

HYWEL DDA UNIVERSITY HEALTH BOARD



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University Health Board

Manual Handling Policy

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Brief Summary of Document:	Provides a framework for the provision of manual handling systems and processes for Hywel Dda University Health Board
Scope:	This is an Organisation wide document for all service areas
To be read in conjunction with:	<p>199 – Risk Management Procedure 100 – Organisational Induction Policy 113 – Learning and Development Policy 139 – Uniform Policy and Dress Code for Nurses, Midwives & Specialist Community Public Health Nurses 201 – All Wales Disciplinary Policy 289 – Policy For Record Keeping For Nurses and Midwives 037 – Tissue Viability and Wound Management Guidelines All Infection Control Policies</p>

Owning Group	Health & Safety Advisory Group
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Executive Director:	Joe Teape	Job Title	Director of Operations
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Reviews and updates		
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MHOR	Manual Handling Operation Regulations
HSE	Health & Safety Executive

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1. Introduction

Manual handling injuries are part of a wider group of musculoskeletal problems. In 2015 an estimated 9.5 million working days were lost to work-related musculoskeletal disorders (MSDs), this represents 40% of all days lost due to work related ill-health (Health & Safety Executive HSE 2015).

In the Health Service, manual handling injuries account for 44% of absence from work through sickness (HSE) 2015).

The Health and Safety at Work Act 1974 (Section 2) and Management of Health and Safety at Work Regulations 1999 (Regulations 10 and 13) require employers to provide employees with health and safety information and training, with updates as required. This should be supplemented as necessary with more specific information and training and updating on manual handling injury risks and prevention, as part of the steps to reduce risk required by the Manual Handling Operations Regulations 1992 (as amended 2002) Regulation 4(1)(b)(ii).

As an NHS organisation, the University Health Board has to comply with the above legislation to help ensure the safety of their staff, patients and others.

This policy relates specifically to above legislation and will also comply with the standards as set by the All Wales NHS Manual Handling Training Passport and Information Scheme (2003 (revised 2010)).

2. Policy Statement

The implementation of this policy will ensure a suitable framework exists within the organisation to manage risks associated with manual handling. This, in turn, will protect and promote the health and well being of all employees and service users, whilst providing optimal care for our patients.

This policy is compiled in order for the University Health Board to comply with its responsibilities under the relevant legislation and regulations as stated below.

The implementation of the standards and guidelines within the All Wales NHS Manual Handling Training Passport and Information Scheme enables the University Health Board to comply with all aspects of the legislative requirements.

3. Scope

The scope of this policy is to cover all employees or other persons who may have occasion to visit University Health Board premises or who may be affected by the actions of University Health Board employees whilst carrying out their duties.

Where employees work in environments not directly controlled by this University Health Board (e.g. staff providing services in the community), or in a varied number of locations (e.g. Estates staff), there is an added emphasis on these persons to take special care of their own health and safety, and for that of others.

4. Aim

The aims of this policy are:

- For the University Health Board to comply with relevant legislation
- To comply with all aspects of the All Wales NHS Manual Handling Training Passport and Information Scheme.

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- To protect and promote the health and well being of all employees and patients
- To protect other persons who may have occasion to visit University Health Board premises or who may be affected by the actions of University Health Board employees whilst carrying out their duties.

5. Objectives

The aims of this policy will be met by the following objectives:

- To ensure a suitable framework exists within the organisation to manage risks associated with manual handling activities.
- To ensure that suitable arrangements are in place for systematic audit for all manual handling activities.
- To ensure that the University Health Board provides competent persons to advise, assess risk and deliver training as appropriate and to lead the development of the service both locally and nationally.
- To ensure the Manual handling Advisors, Trainers and Workplace Assessors maintain up-to-date knowledge of best practice and equipment by regular training, development and suitable networking.
- To implement all aspects of the All Wales NHS Manual Handling Training Passport and Information Scheme.
- To ensure that those with managerial responsibility have appropriate knowledge and skills to be able to identify, assess, reduce and control risks arising from manual handling activities within the University Health Board.
- To ensure that every effort is made to make those premises which are not within the normal precincts of the University Health Board, in which employees have to work, safe and free from risks.
- To ensure suitable systems are in place for managers to monitor and review manual handling arrangements.
- To ensure that all staff have the relevant skills and knowledge of safe manual handling working practices by accessing and attending appropriate training prior to commencing workplace activities.
- To ensure that systems are in place for all staff to attend classroom update training/workplace assessment as appropriate.
- To ensure those providing workplace assessments have access to appropriate training and development to undertake the role in a competent manner.
- To ensure that sufficient and appropriate equipment is provided by the University Health Board, maintained and used for its intended purpose.
- To ensure the safety of patients and staff is not compromised which may include the limiting/withdrawing of handling activities.
- To ensure that all records of training attendance are kept centrally by the Learning & Development department, maintained and accessible upon request.
- Copies of training activity must also kept by the employee's line manager and the MANUAL HANDLING department.
- To ensure that there is a system in place to investigate manual handling accidents, incidents and near misses and that appropriate action is taken to prevent reoccurrence.
- To ensure that there is a system in place for staff to access advice and support from the occupational health services, in conjunction with the manual handling co-ordinator, in the event of musculoskeletal disorders and or absence from work

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6. Legislation

A. Principal legislation and publications referred to:

- Health & Safety at Work etc. Act 1974
- Management of Health & Safety at Work Regulations 1999
- Manual Handling Operations Regulations 1992 (amended 2002)
- Provision and Use of Work Equipment Regulations 1998
- Lifting Operations Lifting Equipment Regulation 1998
- Guide to the handling of people [RCN] NBPA 2011 [6th Edition]
- Manual Handling in the Health Service [HSE Publications] 1998
- Workplace (Health, Safety & Welfare) Regulations 1992
- All Wales NHS Manual Handling Training Passport and Information Scheme 2003 (revised 2010).

B. Specifically:

The Health & Safety at Work Act 1974 places a general duty on the employer “to ensure so far as is reasonably practicable, the Health and Welfare at work of all employees”. Section 2 (1).

These duties include providing:

- Information; Instruction; Training and Supervision to ensure the health and safety of all employees.
- There are further duties placed on the employees which require them to take “reasonable care for the Health and Safety of themselves and of other persons who may be affected by their acts or omissions”.

7. Definition

The Manual Handling Operation Regulations 1992 refers to the moving of loads whether the load is animate or inanimate and apply to the:

“transporting, supporting, lifting, pushing, pulling and carrying of loads” and places a statutory duty on the University Health Board to control risks associated with the handling of loads, and where the risks are deemed significant to reduce or eliminate those risks to employees.

The MHOR regulations place a requirement on the employer to: -

- Avoid – the need for hazardous manual handling, so far as is reasonably practicable.
- Assess – the risk to staff and clients/loads, where manual handling operation cannot be avoided.
- Reduce – take appropriate steps to reduce the risk of injury to the lowest level reasonably practicable. Develop and implement safe systems of work.
- Review – to take place on an annual basis, or if there has been significant changes or it is no longer valid.

8. Minimal Manual Handling

Hywel Dda University Health Board recognises that the handling of patients and inanimate loads presents a risk of injury to staff, service users and other people, and that The Manual Handling Operation Regulations 1992 (amended 2002) places a statutory duty on the University Health Board to control risks associated with the handling of loads, and where the risks are deemed significant to reduce or eliminate those risks to employees.

In complying with relevant manual handling regulations the University Health Board considers the total elimination of patient handling to be impracticable. A balance will be sought between

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the needs and ability of the patients and the safety of staff. Patients must, wherever practicable, be encouraged to assist in handling activities. The University Health Board is committed to developing a minimal manual handling/lifting approach.

In all respects the University Health Board will address manual handling legislation, and its effects, in a reasonable manner having regard to all the circumstances. Risk assessment and planning can eliminate or reduce identified manual handling hazards. However, where assessments indicate there is absolutely no alternative but to lift animate or inanimate loads manually, a more detailed assessment of risk and methods must be undertaken and recorded.

Animate loads – the manual lifting of a patient is eliminated in all but exceptional or life threatening situations. Patients are encouraged to assist in their own transfers and handling aids should be used whenever they can, in order to help to reduce risks.

- *Guidance concerning complex handling situations (e.g.: bariatric, paediatric, treatment handling etc) are to form an appendix to this document.*

9. Responsibilities

Chief Executive

The Chief Executive has overall responsibility to ensure that the University Health Board complies with health and safety legislation and guidelines and for the organisational arrangements necessary to achieve these aims and will keep the University Health Board informed of developments.

The Chief Executive will delegate strategic manual handling management to an appropriate Executive within the University Health Board.

The Chief Executive also delegates to Director of Workforce and Organisational Development the responsibility for the effective management of manual handling within their Directorates.

Director of Workforce and Organisational Development

The Director of Workforce and Organisational Development is the Executive Lead with responsibility for manual handling. The main responsibilities of this post are to determine overall policy including the organisational development needs of the University Health Board.

Included in this role is monitoring and review of the manual handling status of the University Health Board and the taking of appropriate action where deficiencies are identified.

This post shall not have specific responsibility for the management of manual handling within each Service but will be responsible to the Chief Executive for:

1. Determining overall (University Health Board) manual handling strategy and performance including the organisation arrangements, policies, instructions and compliance with legislation, guidelines and strategies;
2. The provision of advice as necessary to General Managers or Service Heads and Senior Managers on aspects of manual handling.

All the above responsibilities will be undertaken by an appropriate Senior Manager, on behalf of the Director of Nursing.

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Assistant/Associate Directors, County Directors, General/Senior Managers, Clinical Leads, Heads of Service/Divisions

Assistant/Associate Directors, County Directors, General/Senior Managers, Clinical Leads, Heads of Service/Divisions are responsible for all aspects of health and safety of staff, patients and others in areas where they provide a service or under their control. This includes compliance with legislation and the following:

- The implementation of University Health Board policy to ensure the effective management of manual handling.
- The identification, assessment and control of manual handling risk, in line with the University Health Board's Risk Management Guidelines.
- Ensuring that equipment, premises and systems of work are safe.
- The provision of training and information to staff and others, as appropriate.
- The investigation of accidents and incidents, taking appropriate corrective action to prevent a recurrence and reporting details promptly.
- Monitoring and review of manual handling performance.

Managers

- To attend appropriate training sessions to enable them to be aware of their responsibilities in relation of manual handling to include the risk assessment process
- To ensure that Manual handling risk assessments are carried out and safe systems of work are devised and implemented
- That incidents are correctly recorded and investigated and remedial actions are taken
- That Workplace Assessors are supported by ensuring that sufficient time and resources are given to allow them to undertake the full range of their duties
- That Staff are supported by being released to attend all appropriate training provided by the University Health Board
- That Training records are accurately maintained locally
- That monitoring and auditing of manual handling activities within their area are undertaken and any findings are acted upon.
- That all mechanical and handling equipment is regularly maintained in accordance with legislation, and that records are maintained
- That patients and relatives receive information about the University Health Board's Manual handling Policy, and are made aware that patients and staff will not be placed at risk whilst handling patients

Manual handling Co-ordinators

Role:

To support Assistant/Associate Directors, County Directors, General/Senior Managers, Clinical Leads, Heads of Service/Divisions and Managers in ensuring that robust arrangements are in place to ensure that risks within their area of responsibility are effectively managed and minimised to a level acceptable to both the service and the University Health Board.

Responsibility:

- To provide evidence-based, competent advice to the University Health Board, enabling the University Health Board to comply with current legislation and relevant standards
- Maintain an up to date knowledge of legislation and current best practice and lead the development of the service both locally and nationally
- To ensure there are systems in place to enable the manual handling teams to access advice and support from senior management/clinicians representing all areas of the organisation

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- Undertake regular review of manual handling policy and develop supporting guidance as necessary
- To ensure the University Health Board's Manual handling policy is implemented through monitoring and audit via the health & safety audit tool, the outcome of which is reported to the appropriate channels.
- Reports will be provided on a regular basis to locality health & safety committees and the clinical skills group
- To ensure managers have access to advice and support when managing and monitoring the risks associated with manual handling
- Provide managers and staff with appropriate advice and support when investigating manual handling incidents/accidents/near misses
- Provide advice and support in complex handling situations
- Provide advice on equipment/furniture provision and purchase
- Provide advice on new builds and refurbishments
- To ensure the development and implementation of appropriate training programmes in line with current best practice and commensurate with the employee role is in place
- To ensure those providing training/update training have access to appropriate training and development to undertake the role in a competent and confident manner
- To provide support to the manual handling team by ensuring regular team meetings are in place to enable discussion and review of current practice
- Ensure that the delivery and content of all training is of sufficient standard to ensure compliance with the All Wales NHS Manual Handling Training Passport and Information Scheme
- Ensure there is an appropriate system in place to record all manual handling training activity to be held centrally on Electronic Staff Record System
- To raise awareness of the services available to staff from the Occupational Health department, staff psychological health and well being service etc
- To actively promote an organisational climate that encourages the reporting of adverse incidents whilst ensuring that lessons are learnt from events as they occur

Manual Handling Trainers

Role:

- To facilitate manual handling provisions through direct delivery, to meet the learning needs amongst the various professions within Hywel Dda University Health Board.

Responsibilities:

- Maintain up to date knowledge of manual handling issues and disseminate through training programmes.
- Assist the Manual handling Co-ordinators in the implementation of the University Health Boards' Manual handling Policy.
- Implement, review and deliver training programmes in order to comply with the All Wales NHS Manual Handling Training Passport and Information Scheme for patient handlers and non patient handlers as specified.
- Develop and support the workplace assessor network and provide update training on an annual basis and advise as necessary.
- Work with the manual handling co-ordinators in the appropriate selection and provision of equipment, furniture and aids.
- Assist the managers in the investigation of manual handling incidents where appropriate
- Assist with manual handling risk assessments as appropriate.

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Manual handling workplace assessors

- Liaise with Manual handling Team to assist in the implementation of the organisation's Manual handling Policy and the All Wales NHS Manual Handling Training Passport and Information Scheme.
- Attend appropriate training sessions to develop the skills and knowledge required to undertake role.
- Attend appropriate update sessions and meetings to maintain an up to date knowledge of manual handling issues.
- To undertake workplace competency assessments on an allocated group of staff
- Time commitment will be dependant on area of work, and numbers of staff requiring assessment.
- Act as a resource for staff to pass on concerns raised in relation to manual handling issues.
- To assist managers in undertaking the manual handling risk assessments, including the monitoring and review processes as required.
- Ensure records of workplace assessments undertaken are forwarded to the Learning & Development Department as soon as is practicable.
- Ensure accurate record keeping is in place in regard to training, workplace assessments, and equipment inventory etc, providing copies to the individual managers and to the Manual handling Dept.
- Continue to raise the profile of manual handling in their own areas of work and liaise/co-operate with other manual handling workplace assessors to provide and receive support.

Employees (contracted and honorary)

Take reasonable care for their own health and safety and for that of others who may be affected by their acts or omissions.

- Attend training sessions organised by the University Health Board.
- Participate in the Risk Assessment process.
- Report to managers, and document any incidents, hazards, near misses related to manual handling using the University Health Board's incident reporting procedure. Including non-compliance of other staff with the requirements of this policy.
- Use appropriate manual handling or lifting equipment provided to minimise the risk of injury in accordance with instruction or training received and which is documented in the Manual handling Risk Assessment.
- Inform their manager/supervisor if they become aware of any medical condition and pregnancy which may place them at increased risk when performing any manual handling task. This information, when possible, is to be treated as confidential.
- Report to their manager and/or take appropriate action regarding defects in equipment.
- Attend any training sessions provided by the University Health Board and adhere to any policy that affects the provision of safe manual handling operations

Voluntary workers etc (non University Health Board employees)

- The University Health Board will ensure that appropriate training is provided, and that they adhere to any policy that affects the provision of safe manual handling operations.

Individuals such as **Suppliers, service engineers, who work on University Health Board premises, will:**

- Take reasonable care to ensure their safety and that of others in relation to Manual Handling.
- Report to University Health Board managers any incidents relating to Manual Handling.

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10. Manual handling Risk Assessments

It is a manager's responsibility to ensure that manual handling risk assessments are undertaken within their area of responsibility and that safe systems of work are devised, implemented and communicated to all relevant staff.

Managers who supervise staff or a delegated competent person must undertake manual handling risk assessments.

Training, guidance and support in undertaking manual handling risk assessments is available from the manual handling co-ordinators and trainers. All those undertaking such assessments must have the necessary knowledge and skills to do so.

Advice may also be sought from the Health & Safety Adviser.

In order to implement a suitable and sufficient process the following tools will be used: -

Generic Manual handling Risk Assessment Form (See Appendix 1)

Generic risk assessment should be undertaken and reviewed annually or when changes in work activities occur. Review should also take place whenever there is a reason to suppose that the assessment is no longer valid e.g. because the working conditions, the personnel carrying out the operation, the manual handling operation itself has changed, or following a near-miss incident or personal injury.

Upon completion, records of the risk assessment should be retained locally at department level. Any work place redesign, equipment and training needs identified will be incorporated into an action plan, which will be implemented so far as is reasonably practicable. It is the responsibility of the manager to ensure that action is taken and that action should ensure the risk is reduced to its lowest practicable level. Unresolved risks need to be reported via the directorates' risk management system, to be included into the University Health Board risk register. A copy of the action plan should be forwarded to the Manual handling Co-ordinator.

Tasks requiring a safe system of work should have a documented procedure. This should be kept in an accessible place within the department and reviewed annually along with the risk assessments.

Managers should carry out a systematic review of the risk assessments on an annual basis or sooner as appropriate (e.g. following incident or accident).

Individual Patient Manual handling Risk Assessment Form (See Appendix 2)

Completion of the patient handling assessment will be the responsibility of the registered practitioner, directly involved in that patient's care, excluding medical staff. The handling plan will ideally be kept at the end of the patient's bed and should be easily accessible to those needing to assist the patient. This information needs to accompany the patient to other departments e.g. Radiography, Theatre

The re-assessment of individual patients should occur daily/weekly or as appropriate or if there is a change in their condition.

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11. Incidents

Following a near miss, incident, or accident, the Datix Form should be completed within 24 hours and forwarded to the Line Manager who is responsible for investigating the incident and taking the appropriate action. The Manual handling Co-ordinators may need to advise further action.

The Manual handling Incident and Accident statistics will be collated and presented as part of the annual Manual handling Report.

Any identified issues will be fed into the appropriate advisory group for further analysis.

12. Equipment

- Appropriate handling equipment, for both patients and inanimate loads should be provided where a risk has been identified. It is essential that the Managers are aware of the availability, suitability, and maintenance of equipment within their own Directorate/Department.
- To ensure this is carried out, the following steps must be taken:
 - Each Associate Medical Director/General Manager has the responsibility to provide equipment required following a risk assessment so far as is reasonably practicable
 - An inventory of handling equipment used within an area should be kept within each Directorate/Department by the Manager and a copy sent to the Manual handling Co-ordinator so that a comprehensive University Health Board register of all Manual handling equipment is available.
 - If a need for further equipment is identified by staff or managers, the Manual handling Coordinator/Trainer should be consulted for advice on selection and suitability.
 - Prior to purchase/hire/trial, all manual handling equipment should be evaluated by the appropriate group to ensure its fitness for purpose.
 - Departments wishing to purchase/hire/trial equipment should contact the Procurement Department.
 - Staff must not use equipment until appropriate training has been received.
 - Routine maintenance of mechanical equipment must be carried out as per University Health Board '144 - Maintenance Policy' and in accordance with LOLER Regulations 1998.
 - Other non-mechanical equipment must be regularly inspected / maintained on a departmental basis by a competent person.

13. Training

Training and instruction in safe handling should occur in conjunction with other risk control measures. Sole reliance on training is not effective in controlling risk. It is recognised that there are manual handling risks specific to each ward and department in the University Health Board, which cannot be highlighted during Induction. Therefore the department/ward manager has a duty to provide information and/or training covering such risks before the new employee is exposed to those risks

The University Health Board will provide an induction programme and training in accordance with best practice and will comply with the 'Passport Scheme'. This will ensure consistency of manual handling training/assessment within the NHS in Wales. It will allow staff to transfer their skills when moving between University Health Boards, and ensuring consistency across Wales thus minimising duplication and time lost to the service.

All managers and staff must support and implement the contents of the `Passport Scheme`.

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No new employee should perform a manual handling activity unless they have received appropriate training and instruction.

In order to achieve this, the University Health Board will ensure that:

- The Manual handling Coordinators /Trainers receive adequate training and updating in order to ensure that up to date knowledge and skills are maintained.
- Unless exceptional circumstances prevent them from doing so, all new employees must attend the University Health Board induction sessions to include Manual handling foundation training prior to commencing workplace activities. This comprises of modules commensurate with their role, unless a current manual handling 'Passport' can be produced and verified. In such cases, the employee must attend update training as soon practicable. Training provided will reflect the individual's duties and include a work-based assessment where appropriate. On completion of this training, each employee will then be issued with a Manual handling Passport. New staff will be made aware of workplace Manual handling arrangements during their local induction session
- All employees who have a significant change in role will be assessed for further Manual handling training needs by their manager. The manager will be responsible for booking any further training as needed.
- Training records will be kept centrally on the Electronic Staff Record system
- Training records will be accessible through the Learning & Development Department, Managers and Employee Self Service, where available
- Copies of training activity must also kept by the employee's line manager.
- Bank staff will not commence employment until foundation manual handling training is completed, or a current manual handling 'Passport' is produced and verified by the Manual handling department.
- Staff that are unable to demonstrate the required level of skill and knowledge will be given further training. The Trainer will liaise with the individual's line manager who, if necessary may seek guidance from other specialist University Health Board departments.
- Attendances at Manual handling courses are mandatory, and the trainer will record all attendance. Non-attendance at induction training will be reported via the Learning & Development department to the appropriate manager, all other non-attendance will be communicated to the manager by the Manual handling team.
- Appropriate clothing and footwear should be worn for training sessions and in the workplace in accordance with the University Health Board's 139 - Uniform Policy

Refresher Training

All staff will have access to regular updating in manual handling. The level of risk in the workplace area and the needs of the individual, will determine the content. Generally, patient handling staff will require an annual intervention of either a workplace assessment or update training in the classroom dependant on their needs.

Non patient handling staff will require updating interventions between one and three years depending on the risks associated with their role.

The workplace assessments will be undertaken by the manual handling workplace assessors and the update training will be provided by members of the moving & handling team, either in the workplace, or the classroom as required. The number of classroom based training sessions will be determined by an annual training needs analysis across the University Health Board.

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14. Monitoring & Review

The Manual handling Coordinator, in conjunction with the manual handling team, will carry out regular review of the implementation process of the manual handling policy which includes all of the training programmes. The review will consider the manual handling operations, the results of assessments, audits, incident reports and the development of techniques, equipment and other control measures, and will include current best practice.

15. Occupational Health

Prospective employees receive pre-employment assessment by the Occupational Health Department to ensure that individuals are fit for the job and the job is 'suitable' for the individual.

Knowledge of the capabilities of the employee, the nature of the working environment and demands of the job allow the Occupational Health staff to make an appropriate assessment.

A change in health status for example, pregnancy or the development and progression of an illness, or return to work following musculoskeletal injury, should result in an assessment of competence being undertaken by the manager and if necessary reported to the Occupational Health Department so that appropriate advice can be given. [see Guidelines for Pregnant Workers].

16. Disciplinary Procedure

The University Health Board reserves the right to take disciplinary action against any University Health Board employee who fails to follow safe practice, or puts themselves or others at risk by their own omission or neglect. Please refer to Health Board's 201 - Disciplinary procedure for further guidance.

17. References

All Wales NHS Manual Handling Training Passport and Information Scheme 2003 (revised 2010)

Health and Safety at Work etc. Act 1974, HMSO, London

Health & Safety Executive 1992. Manual Handling Operations Regulations (as amended) HSE books, London

Health and Safety Executive 2015 Work-related Musculoskeletal Disorder (WRMSDs) Statistics, Great Britain, 2015 www.hse.gov.uk/statistics/

Management of Health and Safety at Work Regulations 1999 SI 1999 No 2051 ISBN 0 11 25051 6

Lifting Operations and Lifting Equipment Regulations, No 2307 1998 ISBN 9780717616282

Manual handling in the health services. 1998, HSC, HSE books, ISBN 9780717612482

Provision and Use of Work Equipment Regulations 1998 SI 1998/2306 ISBN 0 11 179599 7

The Guide to the Handling of People, 2011, 6th edn. BackCare, Teddington.

Workplace (Health, Safety and Welfare) Regulations 1992 Approved Code of Practice ISBN 978 0 7176 0413 5

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18. Appendix 1 – Handling assessment form



HANDLING ASSESSMENT FORM

SECTION A: ADMINISTRATION DETAILS

Primary Location: Secondary Location: Precise Location:	Date of Review:
	Signature of Assessor:
	Date of Review:
	Signature of Assessor:
Name of Assessor: Designation: Date of Initial Assessment:	Date of Review:
	Signature of Assessor:
	Date of Review:
	Signature of Assessor:

SECTION B: MANUAL HANDLING TASK

Description of task:

Personnel involved

SECTION C: CURRENT RISK CONTROL MEASURES

Control measures currently in use:	Equipment currently in use:
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Manual Handling Risk Level

In each of the sections, task, load, individual capability, environment - tick the appropriate box [yes or no]
A 'Yes' tick indicates that further action is required to reduce the risk

SECTION D: ASSESSMENT OF RISK

Initial Assessment	Task	Initial Assessment	Load
Does the task involve	Yes No	Is the load/patient	Yes No
Holding load away from trunk		Heavy? Indicate weight []	
Twisting		Body/unwieldy one side heavier > 75cm in diameter	
Stooping		Difficult to grasp – no conventional hand holds	
Reaching upwards		Unsteady/unpredictable	
Large vertical movements from floor		Harmful, e.g. sharp, hot, contaminated, patient behaviour	
Long carrying distances			
Strenuous pushing/pulling			
Initial Assessment	Individual Capability	Initial Assessment	Environment
Does the task:	Yes No	Does the environment have:	Yes No
Require unusual capabilities ie strength, height, age		Constraints on posture ie restricted space, low work surfaces	
Constitute a hazard to those with health problems		Poor floors, eg uneven, slippery, unstable	
Constitute a hazard to those who are pregnant		Strong air movements	
Require special information and/or training		Poor lighting conditions	
Require personal protective clothing		Hot, cold, humid condition	
Other Factors			

SECTION E: FREQUENCY OF TASK

Record the number of times the activity takes place during one working shift. The frequency could require additional control measures.

Frequency of activity Number of staff involved in the task

SECTION F: INITIAL RISK RATING FIGURE

Initial Risk Rating Figure: (to calculate see Risk Matrix)

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Potential consequence rating x Possible likelihood rating = Risk Rating Figure

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SECTION G: Additional Risk Control Measures Required

Additional control measures to be recorded within this box. The request for these measures should be subjected to a risk priority along with other risks within the location and will form part of a prioritised risk register

No	Risk Reduction Measures

If the above control measures are implemented, calculate the New Risk rating Figure:

Potential consequence rating x Possible likelihood Rating = Risk Rating Figure:

SECTION H: Action Plan Agreed with Manager

No	Action Plan	Responsible Person	Projected Completion Date	Date Completed/ Signature

Once the above action has been implemented, calculate the final Risk Rating Figure

Potential consequence rating x Possible likelihood rating = Risk Rating Figure:

Additional Comments

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Safe System of Work

Task:.....

Area:.....

Equipment No of Staff etc	Method/Technique

Risk Assessor:-.....

Risk Assessor Signature:-.....

Date:-.....

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MANUAL HANDLING RISK ASESMENT ACTION PLAN

Risk Identified	Risk Rating	Action Recommended	Time Frame	Person Responsible	Review Date

SIGNED.....

RISK ASSESSOR:.....

MANAGERS SIGNATURE

MANUAL HANDLING RISK ASSESSMENT FORM

GUIDELINES FOR USE

This form can be used for assessing inanimate load handling tasks or generic patient tasks. There is a separate Risk Assessment Form for individual/named patient handling tasks.

The Manual Handling Operations Regulations 1992, require that tasks that involve risk should be eliminated. Only when this is not possible should an assessment be carried out to reduce the risks associated with that task to the lowest level that is reasonably practicable.

HAZARD

Source of potential harm or damage or a situation with potential for harm or damage

RISK

Is a combination of the likelihood and severity of a specified hazard occurring?

The manual Handling Operations Regulations 1992 support the Health and Safety at Work etc Act 1974. A breach of these statutory requirements is a criminal offence

ACCOUNTABILITY

- lies with the head of services/designated director/manager

RESPONSIBILITY

- day to day responsibility of managing risk lies with departmental/ward managers

The person carrying out a manual handling assessment (assessor) should be a competent member of staff who has undertaken the appropriate training in Manual Handling Risk Assessment. The assessment should be reviewed in accordance with the specified review period, whenever there is any change of following a manual handling incident. The objective of risk management is to identify and reduce the **LIKELIHOOD** of incidents occurring that could have significant consequences for staff, patients or the Trust, as far as is reasonably practicable.

There are no absolute values for incidents, but effective risk assessment, applying appropriate control measures and monitoring those measures, together with training, can help minimise the potential for injury and/or other losses. The Risk Matrix will help with this process.

The completed form must be accessible at all times.

SECTION A:

Filling in the form:

Primary Location, e.g. hospital/premises/community

Secondary Location. e.g. ward/department, clinic, residential/care facility

Precise Location, e.g. side room, store-cupboard, corridor

SECTION B: Description of Manual Handling Task

Write down the step by step details of the task for which the assessment applies, e.g. moving people, heavy equipment etc.

Personnel involved:

Identify the staff that are likely to be involved in the task, remember to consider students and other personnel e.g. porters, store men, nurses, care workers etc.

SECTION C: Current Risk Control Measures

List control measures currently in use e.g. staff training, written information/protocols. List any equipment in use in the appropriate column.

SECTION D: Assessment of Risk

Consider the headings Task, Patient/Load, Individual Capability and Environment. Tick the appropriate box that reflects most accurately what is involved in the manual handling task.

SECTION E: Frequency of the Task

Record the estimated number of times the task takes place during any one working shift. The frequency of task may identify the need for additional control measures, e.g. more than one hoist to be accessible, more appropriate equipment required etc. Make reference to the number of staff involved in the task.

SECTION F: Initial Risk Rating Figure

Refer to the risk matrix.

SECTION G: Additional Risk Control Measures Required

This part of the form is used to determine and justify the need for additional risk control measures. There will be occasions when the additional control measures required may take some time to implement. The request for these controls should form part of the Action Plan (agreed with the manager). The new Risk Rating Number will quantify the projected reduction in risk.

SECTION H: Action Plan Agreed with the Manager

The Action Plan is documented confirmation that the additional risk control measures have been identified and agreed with the manager. This should identify the expected completion date and confirm when controls have been implemented. A final Risk Rating Number should then be calculated.

19. Appendix 2 - Risk Matrix for Manual Handling

N.B.: If the risk assessment being undertaken includes Patient Safety issues, please refer to the full Health & Safety Risk Matrix

Table 1 Consequence scores

Choose the most appropriate domain for the identified risk from the left hand side of the table. Then work along the columns in same row to assess the severity of the risk on the scale of 1 to 5 to determine the consequence score, which is the number given at the top of the column.

	Consequence score (severity levels) and examples of descriptors				
	1	2	3	4	5
Domains	Negligible	Minor	Moderate	Major	Catastrophic
Impact on the safety of patients, staff or public (physical/psychological harm)	Minimal injury requiring no/minimal intervention or treatment. No time off work	Minor injury or illness, requiring minor intervention Requiring time off work for >3 days	Moderate injury requiring professional intervention Requiring time off work for 4-14 days RIDDOR reportable incident Affect between 3-15 people	Major injury leading to long-term incapacity/disability Requiring time off work for >14 days RIDDOR reportable incident Affects between 16-50 people	Incident leading to death Multiple permanent injuries or irreversible health effects RIDDOR reportable incident Affects 50 + people
Human resources/organizational development/staffing/competence	Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	Unsafe staffing level or competence (>1 day) Poor staff attendance for mandatory/key training	Unsafe staffing level or competence (>5 days) Loss of key staff No staff attending mandatory/ key training	Ongoing unsafe staffing levels or competence Loss of several key staff No staff attending mandatory training /key training on an ongoing basis
Statutory duty/inspections	No or minimal impact or breach of guidance/statutory duty	Breach of statutory legislation Reduced performance rating if unresolved	Single breach in statutory duty Challenging external recommendations/improvement notice	Enforcement action Multiple breaches in statutory duty Improvement notices	Multiple breaches in statutory duty Prosecution

Table 2 Likelihood score (L) = likelihood of the consequence occurring?

The frequency-based score is appropriate in most circumstances and is easier to identify. It should be used whenever it is possible to identify a frequency.

Likelihood score	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost certain
Frequency How often might it/does it happen	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur, possibly frequently

Table 3 Risk scoring = consequence x likelihood

Likelihood	1	2	3	4	5
Consequence	Rare	Unlikely	Possible	Likely	Almost certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

1 - 3	Low risk	Action within 12 months or accept risk	Review control measures 12 months
4 - 6	Moderate risk	Action within 3 months	Review 6 months
8 - 12	High risk	Action within 1 months	Review 3 months
15 - 25	Extreme risk	Action immediate	Review 1 months

20. Appendix 3 – Moving & Handling Patient Assessment Form



Patient Moving and Handling Assessment Form

SECTION A: PATIENT DETAILS

E number Ward / Dept / Other **Weight:**
 Patient Name: **Height:**
 Address:
 D.O.B: **INDEPENDENT - NO FURTHER ACTION REQUIRED (SIGN AT SECTION C)**

SECTION B: ASSESSMENT TO BE COMMENCED ON ADMISSION

1	Relevant Medical History	Please refer to medical notes
2	Physical Disabilities	
3	Psychological / Mental Health	
4	Pain Status	
5	Tissue Viability / Nutritional Status	
6	History of fall (s)	
7	Cultural / religious considerations	
8	Day / Night variation	
9	Attachments / Other considerations	

If the patients condition and / or if environment / location changes the assessment needs to be reviewed

SECTION C: SIGNATURE

Name of Assessor (please print).....
 Assessor.....

Signature of

Designation.....
 Date.....

N.B Datix to be completed if appropriate equipment not available

SECTION D: SAFER HANDLING PLAN

Name:		Initial Assessment			Document when change in patient condition		
No	Task	No of People	Method / Equipment Required	Date and Sign	No of People	Method / Equipment Required	Date and Sign
1	Repositioning in bed						
2	Transfer bed to trolley						
3	Transfer bed to chair / Chair to bed						
4	Chair to chair Chair to commode						
5	Standing						
6	Walking ability						

7	Toileting						
8	Other						

SECTION E: SAFER HANDLING PLAN CONTINUATION SHEET

Name:		Document when change in patient condition			Document when change in patient condition		
	Task	No of People	Method / Equipment Required	Date and Sign	No of People	Method / Equipment Required	Date and Sign
1	Repositioning in bed						
2	Transfer bed to trolley						
3	Transfer bed to chair / Chair to bed						
4	Chair to chair Chair to commode						
5	Standing						
6	Walking ability						

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7	Toileting						
8	Other						

SECTION F: SAFER HANDLING PLAN CONTINUATION SHEET							
Name:		Document when change in patient condition			Document when change in patient condition		
	Task	No of People	Method / Equipment Required	Date and Sign	No of People	Method / Equipment Required	Date and Sign
1	Repositioning in bed						
2	Transfer bed to trolley						
3	Transfer bed to chair / Chair to bed						
4	Chair to chair Chair to commode						
5	Standing						
6	Walking ability						
7	Toileting						
8	Other						

SECTION G: USE IN COMMUNITY AND EXCEPTIONAL CIRCUMSTANCES			
Environmental considerations	Hazards identified	Actions taken	Review
Space constraints on movement of handler/ equipment			
Access eg bed/bath/WC/ passageways			
Steps/stairs/access			
Flooring			
Slip/trip hazards			
Furniture chair height/ moveable/condition			
Bed – double/low			
Temperature/humidity/ lighting			
Equipment/power supply			
Pets/children etc			
Other			
Equipment issued by			
Other agency involved			
Initial assessment date and sign			
Review date and sign			



Patient Moving & Handling Risk Assessment Form Guidelines for Use

This form must be completed for patients who are considered at risk. The patient must be fully assessed, and details of the assessment recorded by a registered member of staff. The Moving and Handling Assessment should be made available to any person involved in moving and handling the patient and should accompany the patient at all times.

Section A: Essential Information

Patient's name address, date of birth, E Number. Ward/Department/other. Patient's weight and height.

If patient is independent, and no further action is required, sign at section C.

Section B: Assessment

Consider all factors that could affect the patient's mobility including:

1. Relevant medical history e.g. CVA, arthritis, amputation, Parkinson's Disease, osteoporosis etc.
2. Physical disabilities e.g. eye sight, hearing and speech.
3. Psychological e.g. confused aggressive etc.
 - Fully co-operative – able to conform and maintain mobility.
 - Comatose – completely unable to comprehend any verbal commands and unable to confirm.
 - Confused and unable to understand - patients who cannot comprehend what is expected of them, and unable to determine how they can help.
 - Agitated – disturbed or excitable. State of mind which may make manual handling difficult.
 - Aggressive – the patient may have unprovoked hostility and the intention to harm others.
4. Pain status

5. Tissue viability / Nutritional Status

6. History of fall(s) – does patient have any previous history of falling to ground, past or present

- History of vertigo – does the patient have a feeling of themselves or the surroundings rotating, spinning, or have any balance problems.
- Low haemoglobin – to the best of your knowledge, does the patient have a low haemoglobin, which may precipitate fainting or falling.
- Spasm/Epilepsy – does the person have uncontrolled limb jerks and involuntary muscle contraction and rigidity they may or may not be aware of.
- Other – please highlight any other medical history which may predetermine manual handling problems.

7. Cultural/religious considerations which may need to be taken into account.

8. Day/Night variations

9. Attachments, e.g. IV lines, catheter, oxygen therapy etc / Other considerations e.g. Social factors

Section C: Signature

The assessor must ensure that they print, sign, and date this section on completion of the initial assessment.

Section D: Safer Handling Plan

Consider the patient's ability with regard to each task, and identify appropriate equipment and the number of staff required to safely move the patient. Then identify the method in which the patient should be moved. Sign and review as appropriate when the patient's condition changes using the appropriate column.

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