

THE STATE HOSPITALS BOARD FOR SCOTLAND

MANUAL HANDLING POLICY

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The date for review detailed on the front of all State Hospital policies/ procedures/ guidance does not mean that the document becomes invalid from this date. The review date is advisory and the organisation reserves the right to review a policy/ procedure/ guidance at any time due to organisational/legal changes.

Staff are advised to always check that they are using the correct version of any policy/ procedure/ guidance rather than referring to locally held copies.

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REVIEW SUMMARY SHEET

No changes required to policy (evidence base checked)

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Minor changes only required to policy (evidence base checked)

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September 2024

- The policy ownership has changed from the Director of Workforce to the Director of Security, Estates and Resilience.
- A Safer Patient Handling Link Worker training course has been added to the manual handling training programme. This course covers modules A, B, C, D, E and F from the Scottish Manual Handling Passport Scheme.
- All Occupational Therapy staff will complete this course and allocated clinical staff from the wards. This course will be refreshed every two years.
- The role of the link worker is to provide staff with manual handling support assisting to them put into practice techniques learned in training.

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1 INTRODUCTION

The State Hospital (TSH) recognises the risk of musculo-skeletal injury that is associated with manual handling operations. This policy aims to reduce the risk to staff, volunteer's patients. It has been developed in accordance with relevant legislation, and particularly the Health and Safety at Work Act, the Management of Health and Safety at Work Regulations, the Manual Handling Operations Regulations, the Lifting Operations and Lifting Equipment Regulations and the Provision and Use of Work Equipment Regulations. This policy and its procedures have been developed and agreed through the Health & Safety Committee.

2 POLICY STATEMENT

TSH is committed to applying safe systems of work to all manual handling situations as defined in the Manual Handling Operations Regulations. Manual handling is described as:

“Transporting or supporting a load (including the lifting, putting down, pushing, pulling, carrying or moving thereof) by hand or bodily force as well as postural loading from fixed working postures”.

The Hospital is committed to eliminating, so far as is reasonably practicable, manual handling operations which incur significant risk of injury, or otherwise reduce the level of risk to the lowest level reasonably practicable.

To facilitate this, the Hospital will provide:

- Risk assessment.
- Manual handling training and education.
- Manual handling equipment.
- Operational guidance and advice.

The Hospital is also committed to ensuring that, as far as is reasonably practicable, the way we provide services and the way we treat our staff, volunteers and patients reflects their individual needs and does not discriminate against individuals on grounds of their ethnic origin, physical or mental abilities, gender, age, religious beliefs or sexual orientation. If a patient requires assistance with personal and intimate care consideration will be given to the patient's dignity in terms of gender support.

The State Hospitals Board recognises the need to ensure all stakeholders are supported to understand information about how services are delivered. Based on what is proportionate and reasonable, we can provide information / documents in alternative formats and are happy to discuss with you the most practical and cost effective format suitable for your needs. Some of the services we are able to access include interpretation, translation, large print, Braille, tape recorded material, sign language, use of plain English / images.

3 POLICY AIMS

This policy aims to:

- Meet the general commitments relating to the health and safety of staff and volunteers as described in the Health and Safety Policy.
- Reduce the number of manual handling operations which could cause injury, wherever this is reasonably practicable.
- Reduce the risks to the lowest level reasonably possible.
- Reduce the need for the manual lifting of patients in all but exceptional or life-threatening situations.

- Reduce the risk of unnecessary manual handling by making sure that risk assessments are carried out and that equipment is used wherever appropriate.
- Make arrangements for putting the policy into practice and ensure we make improvements in controlling the risks created by manual handling.
- Contribute to helping staff who have musculo-skeletal symptoms.
- Reinforce the responsibilities of Senior Managers and Line Managers/Control Book Holders for manual handling activities within their areas of responsibility.
- Ensure compliance with the Manual Handling Operations Regulations 1992 and all other legislative and professional guidance.

4 GENERAL STRATEGY

TSH strategy for manual handling reflects the magnitude of the problems in this area. Poor practice in manual handling, from moving equipment, laundry, catering, supplies, waste, refuse etc, to assisting people to move, causes over a third of all workplace injuries within Health boards and accounts for a significant number of working days lost.

Responsibility for risk assessments and implementing control measures rests with Senior and Line Managers/Control Book Holders, with advisory input from the Manual Handling Advisor as appropriate.

The strategy for reducing manual handling risks is as follows:

- A competent Manual Handling Advisor will develop and oversee manual handling strategies and policies and provide training and expert advice on manual handling issues.
- Risk assessments of all manual handling operations that pose a risk of injury must be carried out by Line Managers/Control Book Holders (with assistance, where appropriate, from the Manual Handling Advisor).
- The risk assessments (Appendix 4) will form the basis of an action plan that will be put in place. The action plan will aim to reduce the risk of injury associated with manual handling operations by:
 - 1) Identifying priority risk areas.
 - 2) Ensuring provision of appropriate and adequate training on manual handling.
 - 3) Ensuring provision of mechanical lifting aids and patient handling equipment.
 - 4) Encouraging safe-handling practices.
 - 5) Adapting the working environment or re-organising work practices.
 - 6) Providing details of staffing ratios required for tasks.
- Data will be collected from the Datix Recording System and utilised to monitor implementation of the policy.

5 ORGANISATION AND RESPONSIBILITIES

5.1. Responsibilities of the Chief Executive

The Chief Executive has ultimate responsibility for all health, safety and welfare matters associated with TSH undertakings, as set out in the Board's Health and Safety Policy. This includes ensuring that adequate resources are provided to implement our statutory responsibilities.

5.2. Responsibilities of the Director of Security, Estates, Risk and Resilience

The Director of Security, Estates, Risk and Resilience has delegated responsibility from the Chief Executive and is responsible for ensuring health and safety arrangements are implemented throughout the organisation. They will act on behalf of the Chief Executive in

overseeing implementation of the manual handling policy and undertake periodic monitoring and review to ensure it meets the aims as set out within this policy.

5.3. Responsibilities of Senior Managers/Heads of Service

Senior Managers/Heads of Service will:

- Ensure the manual handling policy is implemented within their area of responsibility and that staff to which specific responsibilities are delegated are fully aware of and discharge these responsibilities.
- Ensure that manual handling risk assessments are being carried out and updated as necessary, and monitor the implementation and impact of local measures to reduce risk.
- Take account of the risks associated with manual handling activities in the design of new services and facilities, when purchasing equipment, or when introducing changes to work practices.
- Monitor and review adverse incidents/injuries relating to manual handling within their area of responsibility and the extent of sickness absence associated with such incidents/injuries and, where required, support line managers to develop and implement action plans to address any issues identified.
- Ensure that all members of staff and volunteers receive appropriate and adequate manual handling training in accordance with the guidelines set out within this policy.

5.4. Responsibilities of Line Managers/Control Book Holders

Line Managers/Control Book Holders will:

- Undertake manual handling risk assessments for all manual handling activities that might place staff and / or volunteers at risk of injury, ensuring that they are kept up to date and reviewed annually or when changes occur, and that the risk assessments are recorded in the e-Control Book.
- Ensure new start employees / volunteers do not undertake any manual handling activities posing significant risk until appropriate training is provided.
- Identify manual handling risks within their ward/department and implement safe systems of work and other control measures as required to help eliminate or reduce the risk.
- Liaise and consult with the Manual Handling Advisor, where appropriate, when undertaking manual handling risk assessments and introducing risk control measures.
- Ensure that all staff and volunteers receive appropriate and adequate training in manual handling in accordance with the guidelines set out within this policy. This includes provision of manual handling training as part of induction, periodic refresher training, plus role specific manual handling training where required.
- Maintain records, within the e-Control Book, of all staff and volunteers who receive manual handling training, including induction and update/refresher training.
- Ensure that all staff and volunteers (where appropriate) complete a Manual Handling Self-Assessment form (Appendix 1) every two years and implement any actions required to address issues identified as a result of the self-assessment.
- Make referrals to Occupational Health and seek advice on individual adaptations to work patterns or tasks, when necessary, to help prevent exacerbation of pre-existing musculo-skeletal ailments or injuries and/or to support phased return to work following a manual handling injury.
- Liaise with and consult the Manual Handling Advisor prior to all purchases, trials and assessments of manual handling products and equipment.
- Ensure that incident forms are completed, using the Datix Incident Recording System, for all incidents or near misses involving manual handling that occur within their ward/department.
- Investigate manual handling incidents and near misses reported on Datix and take action, where required, to address issues identified and help prevent reoccurrence.

Within patient handling areas:

- Ensure that individual patient assessments are carried out, where appropriate, and that the manual handling assessments and associated control measures are recorded in the risk assessment and patient's moving and handling plan (Appendix 5) and made available to all staff involved in the moving and handling of the patient.
- Ensure that specific procedures are in place to deal with specific risks associated with patient falls and care of bariatric patients.

5.5. Responsibilities of Individual Staff

All staff will:

- Take reasonable care for their own safety and that of colleagues and patients, and comply at all times with the Manual Handling Policy.
- Complete the necessary manual handling training commensurate with the requirements of their job role as outlined within this policy.
- Assess tasks before carrying out any manual handling activity to ensure that appropriate precautions are taken.
- Follow safe systems of work (i.e. follow any precautions or procedures that have been put in place to help avoid or reduce the risk of musculo-skeletal injury associated with manual handling activities). For clinical staff, and staff involved in patient handling activities, this includes adhering to handling techniques and transfer methods specified in the patient's moving and handling plan.
- Make full and proper use of any manual handling equipment provided and report any faults promptly to their line manager.
- Complete a Manual Handling Self-Assessment form every two years and discuss the contents with their Line Manager/Control Book Holder.
- Be aware of own capabilities and limitations and seek assistance if required when carrying out manual handling tasks.
- Report any concerns regarding manual handling activities or associated risks to the Line Manager/Control Book Holder or Manual Handling Advisor as appropriate.
- Report any injury or significant pain which may have been caused by manual handling activities and any personal factor (such as musculo-skeletal injury, illness or pregnancy) which might increase the risk.

Within patient handling areas:

- Adhere to all manual handling guidance that is detailed within individual patient moving and handling plans.
- Avoid manually lifting patients in all but exceptional or life threatening situations.

5.6. Responsibilities of Manual Handling Advisor

The Manual Handling Advisor is the primary source of expertise in manual handling issues and will:

- Advise on strategic developments necessary within TSH to meet legislative requirements, comply with current best practice, and reduce musculoskeletal disorders.
- Provide expert advice to managers and staff at all levels of the organisation to help improve working practice and reduce manual handling risks and associated incidents and injuries.
- Provide advice and support to Line Managers/Control Book Holders in relation to manual handling risk assessments, risk control measures, and other related matters.
- Provide advice on manual handling issues related to new projects, changes in work practice, changes to legislation and the purchase of equipment.

- Conduct on-site visits and provide coaching, feedback and advice as necessary to raise awareness of manual handling risks, and reinforce the key principles of safe manual handling.
- Distribute the Manual Handling Self-Assessment to staff following completion of the Manual Handling Essentials online learning programme. These will be reviewed by the Manual Handling Advisor. A referral will be made for refresher training dependent on the needs identified. A copy of the Manual Handling Self-Assessment is included in Appendix 1.
- Deliver manual handling education and training to all relevant staff and volunteers and maintain detailed records of training content and staff attendance at training. This includes completing a Record of Training (Appendix 3) to record key topics/manoeuvres that were included within training.
- Ensure all staff complete a Manual Handling Training Health Questionnaire (Appendix 2) prior to all training courses, and provide Line Managers with a record of feedback in the event that a member of their staff has experienced difficulty participating in any part of the practical element of the manual handling training.
- Train staff on the use of any new equipment that has been introduced.
- Monitor all manual handling incidents reported via Datix and investigate all RIDDORs associated with manual handling.
- Develop and implement systems to audit effectiveness of the Manual Handling Policy, and report to the Health and Safety Committee on manual handling developments, priorities and risks.

5.7. Responsibilities of the Occupational Health Department

The Occupational Health Department will:

- Carry out pre-employment screening and ensure that new members of staff / volunteers are fit for the duties involved in their role.
- Discuss with Ward/Department Managers, the Moving and Handling Advisor and the Health and Safety Advisor, any manual-handling risk which they consider to be significant.

6 TRAINING AND EDUCATION

6.1 Manual Handling Education and Training Framework

The Hospital will provide a manual handling education and training curriculum that is in line with the standards specified within the Scottish Manual Handling Passport Scheme.

The aim of the education and training curriculum is to provide all staff and volunteers with the manual handling knowledge and skills required to reduce the risk of musculo-skeletal injuries to themselves and others caused by poor manual handling practice in the workplace.

A variety of methods will be employed to support delivery of the education and training curriculum (e.g. classroom based courses, e-learning, and on-the-job coaching) and training and education will focus on:

- Legislation and local policy.
- Ergonomics and risk assessment.
- Back awareness and back care.
- Causes of back injuries and back pain.
- Efficient movement.
- Safe manual-handling principles and manoeuvres.
- Use of manual-handling equipment.
- Unsafe and high risk 'controversial' manoeuvres.

The manual handling education and training curriculum will be delivered using a modular approach, as recommended within the Scottish Manual Handling Passport Scheme. This will ensure that staff / volunteers can access training and education that is appropriate to their needs and relevant to the requirements of their job role.

An overview of each module within the education and training curriculum is provided below.

Module A - Manual handling theory.

Module B - Manual handling of inanimate loads.

Module C - Chair manoeuvres (and managing the falling patient).

Module D - Bed manoeuvres.

Module E - Hoisting.

Module F - Lateral Transfer.

6.2 Core Induction Training

Level 1: Manual Handling Awareness Training

All staff and volunteers will complete Module A (Manual Handling Theory) of the manual handling education and training curriculum as part of their core induction training. This will be delivered via an online learning programme (called Manual Handling Essentials) located on Learn-Pro and should be completed within one month of commencing their role.

Level 2: Practical Manual Handling Skills Training

Training in assessing risk and the practical application of manual handling techniques will be provided to all staff as part of the core suite of mandatory induction training as detailed below.

- Module B (Inanimate Load Handling and Practical Application of Ergonomics) will be completed by all staff and volunteers. Additional guidance on how to prevent back injury/pain and other musculo-skeletal health problems linked to use of display screen equipment (DSE) will also been incorporated within the hospital's DSE Awareness online learning programme.
- Module C (Chair Manoeuvres and Managing the Falling and Fallen Patient) will be completed by all staff required to undertake patient handling tasks and activities. This will include the use of a lifting cushion and hoisting techniques to assist patients who have fallen.
- Safer Patient Handling Link worker training. This course covers modules A, B, C, D, E and F. All Occupational Therapy staff will complete this course and allocated clinical staff from the wards. This course will be refreshed every two years.

All Level 2 practical manual handling skills training will be delivered via face-to-face classroom based courses and should be completed within three months of commencing the role.

(Note - New employees/ volunteers who can provide evidence of having successfully completed relevant modules from the Manual Handling Passport Scheme in the past 2 years (e.g. whilst employed / volunteering within another NHS Scotland Health Board) do not require to complete this training again as part of their induction.)

6.3 Manual Handling Update and Refresher Training

All staff and volunteers will complete the Manual Handling Essentials online learning programme every two years to refresh essential knowledge relating to manual handling and associated risks.

As part of the two-year refresher, all staff and volunteers will complete a Manual Handling Self-Assessment. This will assist in identifying learning needs and/or additional support needs in

relation to manual handling. The Manual Handling Advisor following completion of the Manual Handling Essentials online learning programme will send out the self-assessment to staff. The Manual Handling Advisor will review the self-assessments. A referral will be made for refresher training dependent on the needs identified. A copy of the Manual Handling Self-Assessment is included in Appendix 1.

Information and guidance relating to safer patient handling during restraint and relocation will also be embedded within elements of the PMVA level 2 training programme and refresher training. The latter is undertaken every two years.

6.4 Tailored and Job Specific Manual Handling Training

Tailored manual handling training and/or Modules D, E and F will be delivered, as required, to staff working in areas where specific training needs are identified through the risk assessment process or where a risk has been identified following injury or a change in equipment or work practice.

The content of tailored and job-specific manual handling training will be determined by the risks identified and the tasks that staff are required to undertake. A variety of delivery methods may be employed (e.g., classroom based courses, e-learning, and on-the-job coaching).

Line Managers are responsible for reviewing training needs and ensuring that staff receive appropriate and adequate manual handling training. Tailored training and/or additional updates and refresher training may be required if:

- A training need is identified through the individual self-assessment process or a specific group has an identified training need.
- There is a change in legislation or professional guidance.
- There is a change in work procedures.
- New equipment is introduced.
- A patient's physical ability and/or mobility decreases.
- The need for further training is indicated following an incident or risk assessment.

In addition to the above, any member of staff / volunteer who sustains an injury as a result of manual handling should be reviewed by Occupational Health and if appropriate should be referred to the Manual Handling Advisor for relevant refresher training. Where possible, this should take place prior to resuming duties.

6.5 Recording of Manual Handling Training

The Manual Handling Advisor will maintain records of all manual handling education and training provided. Records will include:

- Dates, location, and duration of training.
- Details of the training content.
- Name(s) and signature(s) of attendees.
- Name(s) and signature(s) of instructors.
- A record of training (Appendix 3) outlining manoeuvres discussed demonstrated and practiced.

7 REHABILITATION AND ASSESSMENT

Following musculo-skeletal injury or illness, managers may refer staff / volunteers to Occupational Health to seek advice on adaptations to the role / work patterns or tasks, or phased return to work. The Occupational Health Physician will assess the volunteer / staff member's fitness in relation to the demands of their role and will make recommendations to the

relevant Head of Department. They, in turn, will make reasonable efforts to accommodate these recommendations.

All staff and volunteers can consult Occupational Health, confidentially, on any aspect of health and safety while at work.

8 COMMUNICATION, IMPLEMENTATION, MONITORING AND REVIEWING

This policy will be communicated to all stakeholders within The State Hospital via the intranet and through the staff bulletin. If required, the Person Centred Improvement Service will facilitate communication with Patients, Carers and Volunteers.

Implementation and compliance with the Manual Handling Policy will be monitored and reviewed by the Manual Handling Advisor and the Health & Safety Committee. This will include monitoring and periodic review of adverse incident statistics and trends, manual handling risk assessments, and compliance with manual handling training standards.

Any deviation from policy should be notified directly to the policy Lead Author. The Lead Author will be responsible for notifying the Advisory Group of the occurrence.

This policy will be reviewed every 3 years or sooner if changes in legislation are introduced.

9 EQUALITY AND DIVERSITY

The State Hospitals Board (the Board) is committed to valuing and supporting equality and diversity, ensuring patients, carers, volunteers and staff are treated with dignity and respect. Policy development incorporates consideration of the needs of all Protected Characteristic groups in relation to inclusivity, accessibility, equity of impact and attention to practice which may unintentionally cause prejudice and / or discrimination.

The Board recognises the need to ensure all stakeholders are supported to understand information about how services are delivered. Based on what is proportionate and reasonable, we can provide information/documents in alternative formats and are happy to discuss individual needs in this respect. If information is required in an alternative format, please contact the Person-Centred Improvement Lead on 01555 842072.

Line Managers are responsible for ensuring that staff can undertake their role, adhering to policies and procedures. Specialist advice is available to managers to ensure that reasonable adjustments are in place to enable staff to understand and comply with policies and procedures. The EQIA considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy.

Patient pre-admission assessment processes and ongoing review of individual care and treatment plans support a tailored approach to meeting the needs of patients who experience barriers to communication (e.g. Dementia, Autism, Intellectual Disability, sensory impairment). Rapid access to interpretation / translation services enables an inclusive approach to engage patients for whom English is not their first language. Admission processes include assessment of physical disability with access to local services to support implementation of reasonable adjustments. Patients are encouraged to disclose their faith / religion / beliefs, highlighting any adapted practice required to support individual need in this respect. The EQIA considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy.

The volunteer recruitment and induction process supports volunteers to highlight any barriers to communication, physical disability or anything else that would prevent them from contributing meaningfully to patient care and / or engage in other aspects of the work of the Hospital relevant to

their role. The EQIA considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy.

10 STAKEHOLDER ENGAGEMENT

Following review there have been no significant changes to current practice. Therefore stakeholder engagement has not been necessary for the 2024 review.

Key Stakeholders	Consulted (Y/N)
Patients	N/A
Staff	N/A
Carers	N/A
Volunteers	N/A

APPENDIX 1: MANUAL HANDLING SELF ASSESSMENT FORM

Manual Handling Self Assessment Form

This form will take up to 5 minutes to complete. The purpose of the Manual Handling Self Assessment is to assist in identifying any additional learning or support needs that you may have in relation to manual handling tasks and activities that you undertake within your job.

- All staff should complete questions 1-9
- Staff working in a clinical role should also complete questions 10-13

1. Do you know how to move in balance when doing your work activities, that is, move without adopting excessive stooping or twisting posture? Required to answer. Single choice.

- ☐ Yes
☐ No

2. Do you know how to identify and put into practice moving and handling risk assessments in your area of work? Required to answer. Single choice.

- ☐ Yes
☐ No

3. Do you know how to work all the features of any equipment in your area used for moving and handling tasks, for example trolleys, wheelchair and sack barrows? Required to answer. Single choice.

- ☐ Yes
☐ No

4. Do you know who to talk to if you have any concerns regarding manual handling at work? Write your answer below:

5. Do you know how to report a manual handling incident or injury at work? Required to answer. Single choice.

- ☐ Yes
☐ No

6. How confident and competent do you feel undertaking manual handling tasks within your work environment? Required to answer. Please rate out of 5, 5 being confident:

7. Have you completed a practical training session in manual handling?

- ☐ Yes
☐ No

8. Please provide information on any additional learning or support you feel you require in manual handling. Write your answer below:

9. Please add any other issues associated with manual handling that have not been captured within this self-assessment form. Write your answer below:

10. Do you know how to assist a patient to sit down or stand up from a chair or a bed?

Single choice.

Please only answer if you have a clinical role

- ☐ Yes
☐ No

11. Do you know how to assist a patient to walk? Single choice.

Please only answer if you have a clinical role

- ☐ Yes
☐ No

12. Do you know how to assist a patient who is starting to fall during an assisted transfer or mobilisation or help them to get back up? Single choice.

Please only answer if you have a clinical role

- ☐ Yes
☐ No

13. Do you know how to assist a fallen patient up from the floor using a lifting cushion or hoist? Single choice.

Please only answer if you have a clinical role

- ☐ Yes
☐ No

APPENDIX 2: MANUAL HANDLING TRAINING HEALTH QUESTIONNAIRE

Manual Handling Training Health Questionnaire

Name of Course:	Date of Course:
Name of participant: (print)	Job Title:

During the training course you will be required to participate in 'people' and / or inanimate load handling techniques. You will also carry out a number of practical exercises. In order for the trainer to train you safely and provide guidance pertinent to you personally they need to know about any pre-existing condition or current condition which may prevent you from participating. The information given will be securely stored and treated in confidence. If an issue arises from your responses that requires further support/advice/guidance from the trainer or another party e.g. Occupational Health, the trainer will discuss this with you first.

If you knowingly give incorrect information to the organisation, it can bear no responsibility for any resultant pain or injury.

You are required therefore to place a tick in the box adjacent to any factor which could affect the way in which your training is provided and sign below.

Health Questions	✓
1. I am suffering from musculo-skeletal pain	
2. I have suffered with pain, injury and/or had surgery in the last 6 months	
3. I am receiving treatment for a condition / have a medical condition which may affect my ability to engage in physical activity	
4. I am pregnant	
5. I have given birth within the last 6 months	
6. I am breast-feeding	
7. None of the above applies	

On the understanding that this information shall be used to ensure my safety, and the safety of others, I declare myself fit to undertake this practical training course.

Signature of Participant:	Date:
Signature of Trainer:	Date:

- **Should you suffer any discomfort or injury during the training you must report this to the trainer immediately.**

Post training comments by trainer: If there are any concerns about your fitness/ability to undertake manual handling activities or relevant issues relating to the training session, they will be discussed with you along with any further action and recorded here.

Trainer Use Only - Complete both sections and attach to the Record of Training

Referred to Manager: **YES / NO** Date of referral:

During Manual Handling practical training this person had difficulty and / or was unable to perform the following items because of health problems:

Participant's Name (print)	(sign)	Date
Trainer's Name (print)	(sign)	Date

Detach this section after completion and send to the individual's line manager

During manual handling practical training this person had difficulty and / or was unable to perform the following items because of health problems (note details below):

Participant's Name (print)	(sign)	Date
Trainer's Name (print)	(sign)	Date

APPENDIX 3: RECORD OF TRAINING

Record of Training

Trainers have a duty of care to ascertain whether the trainees have any conditions that may be affected by, or affect their ability to, participate during the course. Trainees have been requested to inform the trainer during the course if they feel they may be unable to participate fully in the course. Please initial the box to confirm this has been done.

☐

When completing the "Practical Activities" section (Modules B, C, D, E and F) of this form, the trainers must indicate the appropriate level of training delivered, by initialling (and dating where appropriate) the relevant boxes.

Module A – Manual Handling Theory		Discussed		
A1) Define the term manual handling (MH)				
A2) Describe the causes and effects of musculoskeletal disorders				
A3) State basic methods of promoting and managing own musculoskeletal health in/outside the workplace				
A4) Outline how legislation applies to MH at work				
A5) Describe the principles of ergonomics and risk assessment in reducing the risk of MH injury				
A6) Identify the key areas, and other related factors to be considered when undertaking a MH assessment				
A7) Describe the principles of safer MH				
A8) Identify the risks involved in team handling				
A9) Describe importance of good communication in relation to MH				
A10) Outline the management of MH within the organisation eg policy, organisation of education etc.				
A11) Describe the potential impact on others of poor MH practice				
A12) Identify high risk activities / manoeuvres				
Module B – Manual Handling of Inanimate Loads		Discussed		
B1) Describe principles of MH of inanimate loads (including weight check prior to lifting)				
B2) Describe undertaking a MH risk assessment				
B3) Describe the risks associated with activities involving static postures				
B4) Identify how the principles of safer handling can be applied				
B5) Outline the importance of posture and application of ergonomic principles				
Demonstrated competence in the application of principles to:	Discussed (DI)	Demonstrated (DE)	Practised (P)	All
B6(i) Pushing and pulling				
B6(ii) Lifting and lowering a load from low to high levels				
B6(iii) Carrying / supporting a load				
B6(iv) Sitting in a vehicle / at an office desk / workstation set up				
Module C, D, E and F		DI		
C1) Principles of MH of people				
C2) Demonstrate understanding of principles of human movement to maximise a person's independence				
C3) Identify key areas of MH risk assessment				
C4) Describe undertaking a MH risk assessment of a person				
C5) Describe high risk / controversial practices as relevant to own work place				
C6) Describe how the person can be involved in making decisions about their MH				

[illegible]

E5(i&ii) Sizing, inserting and removing a sling				
E5(iii) Hoisting a person from chair to bed / bed to chair				
S – Static Pool Hoist				
E6) Hoisting a person into and out of a pool				
Module F – Lateral Transfers				
Demonstrate competence in the following:	DI	DE	P	All
F2) Lateral supine transfer from bed to trolley to bed				

Notes on course

Trainer's comments and / or individual trainee exceptions to the generic Record of Training:	Trainer's Signature	Trainee's Signature

Signature of Trainer(s):

APPENDIX 4: MANUAL HANDLING RISK ASSESSMENT FORM

Manual Handling Risk Assessment Form

Double click on check boxes to complete the form electronically

Department		Speciality		Site/Location	
Description of the work activity being risk assessed					
Who is performing the work activity (check all that apply)					
Trained Nursing Staff <input type="checkbox"/>	Untrained Nursing Staff <input type="checkbox"/>	Medical Staff <input type="checkbox"/>	AHP's <input type="checkbox"/>		
Admin & Clerical Staff <input type="checkbox"/>	Security Staff <input type="checkbox"/>	Pharmacy Staff <input type="checkbox"/>	Housekeeping Staff <input type="checkbox"/>		
Estates Staff <input type="checkbox"/>	Catering Staff <input type="checkbox"/>	Trainee's/ Students <input type="checkbox"/>			
Volunteers <input type="checkbox"/>	Contractors <input type="checkbox"/>	New/Expectant Mothers <input type="checkbox"/>	Other <input type="checkbox"/>	Specify:	
Frequency of work activity					
Infrequently <input type="checkbox"/>	Once a year <input type="checkbox"/>	Every few months <input type="checkbox"/>	Monthly <input type="checkbox"/>	Several times a month <input type="checkbox"/>	
Weekly <input type="checkbox"/>	Several times a week <input type="checkbox"/>	Daily <input type="checkbox"/>	Hourly <input type="checkbox"/>	Constantly <input type="checkbox"/>	
List all Hazards associated with the work activity <small>Chemical & Biological hazards should be assessed in a COSHH Assessment</small>					
<div style="display: flex; justify-content: space-between;"> <div style="flex: 1;"> <p>Examples include: Lifting, lowering, pushing, pulling, twisting, carrying and working with awkward posture:</p> <p>Task Holding away from trunk twist, stoop, reach, lift or carry distance, frequency/recovery time.</p> <p>Individual Capacity Pregnant, health problem, requires special training.</p> <p>Load Heavy, bulky, unstable, sharp, or hot surface etc.</p> <p>Environment Space, floor, thermal, lighting, clothing, floor loading for equipment used with plus size people etc.</p> </div> <div style="flex: 1; border: 1px solid black; padding: 5px;"> <p> </p> </div> </div>					
Control measures already in place to reduce the risk of incident/injury from identified hazard(s)					
Risk Rating with current control measures in place Taking into account control measures that are in place, using the risk matrix 'descriptors', the estimated residual risk to employee's Health, Safety & Welfare is:					

Likelihood	Severity				
	(1) Negligible	(2) Minor	(3) Moderate	(4) Major	(5) Extreme
(5) Almost certain	<input type="checkbox"/> Medium	<input type="checkbox"/> High	<input type="checkbox"/> High	<input type="checkbox"/> Very High	<input type="checkbox"/> Very High
(4) Likely	<input type="checkbox"/> Medium	<input type="checkbox"/> Medium	<input type="checkbox"/> High	<input type="checkbox"/> High	<input type="checkbox"/> Very High
(3) Possible	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> Medium	<input type="checkbox"/> High	<input type="checkbox"/> High
(2) Unlikely	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> Medium	<input type="checkbox"/> Medium	<input type="checkbox"/> High
(1) Rare	<input type="checkbox"/> Low	<input type="checkbox"/> Low	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> Medium

Have 'current controls' reduced the level of risk to satisfactory (green) or acceptable (yellow) levels?

- ☐ **Yes** If 'Yes', date and sign the assessment and review at regular intervals
☐ **No** If 'No', complete the 'further control measures required' section of the assessment

Further Control Measures Required

Where a significant residual risk has been identified, detail further control measures required to adequately reduce this risk to levels that are *as low as is reasonably practicable*

Further Action/ Control	Responsible Person	Target Date

Assessment Completed By	Designation	Date
Risk assessment should be reviewed following incident/injury, a change to working practice or at least annually		
1 st Review Completed By	Designation	Date
2 nd Review Completed By	Designation	Date

APPENDIX 5: MOVING AND HANDLING PLAN

Moving and Handling Plan

Patient Name		Date of Birth	
Location		History of Falls	Yes/No
		Weight	
CHI No.		Height	

Factors which could affect handling / mobility e.g. relevant medical history, weakness, pain, movement limitation, tissue viability, catheter:	Communication, comprehension, level of co-operation:
	Other factors e.g. specific environmental factors or social factors:
Any other information staff need to be aware of and action care staff need to take in relation to handling tasks:	

Staff have a responsibility to follow the instructions within this Handling Plan and to report any changes that may affect safer handling.

Assessors Name (PRINT) _____ Signature _____ Date of assessment _____

Review Date _____ Reviewers Name (PRINT) _____ Signature _____

Moving and Handling Plan

Patient Name _____ D.O.B. _____

Tasks	Patients ability / Methods to be used	No. of staff	Equipment (inc. type of hoist, sling & sling size)	Additional Information (inc. details for attaching slings if applicable)
Standing and Sitting				
In and out of bed				
Transferring i.e. bed to chair or chair to wheelchair				
Repositioning in bed (turning and moving up in bed)				
Walking/Mobilising/Stairs				
Toileting				
Repositioning in chair/wheelchair				
Bathing/Showering				

Tasks	Patients ability / Methods to be used	No. of staff	Equipment (inc. type of hoist, sling & sling size)	Additional Information (inc. details for attaching slings if applicable)
Dressing				

Assessors Name (PRINT) _____ Signature _____ Date of assessment _____