The Lifting Operations and Lifting Equipment Regulations 1998</li> <li>▪ The Provision and use of Work Equipment Regulations 1998</li> <li>▪ The Management of Health and Safety at Work Regulations 1999</li> <li>▪ Back in Work Campaign – Department of Health 2002</li> <li>▪ New and Expectant Mothers- A Guide for Employers (2<sup>nd</sup> Edition)</li> </ul>

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## 1.0 INTRODUCTION

This policy describes the Trust's arrangements to ensure compliance with relevant legislation and guidelines.

The Trust will, as far as is reasonably practicable, take action to reduce the risks of injury to employees, patients and visitors due to manual handling activities, to achieve this, this policy takes account of the guidance contained in the following and any other relevant legislation.

- Health and Safety at Work Act 1974 (HASAW)
- The Manual Handling Operations Regulations 1992 (MHOR) which came into force on 1<sup>st</sup> January 1993 and were amended in 2002
- The Lifting Operations and Lifting Equipment Regulations 1998 (LOLER)
- Management of Health and Safety at Work Regulations 1999

**Manual Handling** is defined as –“transporting or supporting a load (including lifting, putting down, pushing, pulling carrying or moving thereof) by hand or bodily force” (Health & Safety Executive 1992).

The Manual Handling Regulations establish a clear hierarchy of measures:

- Avoid hazardous manual handling operations so far as is reasonably practicable. This may be done by redesigning the task to avoid moving the load or by automating or mechanising the process.
- Make a suitable and sufficient assessment of any hazardous handling operations that cannot be avoided.
- Reduce the risk of injury from those operations so far as is reasonably practicable. Particular consideration should be given to the provision of mechanical improvements, to the task, the load and the working environment should be explored.
- Review manual handling risk assessments when there are changes in manual handling operations, injuries occur and on a regular basis.

This document describes how risks related to manual handling activities will be managed within the Trust to comply with the regulations outlined above.

## 2.0 POLICY STATEMENT

This policy sets out the trusts approach to the management of manual handling operations. A safer handling approach will be used when undertaking any manual handling activity. This will enable staff to:

- Undertake written assessments of those manual handling tasks involving a risk of injury which cannot be avoided for patients and objects.
- All manual handling patient risk assessments must be filed and accessible to Staff. (Templates found in the SHPG)
- All risk assessments for objects and equipment must be filed and accessible to Staff. (Templates found in the SHPG)

- Reduce the risk of injury so far as is reasonably practicable through Safer Systems of Work.

To include:

- Developing safe systems of work using ergonomic principles, these systems will adopt a safer handling approach.
- Providing suitable and sufficient mechanical aids, including patient handling aids and by ongoing review of the purchase and use of these aids.
- Providing appropriate maintenance and load testing of manual handling equipment.

## 2.1 **TRAINING** – to include

- Manual handling risk factors and how injuries can occur
- How to carry out safer manual handling, including good handling techniques
- Appropriate systems of work for the individual's task and environment
- Use of appropriate mechanical aids
- Practical work to allow the trainer to identify and correct anything the trainee is not doing safely
- Safer Handling Training will be delivered via a combination of Cascade, Direct and Observational training methods dependent on the individual.
- The method of training will be as set out in the Safer Handling Training Needs Analysis document located on the Trust intranet site

## 2.2 **PROCESS**

As a minimum all employees, including medical staff in training, must have a basic (theoretical) introduction to Safer Handling. The process of which is outlined in the Mandatory Training Policy. This training will be appropriate to their work activities i.e. non-patient, limited or patient handling, and include risk assessment of handling activities and the use of available equipment.

All new employees are required to attend practical Safer Handling training as detailed in the Training Needs Analysis guide. Where current employees transfer roles within the Trust, attendance at manual handling induction / refresher training is at the Manager's discretion and may be omitted if the handling undertaken in both roles is similar and the individual's training record is up to date.

The follow up of the theoretical training provision and management of non-attendance reflects that as described in the mandatory training policy.

Practical Safer Handling Induction Training and the Practical Safer Handling courses available on the Learning Hub are recorded; Practical Safer Handling Update Training is recorded by the individual completing a self-declaration on the Learning Hub as detailed on the template register (Templates found in the SHPG) All Safer Handling Theory Training is via e-learning and recorded on the Learning Hub

Monitoring of non-attendance at Safer Handling Training using the systematic follow up processes described, are detailed in the SHPG which is located on the Trust

intranet. Staff updates are provided by the area's Safer Handling Facilitators (Cascade trainers).

### **3.0 ACCESSING SPECIALIST ADVICE**

All Trust staff can access specialist advice relating to safer handling via their area's SHFs, Manager, Safer Handling Team, Trust Safer Handling intranet site, Occupational Health, Fast physiotherapy, Health and Safety Coordinator or the Governance Unit.

#### **3.1 THERAPEUTIC HANDLING**

Any manual handling involved in a rehabilitation treatment programme constitutes therapeutic handling. Thus any intervention that involves a therapist applying any physical force during a treatment session to a client is therapeutic handling. The Trust recognises that there is an element of risk in therapeutic handling however the risk will need to be reduced so far as reasonably practicable.

The Safer Handling Lead, in consultation with the relevant therapies manager and the Clinical Activity Support Team (CAST) Manager will organise specialist therapeutic handling training as identified.

Therapeutic handling should only be undertaken by trained and competent practitioners and will, only then, after a suitable and sufficient risk assessment has been made by competent person/s.

Therapists have the freedom to develop specific handling assessments tools provided a protocol for use within their specialist area is in place, ensuring any therapeutic handling is documented within existing client records.

### **4.0 PROCESS FOR MANAGING THE RISK ASSOCIATED WITH MANUAL HANDLING**

- Hazardous manual handling activities must be assessed and managed in accordance with the requirements set out in the Trust Risk Management Policy (C02) and Manual Handling Operations Regulations (1992). Appropriate risk assessment documentation must be completed for the moving and handling of both patient and object/loads. (Templates found in the SHPG) The Trust Risk Management approach set out in the Risk Management Plan must be used to identify hazardous activities with a detailed ergonomic assessment of the manual handling risks undertaken and the development of safer systems of work as set out for non patient activity.
- The risk rating and post treatment risk rating must be recorded and action undertaken in accordance with the Risk Management Policy (C02).
- Local risk assessments must be recorded and risks escalated through appropriate channels depending on score. This approach will ensure that the organisation has an action plan in place to manage the risk that is proportionate to the level of risk identified by the risk assessments.
- The Safer Handling Team will ensure that audits of the risk assessments, patients and objects collectively, inform the Trust Safer Handling Action Plan.

Based upon the findings of the audit the Safer Handling Team will develop an action plan which will be presented to the Health and Safety committee. The Trust Health and Safety Committee formally agree the plan and the Safer Handling Team ensures that the Health and Safety Committee receive updates on the plan and progress against the plan.

- The Trust requires all inpatients, requiring an overnight stay, to have an appropriate Manual Handling Patient Risk Assessment Document and Care Plan completed, dependent upon assessed need and clinical presentation (Templates found in the SHPG). This is to be filed in the patient's notes. This documentation will not be required for neo-natal, paediatric, day case and obstetrics unless the patient requires additional equipment or supervision, to assist mobility. Patients in a community / home setting will have an appropriate manual handling risk assessment outlining specific requirements appertaining to the patient's mobility needs.
- It is acknowledged that the use of a numeric risk score will not apply to patient risk assessments and a description of risk will be provided on the assessment. As a minimum, this must include any risk factors identified in moving the patient and the actions to be taken to reduce the risk. Arrangements at a local level will be made; therefore ensuring that action is taken as a result of risk assessments for community and acute patients. The Safer Handling Team will ensure that the audits and monitoring of clinical case notes regarding this requirement, and the actions taken, are used to inform the Trust Safer Handling Action Plan.

## **5.0 ACCOUNTABILITY AND RESPONSIBILITY**

### **5.1 CHIEF EXECUTIVE**

The Chief Executive is responsible for the health and safety of all trust staff.

The Chief Executive delegates the authority for the development and action of this policy to the Director of HR and audit.

### **5.2 LEAD DIRECTOR - DIRECTOR OF HR**

The Director of HR has the accountability for the management and implementation of manual handling policy and operations. The responsibility for the management of this process has been delegated to the CAST Manager / Safer Handling Lead who is responsible for the following elements

- Policy development- including consultation with staff and stakeholders
- Providing manual handling risk assessment and audit tools
- Providing an assurance of compliance with the policy to the Chief Executive and Trust Board through review of the policy.

In addition, the Safer Handling Team will ensure the provision of suitable and sufficient competent manual handling advice to all parts of the Trust on the requirements of the policy and assist in providing statistical data to the Trust Board via the Quality and Safety Board.

### **5.3 REPORTING AND GOVERNANCE ESCALATION PROCESS**

The Health and Safety Committee reviews manual handling activities, audits, action plans and reports. The findings and relevant information is escalated to the appropriate governance committee.

#### **5.4 THE SAFER HANDLING TEAM**

The Safer Handling Team is responsible for providing professional advice guidance and training on reducing manual handling risks to promote staff wellbeing and safety by:

- Developing and updating the Trust level Safer Handling Policy and strategy, taking relevant legislation and current best practice into account.
- Provides advice to management on manual handling issues including equipment purchases, accident / incident investigation and training.
- Assisting Matrons / Department / Ward Managers and Safer Handling Facilitators with the assessment and management of complex manual handling risks.
- Developing, designing, delivering and evaluation of a range of manual handling training programmes which incorporate relevant evidence based practice and statutory requirements.
- To annually audit manual handling training and risk assessments as per the monitoring section 6.0
- To provide ad hoc feedback and annual reports, including actions required to address issues identified, to the appropriate Governance group via minutes of the Health and Safety committee.

#### **5.5 OCCUPATIONAL HEALTH DEPARTMENT**

The Occupational Health Department is responsible for:

- Carrying out pre-employment screening in order to identify any relevant health problems and provide appropriate advice to individual staff and managers in relation to conditions that may have an effect on manual handling capability.
- Assessing and advising staff that are referred to them by managers, following injury or illness that may have an effect on manual handling capability.
- Monitor progress and the suitability of staff returning to the workplace, following injury or illness that may have an effect on manual handling capability.
- Providing advice to individual staff members regarding aspects of back care.

#### **5.6 DIRECTORS / SERVICE MANAGERS**

Directors / Service Managers are responsible for:

- Implementation the Trust Safer Handling Policy.
- Ensuring that each Department or Unit has at least 1 appointed Safer Handling Facilitator to carry out designated duties. Service Managers are required to nominate additional Safer Handling Facilitators to ensure a sufficient Safer Handling Facilitator to staff ratio exists within their area of responsibility.



- Ensuring that adequate time and resources are made available in all areas to allow Safer Handling Facilitators to fulfil their role.
- Ensuring that arrangements are made for all staff to be released to attend manual handling training, without loss of pay, on induction and updates.
- Ensure that ergonomic non-patient manual handling risk assessments are documented and that appropriate actions agreed are carried out; any residual risks must be identified and recorded on the Directorate Risk Register.
- Ensure that manual handling risk assessments are reviewed on an annual basis and that manual handling accidents / incidents are adequately investigated and appropriate actions are taken to prevent recurrence.
- Ensure that systems are in place to achieve compliance with legislation relating to the provision of suitable and sufficient manual handling equipment (including patient handling aids), and the use and maintenance of this equipment.

## **5.7 MATRONS / DEPARTMENT / WARD MANAGERS / LINE MANAGERS**

Matrons /Department/Ward Managers/Line Managers are responsible for:

- Implementing the Trust, Directorate and Department / Ward's Safer Handling Policy.
- Ensure that all staff (including temporary employees) attend or complete appropriate manual handling training (theory/practical) within a reasonable practical timeframe from commencement in role.
- Ensure all staff attend subsequent updates as identified in the Core mandatory training needs analysis document.
- Nominating Department / Ward Safer Handling Facilitators as appropriate and ensuring these staff attend appropriate training and update sessions.
- Ensure that where the Safer Handling Facilitator has identified that an individual is unable to demonstrate competence in a particular manual handling technique at update training, that the individual's practice is supervised in the workplace by a suitably competent individual.
- Ensure that department records of manual handling training are maintained and the Safer Handling Facilitator update session registers are forwarded to Learning and Development.
- Assisting and supporting Safer Handling Facilitators to enable them to carry out their duties effectively. (This will include assistance in ergonomic manual handling risk assessments), the development of safer systems of work / safer handling guidelines (including the provision of suitable and sufficient mechanical aids, including patient handling aids) and ensuring they have adequate time and resources to prepare and deliver/observe training and undertake manual handling risk assessments.
- Ensuring that appropriate actions agreed following manual handling risk assessments for patients and objects are recorded and carried out; any residual risks for objects and loads should be identified on the Directorate Risk Register and managed in accordance with the risk grading and risk management process scoring.

- Ensuring that manual handling risk assessments (including patient handling risk assessments) and safer handling guidelines are readily available to staff.
- Ensuring that manual handling accidents are recorded in line with Trust Policy and that initial investigations are undertaken with appropriate actions being taken to prevent recurrence.
- Ensuring that manual handling risk assessments are reviewed on an annual basis, at the time any changes in practice occur which may affect manual handling and where there has been an accident or near miss.
- Liaising with the Building Management / maintenance (as appropriate) regarding the inspection and maintenance of lifting and handling equipment.
- Liaising with the Safer Handling Team as necessary for advice on manual handling issues.
- In addition, Matrons / Department / Ward Managers / Line Managers must be aware that where they nominate Safer Handling Facilitators they cannot be held professionally or managerially responsible, the manager remains accountable for their actions and omissions.

## **5.8 DEPARTMENT / WARD SAFER HANDLING FACILITATOR**

Department / Ward Safer Handling Facilitators are responsible for:

Attending an appropriate initial Safer Handling Facilitator Foundation training session and updates in manual handling as per Training Needs Analysis in order to develop and maintain best practice.

Delivering department specific manual handling induction for staff in their Department / Ward or directing other competent staff do likewise in their absence.

Delivering manual handling training updates for all staff in their Department / Ward according to priority as set out in the detailed Training Needs Analysis.

Ensuring that all staff taking part in Department specific / practical manual handling training sessions, are aware of the physical requirements of the session, ensuring the appropriate section of the 'Fitness to Train' form is completed prior to training starting (Templates found in the SHPG).

Ensuring that the personal training records include:

- Name of Trainer
- Date of Training
- Duration of Training session
- Details of Activities Undertaken in the session
- Signature of Trainer & Trainee

Completing departmental ergonomic manual handling risk assessments and identifying risk reduction methods, safer systems of work / safer handling guidelines (this may include the provision of suitable and sufficient mechanical aids, including patient handling aids), providing advice and supporting colleagues (in patient areas this will include assisting with patient specific risk assessments), liaising with the Matron / Department / Ward Manager or Safer Handling Team where appropriate.

Ensuring the manual handling risk assessments are reviewed on an annual basis, at the time any changes in practice occur which may affect manual handling and where there has been an accident or near miss.

## 5.9 ALL EMPLOYEES

Employees have duties under:

- The Health and Safety at Work Act 1974
- The Manual Handling Operations Regulations 1992
- The Management of Health and Safety at Work Regulations 1999

5.9.1 Under these regulations they must therefore:

- Take reasonable care for their own health and safety and that of others who may be affected by their activities and omissions.
- Co-operate with their employers / managers to enable them to comply with their health and safety duties.
- Make use of appropriate equipment provided for them, in accordance with the training and instruction that they have been given.
- Follow appropriate systems of work / safer handling guidelines laid down by their employer to promote safety during the handling of loads.
- Not intentionally or recklessly interfere with or misuse anything provided in the interests of health, safety or welfare.

It is therefore in the best interest of employees to advise their manager of conditions that might affect their abilities to undertake manual handling operations safely. This will include illness, injury, pregnancy and recent childbirth. If staff feel that for any reason they cannot take a full and active part in training, they will be required to sign the appropriate section of the 'Fitness to Train' form. In this case they will restrict activities within their limitations or become an observer only at the training session. Managers will then be informed and they must consider if it is appropriate to seek advice from the Occupational Health Department.

5.9.2 In addition Individual employees are responsible for:

- Attending manual handling induction training after commencing in post and updates as set out in the detailed Training Needs Analysis which can be found in the safer handling policy guidance document and the Trust TNA document or mandatory training.
- Ensuring that they comply with Regulation 5 of the Manual Handling Operations Regulations 1992, by using systems of work provided for their use by their employer.
- Seek a safer alternative for any manual handling activity which they justifiably consider to be unsafe / condemned / prohibited / hazardous to themselves or clients. Where no such alternative can be identified refraining from the activity until advice has been obtained from the department Safer Handling Facilitator, Manager or Safer Handling Team.

- Report any hazardous manual handling activities or defects in manual handling equipment to their line manager.
- Comply with Safer Handling policies / guidelines and being aware that failure to comply may result in disciplinary action.

## **6.0 PROCESSES FOR MONITORING COMPLIANCE OF THIS POLICY**

### **6.1 Risk assessment**

The Safer Handling Team will undertake an audit annually.

This audit will cover an appropriate cross section of trust sites to include RBH, BGH, CCH, AVH, Pendle and Community.

It will include as a minimum;

- At least 15 wards/ departments/ services which cover all clinical divisions.
- At least 2 corporate
- Directorates will be included in the audit
- The audit will examine; for patients,

Whether manual handling risk assessments has been completed for the patient and ensure this record is maintained in the patient's notes.

- The audit will examine for; non-patient objects and loads,

Whether a risk assessment has been carried out for manual handling and the risk assessment has been scored accordingly using the trust risk management process

All wards and departments which require actions to be taken to become compliant with ELHT standards will be required to provide written assurances by the manager / matron to the Safer Handling Team. Thus ensuring that the actions from the patient / object risk assessments and audits have been completed

### **6.2 Training**

The Safer Handling Team will undertake an audit once per calendar year. This audit will cover an appropriate cross section of trust sites to include RBH, BGH, CCH, AVH and Pendle.

It will include as a minimum:

That the process for delivery of theoretical/practical Safer Handling training has been followed. This will be included in the central audit of mandatory training. Follow up of non-compliance for Theory training is audited and reported to the appropriate Governance committee via the Education and Development Team. Follow up of non-attendance data for Practical Training can be accessed by managers or individuals via the Learning Hub

As a minimum the Safer Handling Team will undertake an annual audit which will cover all sites, it will include

- At least 15 wards / departments/ services which cover all clinical divisions.
- At least 2 corporate directorates will be included in the audit
- A sample of 5 staff per will be randomly chosen from each ward/dept

The audit will examine the training records of the wards and departments for the following:

- The ward or department has a Safer Handling Facilitator
- The Safer Handling Facilitators have received update training within the timescale outlined in the Training Needs Analysis
- All new permanent staff have received a manual handling induction session within a reasonable timeframe as per training needs analysis
- Update training has been delivered to all permanent staff members within the timescale outlined in the Training Needs Analysis
- The training records have been filed in the department / ward / service and registers have been forwarded to the Learning and Development Department to be logged electronically.
- Follow up on non attendance of new starters at induction was processed as per procedure
- Where follow up on non-attendance at department update training was processed as per procedure outlined in the safer handling policy supplement.

Personal Development Portfolio files or central training logs for the ward / department / services will be checked to audit the following:

- Fitness to train forms present, signed and within TNA time scales (Forms completed on induction are kept by the Safer Handling Team)
- Content of session attached, signed or have been initialled by trainer and trainee

The audit report will be presented to the Health and Safety Committee. Actions will feed into the overarching action plan for back care and update reports to Health and Safety Committee provided against the action plan.

Arrangements for access to appropriate specialist advice and techniques used in moving and handling will be included in monitoring reports and audit processes. Findings of audits will be escalated and demonstrated through the Safer Handling Team, Health & Safety Committee and appropriate Governance Committee's.

### **6.3 Organisational Overview**

Monitoring of the organisational overview will be shown through minutes and reports of the Health and Safety Committee and the annual review by the appropriate Governance Committee. The Committee will seek assurance that the trust risk assessment audit process is in line with the overarching plan and that the plan is implemented by the Safer Handling Team.

This will be reflected in the minutes of Health & Safety Committee reports and consequent Governance Committee's minutes and reports.

# **Safer Handling Policy**

## **Guidance**

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## **SUMMARY OF THE HEALTH AND SAFETY AT WORK ACT 1974**

The Health and Safety at Work Act 1974 sets duties on employers with regard to the health, safety and welfare of themselves, their employees, the public and visitors.

The main requirements placed on the employer are:

### **Section 2.1**

'To ensure, so far as is reasonably practicable, the health, safety and welfare at work of all his employees'.

This includes the general duty of the employer to provide and maintain:

- Safe place of work.
- Safe systems of work
- Safe access and egress.
- Safe plant and equipment.
- Safe handling, storage and transport systems.
- Safe maintenance and repair systems.
- The information, instruction, training and supervision necessary for the employee's health and safety.
- Adequate welfare facilities.

The duties of the employer in respect of specific activities are set out in detail in the relevant health and safety at work legislation e.g. Fire Regulations, Manual Handling Operations Regulations.

Employers must meet the requirements of specific health and safety legislation to ensure compliance with the Health and Safety at Work Act 1974.

The manager's role:

The Health and Safety at Work Act 1974 acknowledges the importance of the role of the managers in health and safety. The act allows for personal prosecution of management where offences are due to their neglect, connivance or consent.

Failure of an organisation or individual manager to comply with the Health and Safety at Work Act 1974 can result in a successful prosecution. Cases can be heard either in a Magistrates Court or Crown Court, where fines to an organisation of up to £20,000 per offence and individual fines of up to £5,000 and / or up to 6 months imprisonment may be imposed.

More serious cases are heard in Crown Court and can result in unlimited fines to an organisation and individual fines of up to £20,000 and / or up to 2 years imprisonment.

The act also requires employers to:



- Have a written health and safety policy where there are more than 5 employees.
- Include information on health and safety in Director's reports.
- Ensure the health and safety of anyone who may be affected by the activity of their employees or themselves.

## SUMMARY OF THE MANUAL HANDLING OPERATIONS REGULATIONS 1992

The Manual Handling Operations Regulations 1992 place duties on the employer to protect employees from the risk of injury due to hazardous manual handling operations.

Manual Handling is defined as:

'The transporting or supporting of a load (including the lifting, putting down, pushing, pulling, carrying or movement thereof) by hand or by bodily force'.

The regulations set out a hierarchy of measures, which the employer must follow. These are:

- Avoid hazardous manual handling operations as far as is reasonably practicable.
- Undertake suitable and sufficient assessments of any hazardous manual handling operations that cannot be avoided.
- Reduce the risk of injury from those operations so far as is reasonably practicable.
- Review the assessments when there is reason to believe they are no longer valid or when systems of work change.

Where the hazardous manual handling operation cannot be avoided, the regulations require an ergonomic approach to assessment. This type of approach considers:

**T** Task  
**I** Individual  
**L** Load  
**E** Environment  
**O** Other factors

All aspects, which make the movement of the load hazardous are therefore considered, **not** just the weight of the load. Risk reduction methods identified should take all of the factors noted in the assessment into consideration and can include the introduction of safe systems of work, provision of equipment and training of staff, or a combination of these. Although seen as an important aspect, training alone does not guarantee compliance with the regulations. Evidence of safe working practices, suitable and sufficient equipment, instruction and supervision of employees would also need to be demonstrated.

Employees Duties:

Regulation 5 of the Manual Handling Operations Regulations 1992 sets out the individual employee's duties in relation to manual handling, stating they will, 'make full and proper use of any system of work provided for his use by his employer in compliance with regulation 4(1)(b)(ii) of these Regulations'.

This duty includes the requirement on the individual to use safer working practices where their employer has instructed them to use the system, provided any equipment required and ensured they have had the relevant training.

## **SUMMARY OF THE LIFTING OPERATIONS AND LIFTING EQUIPMENT REGULATIONS 1998**

The Lifting Operations and Lifting Equipment Regulations 1998 apply to lifting equipment, which is used in work activities.

The regulations define this type of equipment as, 'work equipment for lifting or lowering loads and includes its attachments used for anchoring, fixing and supporting'.

The regulations cover industrial type lifting equipment and equipment designed to lift people.

The main requirement of the Lifting Operations and Lifting Equipment Regulations 1998 are:

- The need for adequate strength and stability of equipment, including monitoring and fixing points.
- The need for specific safeguards to protect persons being lifted.
- The need for equipment to be positioned and installed to reduce the risk as low as reasonably practicable.
- The requirement for equipment to be marked with the safe working load, relevant safety characteristics, and that it is designed to lift people.
- That lifting operations should be properly planned by a competent person.
- That lifting operations are supervised appropriately and carried out in a safe manner.
- That equipment is examined prior to first use for any defects and further examination is undertaken at least every 6 months on equipment used to move people; and annually for other lifting equipment with records kept for the lifetime of the equipment (To ensure compliance the Trust requires that records are kept for 3 years beyond the lifetime of the equipment. Before any records are disposed of, a check should be made with the Legal Services Department to ensure that there are no out-standing claims involving this piece of equipment).
- Pre and Post use checks of all equipment should be undertaken.
- That any defects are reported to the employer with a written report to back this up within 28 days.

The Lifting Operations and Lifting Equipment Regulations 1998 therefore follow the principles of risk assessment as defined in the Management of Health and Safety at Work Regulations 1999 to ensure equipment purchased is suitable for use and adequately maintained.

## **SUMMARY OF THE PROVISION AND USE OF WORK EQUIPMENT REGULATIONS 1998**

The Provision and Use of Work Equipment Regulations 1998, places duties on the employer relating to the suitability and safety of equipment. When it is used and for the purpose which it has been provided for. In addition, the regulations require the equipment to be maintained in a safe condition.

The regulations apply to a wide range of equipment, e.g. computers, handsaws, stationery trolleys and photocopiers etc.

The main requirements of the Provision and Use of Work Equipment Regulations 1998 can be summarised as:

- The need for equipment to be suitable for its intended use, this includes consideration of the working conditions and risks.
- The need for equipment to be maintained to a standard that protects health and safety.
- The requirement to provide instruction on the use of equipment and to restrict the use and maintenance of the equipment to those staff who have been nominated and trained in its use.
- The need for regular inspection and maintenance of equipment.
- A general duty to provide those using the work equipment with instruction, training and information and to supervise or manage the use of work equipment.

## **SUMMARY OF THE MANAGEMENT OF HEALTH AND SAFETY AT WORK REGULATIONS 1999**

The Management of Health and Safety at Work Regulations 1999 introduces the principle of risk assessment, which is incorporated into many of the work place related health and safety regulations.

The main requirements of the Management of Health and Safety at Work Regulations 1999 are:

- To carry out 'suitable and sufficient' risk assessments of health and safety risks.
- To make and record arrangements for implementing health and safety measures.
- To introduce health surveillance where appropriate.
- To appoint adequate numbers of 'competent persons' to assist in the implementation of health and safety arrangements.
- To establish and record emergency procedures.
- To give employees information on the results of risk assessments, control measures and emergency procedures.
- To provide temporary workers with relevant information.
- To consider the capabilities of individuals when allocating tasks.
- To carry out risk assessments for new or expectant mothers.
- To protect young persons from risks arising from lack of experience etc.

### **Employees Duties:**

Under the Management of Health and Safety at Work Regulations 1999 employees have a duty to (i) use equipment in accordance with instructions and (ii) to notify the employer of dangerous work situations.

## SAFER HANDLING TRAINING NEEDS ANALYSIS

Course	Staff Group (s)	Refresher Period	Mode of Delivery
Safer Handling Induction  Level 1 – Load Handling  Level 2 – Patient Handling	All staff	Once only	Face to face as part of Corporate Trust induction or individual bookings through Safer Handling Team
Safe Handling Refresher – Practical  Level 1 – Load Handling	<b>Mandatory Training Profile 1 - Non-clinical – Support Services</b>	2 yearly	Face to face by Safer Handling Facilitators
	<b>Mandatory Training Profile 1 - Non-Clinical - Managers, Supervisors, Administrative, and Volunteers</b> <b>Mandatory Profile 4 – Professional and Technical Staff</b>	3 yearly	Face to face by Safer Handling Facilitators
Safe Handling Refresher – Practical  Level 2 – Patient Handling	<b>Mandatory Training Profile 3 -Medical Staff</b>	3 yearly	Face to face by Safer Handling Facilitators <b>or</b> individual bookings through Safer Handling Team
	<b>Mandatory Training Profile 1 - Porters</b> <b>Mandatory Training Profile 2 - Nursing and Midwifery Registered, Allied Health Professionals, Additional Clinical Services</b>	2 yearly	Face to face by Safer Handling Facilitators
Safer Handling Facilitator Foundation	Nominated departmental Safer Handling Facilitators Level 1 and Level 2	Once only	Face to face by Safer Handling Team 2 ½ days with a 2 hour follow up
Safer Handling Facilitator Refresher	Nominated departmental Safer Handling Facilitators Level 1 and Level 2	2 yearly	Face to face by Safer Handling Team Level 1 – ½ day Level 2 – 1 day

All training provided by the Safer Handling Team records the course content and fitness to train documents. All SHF refresher training sessions record the course content and fitness to train documents. These are filed in the personal records and in the Trust Guide to Safer Handling file for the area. Content and method of practical training will be identified on the course content and fitness to train documents, see examples pages 21-24.

## TRAINING PROVIDED BY THE DEPARTMENT SAFER HANDLING FACILITATOR

The Department Manager to co-ordinate the provision of department specific training sessions in conjunction with the department Safer Handling Facilitator(s).

All department staff who are due to attend a department specific training (as per Safer Handling Training Needs Analysis) will be expected to book themselves on to a planned training session to be delivered by the Safer Handling Facilitator.

\*Every ward or department is required to have a Safer Handling Facilitator subsequently the Safer Handling Facilitator receives updates as per TNA.

\*Some smaller or shared services may have localised arrangements for Safer Handling Facilitator coverage for their areas.

Attendance at the Department specific training session will be recorded on the session register . The attendees will complete the declaration of attendance at the training on the Learning Hub. This is monitored by the audit of training records by managers or individuals via the Learning Hub. The training checklist and fitness to train form for each individual attendee will be passed to their line manager for inclusion in their personal file. A copy is filed in the Trust Guide to Safer Handling file for the area. A copy of the register will be retained by the Department Manager

During each individual's PDR interview the Department Manager will check that the individual has attended safer handling training in accordance with the requirements set out in the Safer Handling Training Needs Analysis and a checklist of training maintained in their file.

Staff member subsequently attends session; the training checklist and fitness to train forms are passed to the line manager for inclusion in their personal file. The register will be retained by the Department Manager with a copy of the session content. The staff member will complete the Self Declaration on the Learning Hub.

Non-attendance may result in HR procedures being considered and applied.

If during the PDR interview non-attendance is identified the manager will book the staff member onto the next available training session and investigate the non-attendance of the staff member.

## MANUAL HANDLING RISK ASSESSMENT DOCUMENTATION

A **Manual Handling Assessment** must be completed for all hazardous manual handling activities. This assessment will be used to develop the Safer System of Work / Standard Operating Procedure to be employed.

This pack includes the tools to be used for both the manual handling risk assessment and treatment plan. This assessment tool has been written based upon the Trust Risk Assessment Process (as per the Trust Risk Management Strategy Plan and Policy (C2)).

### Remember

The purpose of the assessment is to identify and then **reduce** the overall level of risk of the manual handling task.

The following tasks must have a General Manual Handling Risk Assessment carried out if they are deemed to be hazardous and a safer system of work / standard operating procedure can be adopted to minimise the risk.

#### The tasks include -

Pushing, pulling and carrying.

Lifting and lowering.

Dropping and throwing.

### Manual Handling Assessments

These may be **General Manual Handling Assessments** (see **MH1A**) or **Individual Patient Assessments** (see **MH2A**) or Patient **Moving and Handling Assessment Form (for community based patients see MH3A)**

In addition to being used to assess non patient load handling, the general assessment may also be used for patient movements of a generic nature e.g. lateral transfer / PAT slide, wheelchair, patient trolley etc. The patient assessment should be used to assess the handling needs of an individual patient.

### Safer Systems of Work

Information obtained from the above assessments (**MH1 / MH2 / MH3**) will be used to develop a Manual Handling Safer System of Work (**MH1 A**) / Standard Operating Procedure or an individual Patient Handling Care Plan (**MH 2B/MH3B**).

### Residual Risk Grading

Following completion of a detailed Manual Handling Assessment (**MH1A / MH2A / MH3A**) and the introduction of the Safer System of Work / Standard Operating Procedure / Patient Handling Care Plan (**H1B / MH2B / MH3B**) the Residual Risk Grading must be assessed, recorded and action taken as per the Trust Risk Assessment and Procedure for the Corporate Risk Register (C2), section 5.1 Recording Acceptable Risk.

### Review

Manual handling assessments should be reviewed whenever systems of work change, in the event of an injury, if there is reason to believe they are no longer valid and at least annually.



**MH1A Manual Handling Risk Assessment Record**

<b>Division/ Directorate</b>	
<b>Ward/Department</b>	

**Risk Identified:**

**Description of Hazard**

**Description of Risk:** (i.e. what could go wrong; who may be affected; organisational / financial implications):

**Controls in place** (e.g. consider, equipment staffing, environment, policy / procedure, training, documentation).

**Identify any Gaps in Control**

**See General Manual Handling Risk Assessment Tool (MH1a) and Safer Systems of Work Form (MH2a)**

**Effectiveness of controls:** Adequate  Limited  Poor

**Current Risk Grading: Indicate appropriate number**

Frequency: Likelihood  Severity: Consequence

**Risk Rating= (Insert score in box)** Red Extreme 15-25  Amber Significant 9-14  Yellow Moderate 4-8  Green Low 1-3

<b>Name of assessor</b>	
<b>Date of assessment</b>	
<b>Signature of assessor</b>	

**General Manual Handling Risk Assessment – Lifting, Lowering and Carrying  
MH1A (i)**

<b>Task</b> Does this activity involve:	<b>Yes / No</b>	<b>Treatment Plan / Control Measures Required</b>	<b>Who</b>	<b>Date Achieved</b>
1. Holding loads away from the trunk?				
2. Twisting?				
3. Stooping?				
4. Floor to shoulder height moves?				
5. Carrying long distances?				
6. Strenuous pushing and pulling?		<b>Consider if Pushing / Pulling Assessment required (MH1a(ii))</b>		
7. Insufficient rest / recovery periods?				
8. An imposed work rate?				
9. Repetitive / Frequent handling?				
10. Poor posture?				
<b>Individual capability</b> Does the job:	<b>Yes / No</b>	<b>Treatment Plan / Control Measures Required</b>	<b>Who</b>	<b>Date Achieved</b>
1. Require unusual strength etc.?				
2. Require specific training, have staff had this?				
3. Require appropriate clothing or PPE to be worn?				
4. Pose a risk to staff with health problems / physical or learning difficulties?				
5. Pose a risk to pregnant or new mothers?				
6. Allow the staff to contribute to the planning, scheduling and equipment provision?				
<b>Load</b> Is the Load:	<b>Yes / No</b>	<b>Treatment Plan/Control Measures Required</b>	<b>Who</b>	<b>Date Achieved</b>
1. Heavy?				
2. Difficult to grip?				
3. Hot / Cold?				
4. Bulky / Unwieldy?				
5. Sharp / Abrasive?				
6. Unstable / Unpredictable?				
7. Awkward or unusual shape?				
<b>Environment</b> Do environmental factors include:	<b>Yes / No</b>	<b>Treatment Plan/Control Measures Required</b>	<b>Who</b>	<b>Date Achieved</b>
1. Obstacles that cause poor posture?				
2. Confined spaces - poor posture?				
3. Poor flooring - damaged /slippery?				
4. Changes in levels steps / ramps?				
5. Hot / cold / humid conditions				
6. Poor lighting?				
7. Noisy?				
8. Windy, raining etc?				
Resource needed to implement actions – please state if actual or estimated				
Anticipated /Target risk grading:				
<b>Frequency:</b> <b>Likelihood</b>	<input type="checkbox"/>	<b>Severity:</b> <b>Consequence</b>	<input type="checkbox"/>	
Anticipated risk grading post-treatment	Red / Extreme 15-25 <input type="checkbox"/>	Amber / Significant 9-14 <input type="checkbox"/>	Yellow / Moderate 4-8 <input type="checkbox"/>	Green / Low 1-3 <input type="checkbox"/>
<b>Date of Assessment / Review</b>	<b>Risk Grading</b>	<b>Assessor</b>	<b>Signature</b>	

**General Manual Handling Risk Assessment – Pushing and Pulling  
MH1A (ii)**

To be completed when activities include strenuous pushing or pulling movements

<b>Task</b>	<b>Yes / No</b>	<b>Treatment Plan/ Control Measures Required</b>	<b>Who</b>	<b>Date Achieved</b>
<b>Does the activity involve?</b>				
1. High initial force to move load?				
2. High forces to keep load in motion?				
3. Sudden movement / stopping / starting?				
4. Twisting or manoeuvring around objects				
5. Hands positioned below waist or over shoulder height?				
6. Long distances?				
7. One-handed operations?				
8. Repetitive pushing / pulling?				
<b>Individual capability</b>	<b>Yes / No</b>	<b>Treatment Plan/Control Measures Required</b>	<b>Who</b>	<b>Date Achieved</b>
<b>Does the job:</b>				
1. Require unusual strength etc.?				
2. Require specific training, have staff had this?				
3. Require appropriate clothing or PPE to be worn?				
4. Pose a risk to staff with health problems / physical or learning difficulties?				
5. Pose a risk to pregnant or new mothers?				
6. Allow the staff to contribute to the planning, scheduling and equipment provision?				
<b>Load</b>	<b>Yes / No</b>	<b>Treatment Plan/Control Measures Required</b>	<b>Who</b>	<b>Date Achieved</b>
<b>Is the Load:</b>				
1. Difficult to grip?				
2. Unstable/ unpredictable?				
3. Is vision restricted over / around?				
<b>If on wheels / castors are they?</b>				
4. Unsuitable for the load?				
5. Unsuitable for the floor surface / environment?				
6. Difficult to steer?				
7. With brakes but these are ineffective?				
8. Without brakes or difficult to stop?				
9. Inspected and maintained regularly to keep them in working order?				
<b>Environment</b>	<b>Yes / No</b>	<b>Treatment Plan/Control Measures Required</b>	<b>Who</b>	<b>Date Achieved</b>
<b>Do environmental factors include:</b>				
1. Constraints that cause poor posture?				
2. Confined spaces / narrow doorways?				
3. Poor flooring - damaged / slippery / rutted?				
4. Changes in levels steps / ramps?				
5. Hot / cold / humid conditions?				
6. Poor lighting?				
7. Windy, raining etc?				
Resource needed to implement actions – please state if actual or estimated				
Anticipated /Target risk grading:				
<b>Frequency:</b>	<input type="checkbox"/>	<b>Severity:</b>	<input type="checkbox"/>	
<b>Likelihood</b>		<b>Consequence</b>		
Anticipated risk grading post treatment:	Red / Extreme 15-25 <input type="checkbox"/>	Amber / Significant 9-14 <input type="checkbox"/>	Yellow / Moderate 4-8 <input type="checkbox"/>	Green / Low 1-3 <input type="checkbox"/>
<b>Date of Assessment / Review</b>	<b>Risk Grading</b>	<b>Assessor</b>	<b>Signature</b>	

## Manual Handling - Safer System of Work

### MH1B

<b>Activity:</b>	<i>A brief description of the activity undertaken - title</i>
<b>Hazards:</b>	<i>A brief description of the type of injuries and possible causes should be included</i>
<b>Individuals at Risk:</b>	<i>A brief description of individuals likely to be involved in the task should be given.</i>
<b>Generic Control Measures</b>	<i>Details of the control measures required to reduce the risks identified should be given - An additional sheet may be inserted if necessary</i>
<b>Local Control Measures:</b>	<i>Details of the local measures required to reduce the risks identified should be given - An additional sheet may be inserted as necessary</i>
<b>Method Statement:</b>	<i>Details of how the activity should be undertaken should be given. This should include information on the number of handlers, equipment required, method of handling to be used and postures to be adopted. An additional sheet may be inserted if necessary</i>
<b>Residual Risk Grading:</b>	Following introduction of the safer system the Residual Risk Grading should then be recorded and acted upon as per the Trust Risk Assessment and Procedure for the Corporate Risk Register (C2). Has this been completed and what date sent.

### Completed By:

Departmental Safer Handling Facilitator	
Signed	
Departmental Manager	
Signed	
Date safer system agreed	
Date of planned reviews	

## ACUTE – MH2A PATIENT SAFER HANDLING RISK ASSESSMENT AND CARE PLAN

<b>Name</b>	<b>Weight</b>	<b>Build</b>
<b>Hospital Number</b>	<b>Actual /Estimated</b>	<b>Circle as relevant</b>
<b>Ward</b>	Where an estimated weight is recorded on admission, an actual weight <b>must</b> be recorded as soon as possible.	<b>Tall/ Medium/Short</b>
<b>Hospital</b>	<b>Bariatric patients</b> Please check Safe Working Load (SWL) of equipment and slings On admission and transfer please complete the Safer Handling Checklist - Bariatric Patient available on Safer Handling folder on trust intranet site or section 2 of your Bariatric Directory.	<b>Slim/Average/Heavy</b>

### Mobility – Indicate risk level and aids/equipment used

Risk Guideline	Description	Aids/Equipment Used (please specify)	Moving & Handling Care Plan Required
<b>Patient Independent</b>	Able to move independently		No- reassess if condition changes
<b>Low</b>	Minimal Assistance/Supervision Required*		Yes
<b>Medium</b>	Requires assistance of 1or 2 handlers, aids / equipment*		Yes
<b>High</b>	Immobile / Altered level of consciousness / unpredictable when being assisted *		Yes

<b>Special Risk Factors- Description</b>	
-Special Risk Factors must be indicated	
Risk of falls	
Sensory impairment	
Attachments e.g. Drips, catheters, monitors	
Unpredictable, Uncooperative, Disorientated	
Skin condition/ Score	
Pain	
Anxiety	
Non weight bearing	
Unconscious	
Comprehension/ Understanding	
Amputation	
Paralysis/ Rigidity	
Environmental Risks	
Protective Clothing required	

<b>Date of Initial Assessment</b>		<b>Assessment Completed By</b>		<b>Signature</b>	
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- Unless the patient is independent a moving and handling care plan is required (see overleaf)
- Individual handlers must also consider any limitations to their personal capability.
- If the patient’s condition changes this Risk Assessment /Care Plan must be updated and details recorded below

Date	Signature	Date	Signature	Date	Signature

## ACUTE – MH2B PATIENT SAFER HANDLING RISK ASSESSMENT AND CARE PLAN

Activity	Risk Guideline & Description	Care Plan:-State equipment, number of staff, safer handling techniques used & generic guidelines where used.			
1. Sit to Stand	Independent				
	Low				
	Medium				
	High				
2. Walking	Independent				
	Low				
	Medium				
	High				
3. Toileting	Independent				
	Low				
	Medium				
	High				
4. Bed/Trolley Mobility Up &Down	Independent				
	Low				
	Medium				
	High				
5. Bed/Trolley Mobility Turning	Independent				
	Low				
	Medium				
	High				
6. Chair Moves To & From Bed etc.	Independent				
	Low				
	Medium				
	High				
7. Lateral Transfer To / From Bed / Table etc.	Independent				
	Low				
	Medium				
	High				
8. Bathing	Independent				
	Low				
	Medium				
	High				
9. Fall/ Emergency	High risk - Assess patient & situation. Refer to generic guidelines where available				
10. Hoisting Care Plan – Ensure that the Manufacturer’s Guidelines are followed. State number of staff, safer handling techniques used and generic guidelines where used.					
Details	Sling Lifting	Hoist Make & Model	Hoist Ref No.	Sling Size	Sling Ref No.
Care Plan					
Details	Bathing	Hoist Make & Model	Hoist Ref No.	Sling Size	Sling Ref No.
Care Plan					
Date of Initial Care Planning		Care Plan Completed By		Signature	

# COMMUNITY - PATIENT MOVING & HANDLING ASSESSMENT FORM [MH3A, MH3A(i), MH3B, MH3B(i)]

## MH3A

### 1. Patient details

<b>Patients Name:</b> <b>Address:</b>	<b>NHS No:</b>
<b>Date of Birth:</b>	<b>Weight:</b> (kgs)
<b>Independent - no further action required:</b> <input type="checkbox"/>	<b>Stature:</b> <input type="checkbox"/> Tall <input type="checkbox"/> Medium <input type="checkbox"/> Short

### 2. Assessment

	COMMENTS
1 Relevant Medical History	
2 Physical Disability	
3 Psychological	
4 Pain Status	
5 Tissue Viability	
6 History of Fall(s)	
7 Cultural/religious considerations	
8 Day/Night Variation	
9 Attachments	

If the patient's condition changes and/or if environment/location changes the assessment needs to be reviewed.

## MH3A(i)

### 3. Risks Identified

<b>Risk</b>	<b>Hazards identified</b>	<b>Actions to be taken</b>
Space constraints on movement of handler/equipment e.g. O2 cylinders		
Access e.g. Bed/Bath/WC/ Passageways		
Steps/Stairs/Access		
Flooring		
Slip/Trip Hazards		
Furniture - bed height/moveable/ condition		
Temperature/Humidity/Lighting		
Equipment Power Supply		
Other		



**MH3B**

**4. Safer Handling Plan**

Please specify appropriate handling aid/method and the number of staff required

<b>TASK</b>	<b>No of Staff</b>	<b>Equipment used</b>	<b>Method</b>
Turning in bed			
Moving up/down bed			
Sitting up in bed			
In and out of bed			
Transferring bed to chair			
Chair to chair			
Repositioning in chair			
Transferring chair to bed			
Standing			
Mobilising			
Toileting			
Bathing/washing			
Other			

**For minor changes: delete (and initial) the task that is to be changed in Safer Handling Plan and document the change in the Assessment review.**

**5. Additional Measures Required**

Are additional control measures required?  Yes  No

If yes, give details of additional control measures e.g. medication required, specialist equipment needs  
 Details:

6. Name of Assessor (Please print).....

Signature of Assessor.....

Designation .....Date:.....

**MH3B(i)**

**Assessment Review**

<b>REVIEW DATE</b>	<b>REVIEW RESULT/CHANGES</b>	<b>PRINT NAME</b>	<b>SIGNATURE</b>

Acknowledgement to and adapted from- ALL WALES NHS MANUAL HANDLING TRAINING PASSPORT & INFORMATION SCHEME

## EAST LANCASHIRE HOSPITALS – Safer Handling Update Training

**SESSION CONTENT: -** Please **initial** in the appropriate box to indicate the subjects covered.

<b>Theory / Practical</b>				
<b>Theory Level 1 and Level 2</b>				
1	Date Core Mandatory Training (CMT) completed – Safer Handling Theory			
<b>N.B. Elements 2-8 will be covered through CMT and completion of a Quiz paper; 3 &amp; 6 have practical elements</b>				
		<b>Discussed</b>	<b>Demonstrated</b>	<b>Practised</b>
2	Legislation and Trust Safer Handling Policy			
3	Normal Movement / Posture / Effect of loading			
4	Causes and Effects of Injury			
5	Ergonomic Risk Assessment –Trust Safer Handling File			
6	Principles of Safer Handling			
7	Patient Handling Special Considerations - Care Plan			
8	Condemned - Drag, Orthodox, Through Arm, Bear Hug, Techniques Lifting from Floor			
<b>Practical Level 1 and Level 2</b>				
	<b>Load Handling Techniques</b>			
9	Basic Lift - Low level/ Floor/ Waist Height/ Shoulder Height			
10	Two Person Lift - Movement of Bulky Loads			
11	Pushing and Pulling - Techniques			
<b>Practical Level 2</b>				
	<b>Use of Mechanical Aids</b>			
12	Hoist Principles / Maintenance			
13	Hoist – From Chair - state hoist type			
14	Sling Fitting / Compatibility / Maintenance			
	<b>Manual Techniques</b>			
15	Log roll (recovery position)			
16	Turning - Slide Sheet			
17	Up / Down Bed - Slide Sheet			
18	Transfers - Patslide - Slide sheet			
19	Assisting Mobility - Sit to Stand			
20	- Walking patients			
	<b>Emergency Situations</b>			
21	The Falling Patient			
22	The Fallen Patient– From Floor- state hoist type			
23	Cardiac Arrest			
24	Fire – Ski Pad / Ski Sheet			
25	Log roll onto spinal board			

The techniques demonstrated and practiced are a selection of procedures that may be required when moving loads. Assessment of individual situations must be undertaken prior to any handling activity and the Principles of Safer Handling should be adopted. Wherever possible mechanical aids and handling devices should be employed to avoid manual lifting and reduce the risk from manual handling to the lowest level reasonably practicable. The above techniques have been undertaken as indicated. Trainees are advised to refer to “The Guide to the Handling of People (6<sup>th</sup> Edition)” for procedures demonstrated and practised.

<b>CANDIDATE’S NAME</b>	<b>SIGNATURE</b>
<b>WARD / DEPARTMENT</b>	<b>WORK BASE</b>
<b>TRAINER’S NAME</b>	<b>SIGNATURE</b>
<b>JOB TITLE OF TRAINER</b>	<b>DATE OF TRAINING</b>

**The Safer Handling Training Level 1 (Load Handling) & Level 2 (Patient Handling) delivered as indicated above is aligned with the UK Core Skills Framework**

## SAFER HANDLING - FITNESS TO TRAIN

### Safer Handling Update Training

During the course of this training session physical activities appropriate to the groups' work practices will be undertaken.

**► Course attendees will be required to take an active part.**

If you are aware of any health related issues that you feel currently affect your capability and prevent you participating fully in the physical elements of this session, you should advise the trainer / manager and not take an active part in those practical elements of the session outside your personal limitations.

Conditions to consider may include current / previous back, neck or knee injuries, medical conditions / medications, pregnancy or recent childbirth, which may affect your capability.

If at **any time during** the session you have any concerns relating to your health you should **cease** the activity and inform the trainer immediately.

**Delegate-**

- I have read and understood the above.
- I am aware/unaware of any physical condition which would currently prevent me from taking full and active part in this training session
- If this situation changes prior to or during the session I will inform the trainer

<b>Name (full name - printed)</b>	
<b>Date</b>	
<b>Course Title</b>	<b>Safer Handling Update Training</b>
<b>Ward / Dept</b>	
<b>Work Base</b>	
<b>Job Title</b>	
<b>Managers Name</b>	
<b>► Please read the following statements and sign in the relevant section</b>	
I can take an active part in all sessions and I am not aware of any conditions that prevent me from taking an active part in the session	
Due to my physical / medical condition I will restrict activities according to my limitations	
Due to a medical condition I cannot take part in any of the physical practical sessions	
I have or will make my line manager and occupational health aware of my condition on return to my ward / dept	
<b>Line manager's signature</b> I am aware of the individual's condition and will undertake the appropriate actions required <b>(Please sign and keep in the Individual's Personal file)</b>	

**Trainer- I am aware of and agree with the above declaration, and will take any necessary actions appropriate to ensure all actives undertaken are within the delegate's scope of activities. E.g. restricted activities or observation**

<b>Name (print)</b>	
<b>Date and Work Base</b>	
<b>Signature</b>	

## EAST LANCASHIRE HOSPITALS – Competency/ Observational Update Training

**SESSION CONTENT:** Record of Practice & Competency- initial appropriate box to indicate subjects covered

	Theory / Practical	Date	Staff Sign	SHF Sign
<b>Theory Level 1 and Level 2</b>				
<b>1</b>	<b>Date Core Mandatory Training (CMT) completed – Safer Handling Theory</b>			
<b>N.B. Elements 2-7 will be covered through CMT and completion of a Quiz paper; 3 &amp; 6 have practical elements</b>				
<b>2</b>	Legislation and Trust Safer Handling Policy			
<b>3</b>	Normal Movement / Posture / Effect of loading			
<b>4</b>	Causes and Effects of Injury			
<b>5</b>	Ergonomic Risk Assessment –Trust Safer Handling File			
<b>6</b>	Principles of Safer Handling			
<b>7</b>	Patient Handling Special Considerations - Care Plan			
<b>Practical Level 1 and Level 2</b>				
<b>Load Handling Techniques</b>				
<b>8</b>	Basic Lift - Low level / Floor / Waist / Shoulder Height			
<b>9</b>	Two Person Lift - Movement of Bulky Loads			
<b>11</b>	Pushing and Pulling -Techniques			
<b>Practical Level 2</b>				
<b>12</b>	<b>Use of Mechanical Aids</b>			
<b>13</b>	Hoist Principles / Maintenance			
<b>14</b>	Hoist– From Chair –state hoist type -			
<b>15</b>	Sling Fitting / Compatibility / Maintenance			
<b>Manual Techniques</b>				
<b>16</b>	Log roll (recovery position)			
<b>17</b>	Turning - Slide Sheet			
<b>18</b>	Up / Down Bed - Slide Sheet			
<b>19</b>	Transfers - Pat slide			
<b>20</b>	Assisting Mobility - Sit to stand - Walking patients			
<b>Emergency Situations</b>				
<b>21</b>	The Falling Patient			
<b>22</b>	The Fallen Patient – From Floor - state hoist type			
<b>23</b>	Cardiac Arrest			
<b>24</b>	Log roll onto spinal board			
<b>Condemned Moves</b>		<b>To be discussed only</b>		
		Date	Staff Sign	SHF Sign
<b>25</b>	Drag, orthodox, through arm, lift from floor.			

CANDIDATE'S NAME	SIGNATURE
WARD / DEPARTMENT	WORK BASE
TRAINER'S NAME	SIGNATURE
JOB TITLE OF TRAINER	DATE OF TRAINING

**The Safer Handling Training Level 1 (Load Handling) & Level 2 (Patient Handling) delivered as indicated above is aligned with the UK Core Skills Framework**

## FITNESS TO TRAIN – SAFER HANDLING

### Competency/ Observational Update Training

During the course of this training session physical activities appropriate to the groups' work practices will be undertaken.

**► Course attendees will be required to take an active part.**

If you are aware of any health related issues that you feel currently affect your capability and prevent you participating fully in the physical elements of this session, you should advise the trainer / manager and not take an active part in those practical elements of the session outside your personal limitations. Conditions to consider may include current / previous back, neck or knee injuries, medical conditions / medications, pregnancy or recent childbirth, which may affect your capability.

If at **any time during** the session you have any concerns relating to your health you should **cease** the activity and inform the trainer immediately.

**Delegate-**

- I have read and understood the above.
- I am aware/unaware of any physical condition which would currently prevent me from taking full and active part in this training session.
- If this situation changes prior to or during the session I will inform the trainer.

<b>Name</b> (full name - printed)	
<b>Date</b>	
<b>Course Title</b>	<b>Safer Handling Training Competency/ Observational Update Training</b>
<b>Ward / Dept</b>	
<b>Work Base</b>	
<b>Job Title</b>	
<b>Managers Name</b>	
<b>► Please read the following statements and sign in the relevant section</b>	
I can take an active part in all sessions and I am not aware of any conditions that prevent me from taking an active part in the session	
Due to my physical / medical condition I will restrict activities according to my limitations	
Due to a medical condition I cannot take part in any of the physical practical sessions	
I have or will make my line manager and occupational health aware of my condition on return to my ward / dept	
<b>Line manager's signature</b> I am aware of the individual's condition and will undertake the appropriate actions required (Please sign and keep in the Individual's Personal file)	

**Trainer- I am aware of and agree with the above declaration, and will take any necessary actions appropriate to ensure all actives undertaken are within the delegate's scope of activities.  
E.g. restricted activities or observation**

Name (print)		
Date and Work Base		
Signature		