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CONTENTS PAGE

CONTENTS	TITLE	PAGE NUMBER
1	INTRODUCTION	2
2	POLICY STATEMENT	2
3	KEY PRINCIPLES	2
4	RESPONSIBILITIES	3
5	TRAINING	6
6	MOVING AND HANDLING RISK ASSESSMENTS	6
7	HUMAN RIGHTS ACT	7
8	INCLUSION AND DIVERSITY STATEMENT	7
9	MONITORING AND REVIEW	7
10	ACCESSIBILITY STATEMENT	7

APPENDICES	TITLE	PAGE NUMBER
App 1	References	8
App 2	Glossary of Terms	9
App 3	Equality Assessment Form	10
App 4	Monitoring and Review Form	11
App 5	Training Matrix	12
App 6	Patient Handling Risk Assessment and Guidance	14
App 7	Object Handling Risk Assessment and Guidance	19

**AT ALL TIMES, STAFF MUST TREAT PATIENTS WITH RESPECT
AND UPHOLD THEIR RIGHT TO PRIVACY AND DIGNITY.**

1 INTRODUCTION

The purpose of this policy is to describe the arrangements of the Trust to safeguard the wellbeing of staff and patients by compliance with current legislation and promotion of best practice with all manual handling operations. The policy will outline the measures that must be taken by all employees, contractors and agents to reduce the risk of injuries by setting guidance for manual handling of patients and loads. The aim is to eliminate hazardous handling in all but emergency or life threatening situations.

2 POLICY STATEMENT

- 2.1 Wrightington, Wigan and Leigh NHS Foundation Trust, referred to hereafter as 'the Trust', provides a range of services that are guided by statutory duty and legislative requirements. These services are delivered within a framework of policy to ensure compliance with these requirements. The Trust acknowledges its duty to make suitable provisions to control manual handling activities, and to reduce the risks from such activities to the lowest level, in so far as is reasonably practicable. This policy provides assurance that frameworks exist to ensure that manual handling risk management systems and processes are clear and meet current best practice.
- 2.2 An employee or contractor or agent working for the Trust also owes a duty to the employer to obey reasonable and lawful instructions and to act with reasonable care and skill. Failure to act as trained or instructed could leave the employee liable to disciplinary proceedings and ultimately dismissal.
- 2.3 This policy has been developed in accordance with relevant legislation, in particular:-
- 2.3.1 The Health and Safety at Work Act (1974).
 - 2.3.2 Management of Health and Safety at Work Regulations (1999) (as amended).
 - 2.3.3 Manual Handling Operations Regulations (1992) (as amended).
 - 2.3.4 Lifting Operations and Lifting Equipment Regulations (1998).
- 2.4 Throughout this policy the terms 'moving and handling' and 'manual handling' are synonymous and interchangeable with no difference in meaning. Manual handling operations are defined as "transporting or supporting of any load (including lifting, lowering, pushing, pulling, supporting, carrying, or moving thereof), by hand or bodily force." *The Manual Handling Operations (amendment) Regulations, (M.H.O.R.) 2002.*
- 2.5 A load must be a discrete moveable object. This includes packages, boxes, patients receiving medical attention and material supported on a shovel or fork. An implement, tool or machine, such as a chainsaw, fire hose or breathing apparatus, is not considered to be a load when in use for its intended purpose.

3 KEY PRINCIPLES

- 3.1 The Trust is committed to ensuring that all staff, permanent and temporary, volunteers, bank, agency and work experience personnel are protected whilst at work.
- 3.2 It is the Trust's duty to assess manual handling risks to all employees, utilising ergonomic principles and taking account of vulnerable groups, i.e. young persons, pregnant workers

and take steps to avoid or control risks, where necessary, by means of undertaking an individual assessment of risk to the employee.

- 3.3 Balanced decision making in respect of manual handling relates to completing assessments and developing safer systems of work taking into consideration both the safety of the staff undertaking the activity and the needs and rights of the Patient/Service User.
- 3.4 The Trust acknowledges that it has an equal duty to ensure that patient safety and standards of care are maintained and are not compromised by measures taken in relation to controlling moving and handling risk.
- 3.5 This Policy will apply to all “workplaces” which will be deemed to include all Trust premises and all premises where Trust staff are required to work.
- 3.6 This policy applies to all staff employed by the Trust, either directly or indirectly, and to any other person or organisation which uses Trust services or premises for any purpose. It will also apply to bank, temporary staff, volunteers, young workers, staff working from home and contractors working on Trust business. The principles of this policy shall apply to all Trust work activities, regardless of who has or is supplying or providing them.

4 RESPONSIBILITIES

4.1 Chief Executive and Trust Board are responsible for

- 4.1.1 Overseeing the implementation of the Manual Handling Operations Regulations throughout the Trust.
- 4.1.2 Ensuring adequate provision of suitable staffing levels, working conditions and environment and the adequate provision and maintenance of suitable equipment.
- 4.1.3 Ensuring staff understand and accept their responsibilities with regard to the implementation of the Moving and Handling Policy.

4.2 Director of Workforce is responsible for

- 4.2.1 Ensuring arrangements are in place, enabling all staff access to specialist advice from a suitably qualified Moving and Handling Practitioner.
- 4.2.2 Ensuring that a training strategy is produced that supports the implementation of this policy and the provision of appropriate training for all Trust staff.
- 4.2.3 Ensuring that regular monitoring and reporting mechanisms are in place to assist the Trust Board, divisional managers and line managers to monitor compliance with this policy within their area of responsibility.

4.3 Moving and Handling Practitioner is responsible for

- 4.3.1 Ensuring own training needs are met.
- 4.3.2 Providing a source of expert moving and handling advice pertinent to the needs of all employee groups.
- 4.3.3 Advising and assisting staff with complex moving and handling risk assessments.
- 4.3.4 Assisting in investigating moving and handling related Datix incidents and providing expert advice and information to the investigation in conjunction with local management.
- 4.3.5 Ensuring that appropriate and sufficient training is developed, delivered and evaluated to all employee groups as identified in the Trust Corporate and Local Induction Policy and the Mandatory Training Policy and the Compulsory Training Matrix.
- 4.3.6 Providing advice on the purchase of new and replacement equipment to reduce moving and handling risks
- 4.3.7 Establishing and maintaining a register of moving and handling key workers aiming for a ratio of 1 key worker to every 15-20 employees in clinical areas and 1 key

worker to every 20-25 employees in non-clinical areas, or as negotiated and agreed with individual managers.

- 4.3.8 Monitoring the system by undertaking regular audits of key worker activity.
- 4.3.9 Producing quarterly performance reports regarding moving and handling activity to the Occupational Safety and Health committee.

4.4 Divisional Director of Performance (DDoP) is responsible for

- 4.4.1 Ensuring that divisional and department managers have access to appropriate resources in order for them to carry out their responsibilities highlighted in this policy
- 4.4.2 Monitoring compliance with this policy and ensuring the provisions of this policy are implemented in areas for which they are accountable.
- 4.4.3 Ensuring that where equipment is identified as required via the risk assessment process, the equipment is provided.
- 4.4.4 Ensuring all untoward or adverse incidents reported are reviewed and any trends identified therein are controlled by minimizing any risks as far as reasonably practicable.

4.5 Staff Engagement and Development Team are responsible for

- 4.5.1 Working with the moving and handling practitioner to ensure that the provision of mandatory moving and handling training is suitable and sufficient for the needs of the Trust.
- 4.5.2 Working with the moving and handling practitioner in auditing and monitoring compliance with the requirements of the Trust Corporate and Local Induction Policy, the Mandatory Training Policy and the Compulsory Training Matrix.
- 4.5.3 Working with the moving and handling practitioner to ensure that moving and handling training is recorded on the WWL learning hub.

4.6 Divisional Matrons/ Managers are responsible for

- 4.6.1 Ensuring that this policy is applied within their Division/Department by providing risk assessments, suitable equipment, and sufficient access to training and supervision. Specialist advice on equipment and its procurement can be obtained from the Trust's Moving and Handling Practitioner.
- 4.6.2 Ensuring that new starters attend Trust corporate Induction and all new starters complete the manual handling section of the Local Induction checklist as required by the Trust Corporate and Local Induction Policy.
- 4.6.3 Ensuring all incident reports are reviewed within individual areas of responsibility.
- 4.6.4 Identifying incident trends via the Datix incident system and implementing controls to minimise handling risks.
- 4.6.5 Alerting relevant ward and department managers when a significant incident may need further investigation.
- 4.6.6 Matrons/Managers should ensure that the Principles of Safer Manual Handling are applied to all moving and handling tasks by all staff and must take action to prevent unsafe moving and handling techniques in both clinical and non-clinical areas.

4.7 Ward/ Service/ Clinical & Department Managers are responsible for

- 4.7.1 Overseeing the application of this policy within their area of responsibility and ensuring that employees are fully aware of the Moving and Handling policy.
- 4.7.2 Ensuring, where relevant, moving and handling risk assessments are in place and updated within patient's notes.
- 4.7.3 Nominating, where appropriate, staff to undertake the role of Moving and Handling key worker ensuring that those nominated have access to the initial training and updates as identified by the Moving and Handling Practitioner to maintain the required level of competency.

- 4.7.4 Informing the Moving and Handling Practitioner when a key trainer either moves, ceases in their role or leaves employment with the Trust, and provide a nomination for their replacement.
- 4.7.5 Ensuring that appropriate time and resources are given to allow the moving and handling key workers to fulfil their role.
- 4.7.6 Ensuring there are suitable and sufficient manual handling aids, that equipment is suitable, in working order and serviced if required and that equipment is used where a risk assessment identifies the need.
- 4.7.7 Liaising with the Moving and Handling Practitioner prior to the purchase of suitable and sufficient equipment to reduce handling risks.
- 4.7.8 Reporting to the medical electronics department when new equipment is purchased.
- 4.7.9 Monitoring their employees' completion of moving and handling training to ensure it is current and effective according to the Trust Mandatory Training Policy.
- 4.7.10 Ensuring that all moving and handling incidents and accidents are reported in accordance with the Trust Incident Reporting Policy.

4.8 **All Employees are responsible for**

- 4.8.1 Taking reasonable care of their own and others safety whilst undertaking any manual handling operations and cooperating with management in meeting its health and safety responsibilities.
- 4.8.2 Complying with the Moving and Handling policy.
- 4.8.3 Making full and proper use of equipment and any safe systems of work in accordance with training, risk assessments and instructions received.
- 4.8.4 Attending mandatory training and update training in accordance with the Trust policy and ensuring they keep abreast of developments in their professional knowledge and practice.
- 4.8.5 Adopting the principles of safer handling and undertaking an appropriate ergonomic risk assessment when undertaking any manual handling activities.
- 4.8.6 Reporting manual handling accidents and incidents, either near miss or actual, on the Datix Incident Reporting System.
- 4.8.7 Reporting any handling difficulties, hazards or defective equipment to their line manager, moving and handling key worker or moving and handling practitioner as appropriate.
- 4.8.8 Reporting any changes in their health or any medical conditions that may affect their ability to complete manual handling operations.
- 4.8.9 Informing their manager and their moving and handling key worker of any shortfalls in their training. This may include the use of equipment or the practical application of handling techniques.

4.9 **Estates and Facilities are responsible for**

- 4.9.1 Ensuring all moving and handling equipment is maintained in line with the Provision and use of Work Equipment Regulations (1998) and, where appropriate, serviced in accordance with the Lifting Operations and Lifting Equipment Regulations (1998).
- 4.9.2 Maintaining a robust data base including service dates, location and maintenance for all moving and handling equipment requiring servicing or LOLER inspections.
- 4.9.3 Providing staff access to Bariatric equipment as outlined in the SOP TW10-011SOP2 Management of bariatric patients.

4.10 **Health and Safety Team are responsible for**

- 4.10.1 Monitoring and reporting RIDDOR reportable incidents relating to manual handling operations.
- 4.10.2 Providing a framework that allows individual staff members to undertake Display Screen Equipment Training to enable them to carry out workstation assessments.

- 4.10.3 Liaising with the Moving and Handling Practitioner in relation to promoting health and the prevention of ill health relating to back injuries and musculoskeletal disorders.
- 4.10.4 Advising on the development of health and safety policies and work practices via the Moving and Handling Practitioner that relate to manual handling operations.

4.11 **Occupational Health are responsible for**

- 4.11.1 Conducting pre-employment screening and ensure that new members of staff are fit for the duties involved in their posts.
- 4.11.2 Offering support to Staff who sustain a musculoskeletal injury, or who are suffering from or have developed a significant musculoskeletal problem
- 4.11.3 Providing fast-track access to the staff physiotherapy service. Staff can access the service through their manager, or can self-refer.
- 4.11.4 Providing general advice to management and employees on the need for any alterations of duties appropriate to an employee's moving and handling capability.

4.12 **Moving and Handling Key Workers are responsible for**

- 4.12.1 Supporting and assisting the ward / department managers to fulfil their responsibilities for overseeing the application of this policy
- 4.12.2 Assisting in carrying out generic and specific manual handling assessments and making appropriate recommendations which avoid hazardous manual handling.
- 4.12.3 Working with department managers to assist in the development and management of safe systems of work and actively promoting the use of appropriate aids, equipment and safer techniques.
- 4.12.4 Monitoring on a day-to-day basis, manual handling practice, and within their level of competence providing support and additional on-the-job advice.
- 4.12.5 Liaising with the Moving and Handling Practitioner in seeking advice and support in unusual or complex moving and handling situations.
- 4.12.6 Attending updates as prescribed in the Moving and Handling Key Worker System SOP to maintain competence for the role.
- 4.12.7 Providing advice and guidance on local moving and handling risk control measures to all new staff during the new recruits' local induction.
- 4.12.8 Ensuring that they demonstrate safer manual handling practice, including the use of equipment, and support all staff in eradicating hazardous and unsafe patient handling practices.
- 4.12.9 Providing practical updates for staff in their areas at a minimum of two yearly intervals and keeping accurate records of this training which will be made available for audit by the trust Moving and Handling Practitioner.

5 **TRAINING**

It is Mandatory for all staff to complete moving and handling training. The type of moving and handling training to be completed will be dependent on the individual's role within the organisation. Moving and training is provided in different formats throughout the Trust and where appropriate bespoke training courses can be arranged for those departments and areas with specific moving and handling requirements. Information on the type, duration and frequency of training is contained in Appendix 5. Additional advice can be attained from the moving and handling practitioner.

6 **MOVING AND HANDLING RISK ASSESSMENTS**

The Management of Health and Safety at Work Regulations 1999 require suitable and sufficient risk assessments to be undertaken. Where this general risk assessment identifies a risk of injury from any hazardous manual handling that cannot be avoided, an ergonomic risk assessment must be carried out. The risk should be reduced to the lowest level, as far as reasonably practicable, and should be recorded. The method of recording of moving and

handling risk assessments will vary depending on the load being moved patient or inanimate load, the location and any local arrangements.

6.1 Patient Handling Risk Assessment

Where required a patient handling risk assessment must be completed at the start of each episode of care.

6.1.1 For hospital based staff completing patient moving and handling assessments they will record the finding of the risk assessments in the patient's paper notes or in the electronic patient notes using the electronic based Health Information System (HIS).

6.1.2 For community based staff the form to be completed will depend upon patient's location and the employer of the care providers. Information when to complete community based risk assessments and which form to use are contained in the appendix 6 at the end of this document.

6.2 Inanimate Load or object moving and handling risk assessments

When required an object or inanimate risk assessment should be completed as soon as the need has been identified. Guidance for the completion of object risk assessment can be found in the Appendix 7.

7 HUMAN RIGHTS ACT

Implications of the Human Rights Act have been taken into account in the formulation of this document and they have, where appropriate, been fully reflected in its wording.

8 INCLUSION AND DIVERSITY

The document has been assessed against the Equality Impact Assessment Form from the Trust's Equality Impact Assessment Guidance and, as far as we are aware, there is no impact on any protected characteristics.

9 MONITORING AND REVIEW

This Policy will be reviewed every three years or when significant changes occur that affect it such as changes in legislation or operational procedures, monitoring and audit arrangements are as detailed in appendix 4

10 ACCESSIBILITY STATEMENT

This document can be made available in a range of alternative formats e.g. large print, Braille and audio cd.

For more details, please contact the HR Department on 01942 77 3766 or email equalityanddiversity@wwl.nhs.uk

REFERENCES

Health and Safety at Work Act 1974
Management of Health and Safety at Work Regulations 1999 (as amended)
Manual Handling Operations Regulations 1992 (as amended)
Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
Lifting Operations and Lifting Equipment Regulations 1998
Provision and Use of Work Equipment Regulations 1998
Equality Act 2010

The Guide to the Handling of People 2011 (6th edition)
Trust Risk Management Policy
Risk Management Process Procedure
Trust Incident Reporting Policy
Trust Corporate and Local Induction Policy
Trust Compulsory Training Matrix
Moving and Handling Key Worker System SOP
Professional Codes of Practice

GLOSSARY OF TERMS

Load: Any person, animal or inanimate object

Clinical Moving and Handling: Moving and Handling activities involving patients:

Facilitation of movement: e.g. transferring a patient from a trolley to a bed, assisting a patient to get from sitting to standing. Provision of care: e.g. undertaking nursing, medical or therapy interventions. These activities may involve specific techniques and / or the use of equipment to facilitate movement or achieve a movement goal.

Non-Clinical Manual Handling: Handling and transporting of all other loads e.g. medical gas cylinders, portable diagnostic equipment, trucks, trolleys, stores cages etc.

SWL Safe Working Limit

Bariatric: 'A condition in which weight gain has reached the point of seriously endangering health, with some people being more susceptible than others (National Institute for Clinical Excellence, 2001). For the purposes of the provision of equipment a bariatric patient is generally classified as being over 160kg (25 stone)

Please refer to the Bariatric Protocol via the Policy and Procedure library on the Trust Intranet.

Moving and Handling Key Worker. A member of Trust staff who has completed the extended a Key Worker Induction course.

Equality Impact Assessment Form

STAGE 1 - INITIAL ASSESSMENT

For each of the protected characteristics listed answer the questions below using Y to indicate Yes and N to indicate No	Protected Characteristics													Reasons for negative / positive impact	
	Male / Female	Age	Ethnicity	Learning Disability	Hearing Impairment	Visual Impairment	Physical Disability	Mental Health	Gay / Lesbian / Bisexual	Transgender	Religion / Belief	Marriage / Civil Partnership	Pregnancy & Maternity		Carers
Does the policy have the potential to affect individuals or communities differently in a negative way?	N	N	N	N	N	N	N	N	N	N	N	N	N	N	
Is there potential for the policy to promote equality of opportunity for all / promote good relations with different groups – Have a positive impact on individuals and communities.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
In relation to each protected characteristic, are there any areas where you are unsure about the impact and more information is needed?	N	N	N	N	N	N	N	N	N	N	N	N	N	N	If Yes, please state how you are going to gather this information.

Job Title	Moving and Handling Practitioner	Date	23/10/2019
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IF 'YES a NEGATIVE IMPACT' IS IDENTIFIED - A Full Equality Impact Assessment STAGE 2 Form must be completed. This can be accessed via

http://intranet/Departments/Equality_Diversity/Equality_Impact_Assessment_Guidance.asp Please note: As a member of Trust staff carrying out a review of an existing or proposal for a new service, policy or function you are required to complete an EIA. By stating that you have **NOT** identified a negative impact, you are agreeing that the organisation has **NOT** discriminated against any of the protected characteristics. Please ensure that you have the evidence to support this decision as the Trust will be liable for any breaches in Equality Legislation.

POLICY MONITORING AND REVIEW ARRANGEMENTS

Para	Audit / Monitoring requirement	Method of Audit / Monitoring	Responsible person	Frequency of Audit	Monitoring committee	Type of Evidence	Location where evidence is held
7	All staff new to the organisation attend Corporate Induction Moving and Handling Awareness training	Statistical analysis via Trust Information system	Staff Engagement & Development team	Bi-Monthly	Workforce Committee	Attendance records WWL Learning hub	WWL Learning hub
7	All new staff have a Local Departmental Moving and Handling Induction	Statistical analysis via Trust Information system	Staff Engagement	Bi-Monthly	Workforce Committee	Attendance records WWL Learning hub	WWL Learning hub
7	All staff undertake e-compulsory Moving and Handling training	Statistical analysis via Trust Information system	Staff Engagement & Development team	Bi-Monthly	Workforce Committee	WWL Learning hub Reports to: DDoP Trust Board	WWL Learning hub
7	Risk assessments are completed using the Individual Patient Moving and Handling Assessment	Audited via Electronic record keeping/documentation- HIS or through community patient notes.	Moving and Handling Practitioner	Annual	Workforce Committee	Copies of: Audits undertaken	Moving and Handling Practitioner
7	Policy will be audited in line with the audit and monitoring template outlined in the Risk Management Process (SOP) (TW10/039).	Audit Tool which sits alongside the Risk Management Strategy (TW10/002) and its associated SOP, on the Trust's Intranet Policy Library	Divisional Heads of Governance	Annual	Occupational Health and Safety Committee	Audit Tool and Minutes of Meeting	Audit Tool is available on the 'N' Drive.

Training Matrix Moving and Handling WWL

It is mandatory for all staff to complete moving and handling training. The courses listed below have been developed for the different roles within the Trust. If having completed your recommended course you feel you have unmet training needs you have a responsibility to highlight this short fall and request some additional training. To discuss any aspect of training please contact the moving and handling practitioner.

Training	Who	When	Refresher	Comments
Moving and handling Induction – basic principles and skills practice. Half day theory and practical Level 2 training	All hospital based clinical staff and all staff who are involved in handling patients or equipment.	During induction	One off Induction	Organised through the practice education team with Cavendish and Extended clinical induction. Delivered in the moving and handling training room Christopher Home
Introduction to moving and handling – basic principles and skills practice Half day theory and practical Level 2 training	All community based clinical staff and all staff who are involved in handling patients or equipment.	During induction	One off Induction	Organised through the community induction providers.
Moving and Handling Local Induction	All Trust Employees	During induction	Once	Completed local induction recorded on WWL Learning Hub and should include any specific moving and handling equipment or techniques.
Moving and handling Awareness e-learning. Level 1 training	All trust employees	On induction	Every 2 years	Delivered on line through the WWL Learning Hub. All staff to compete training every 2 years
Moving and handling refresher training Level 2 training	All Hospital and community based clinical staff and all staff who are involved in handling patients or equipment.	Within 2 years of initial induction training.	Every 2 years	Refresher training is available through various methods depending upon the size of team, location and access to equipment. Contact manager or the Trust Moving and Handling Practitioner.

Clinical Refresher Training.

Depending on your department, numbers in the team, working structure and numbers refresher training can be provided through bespoke training courses.

Training can be delivered in various sites and locations depending on local requirements and access to suitable sized venue and access to equipment.

To discuss your individual requirements for refresher training please contact the moving and handling practitioner.

Course Booking

To discuss refresher training or book onto a refresher course contact the Trust Moving and Handling Practitioner.

Appendix 6

Patient Handling Risk Assessment (MH1 & MH2)

Guidelines for Use

When to complete the form

A Patient Handling Risk Assessment must be completed at the start of each episode of care. If the patient requires assistance from other care providers such as Social Service Staff, then it is the responsibility of the employer of these staff to undertake their own assessment.

Preliminary Assessment

A competent member of staff must undertake a preliminary assessment of the risk from moving and handling for all patients on first referral. If the patient is independent, or Trust staff are not involved in assisting the patient to move, the assessor must ensure that they complete the form for this category of patient handling – form 'MH1'.

If the patient requires assistance from Trust staff to mobilise, move or transfer then a detailed risk assessment must be undertaken – form 'MH2'. The patient must be fully assessed, and the details of the assessment recorded by the member of staff. The Patient Handling Risk Assessment must be made available to any person involved in moving and handling the patient.

The assessor should print, sign, designate; and indicate the date and time, on each page of the Patient Handling Risk Assessment form.

Completion of the Patient Handling Risk Assessment (MH2)

SECTION A: Patient Details

Patient Details must be completed.

SECTION B: Assessment

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

1. Relevant medical history e.g. arthritis, Parkinson's disease, osteoporosis, poor eyesight, hearing, speech etc.
2. Physical Disabilities e.g. amputation, muscle tone, spasm, tremor, contractures or stiffness.
3. Psychological e.g. confusion, aggression etc.
 - Fully co-operative – able to conform and maintain mobility
 - Understanding – e.g. age appropriate, limited
 - Comatosed – completely unable to comprehend any verbal commands and unable to conform

- Confused and unable to understand – patients who cannot comprehend what is expected of them and unable to determine how they can help
 - Agitated – the patient may have unprovoked hostility and the intention to harm others
 - Non-concordance – patients who tend to be uncooperative and generally disagree with suggested control measures.
4. Pain status – indicate location / area of pain. An estimate of the severity of pain on a score of 1 – 10, 1 being low and 10 being high may also be indicated.
5. Tissue viability – Aim to avoid / eliminate all friction / sheering forces.
6. History of fall(s) - does the patient have any previous history of falling to the ground – past or present:
- History of vertigo – does the patient have a feeling of themselves or the surroundings rotating, spinning or have they any balance problems?
 - Low haemoglobin (Hb) – to the best of your knowledge does the patient have a low Hb, which may precipitate fainting or falling?
 - Spasm / Epilepsy – does the patient have uncontrolled limb jerks and involuntary muscle contraction and rigidity, which they may or may not be aware of?
 - Other – please highlight any other medical history which may predetermine manual handling problems i.e. dizziness, fainting
7. Cultural / religious considerations / patient's wishes e.g. members of some religions may require care to be delivered by members of the same sex.
8. Day / night variations - does the patients' physical / mental capabilities fluctuate during the day, necessitating differing levels of assistance or equipment?
9. Attachments, e.g. catheters, central lines, naso-gastric tubes, oxygen therapy.

SECTION C: Safer Handling Plan

Consider the patient's ability with regard to each task, and identify the appropriate number of staff and the equipment required to safely move the patient. Identify the method by which the patient should be moved.

YOU NEED ONLY ASSESS THE PATIENTS ABILITY FOR THE TASKS IN WHICH STAFF ARE INVOLVED.

For minor changes in the handling plan; delete and initial the task that is to be changed in Section C and document the change in Section H. If at any stage, due to alterations, the instructions to move the patient are unclear, completion of a new form must take place.

SECTION D: Environment

Tick the appropriate box to indicate any environmental hazards. Give details of any specific actions to be taken, where appropriate.

SECTION E: Additional Measures Required

Tick the appropriate box to indicate if any additional control measures are required. Give details and where appropriate notify your Line Manager.

SECTION F: Relevant Additional Information (if appropriate)

Any additional information the assessor feels is relevant to those assisting the patient to move.

SECTION G: Signature

Following the assessment, the assessor must ensure that they complete this section of the form:

Print name
Signature
Designation
Date and Time

SECTION H: Assessment Review

If there is a change in the patients' condition or any change that may affect the moving and handling needs, a reassessment must be completed.

Where a patient's treatment is long-term and their moving and handling requirements have not altered, a reassessment must be completed every 12 months.

Patient Handling Risk Assessment (MH2)

Name:	Date of Birth:
NHS Number:	
Location of assessment:	*Fully Independent YES / NO

***Fully Independent: If 'YES', sign and date page 1 of the form, no further action required. If 'NO', complete the remainder of the form.**

Weight (kg): Weighed / Estimated / Patient Reported	Weight Bearing Capability: FULL / PARTIAL / NONE
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Risk Factors / Constraints (✓):	
Comprehension / understanding	Disability
Confusion / agitation	Weakness
Co-operation / compliance	Pain
Skin lesions / wounds	Attachments (e.g. catheter, infusion, drain etc.)
Day / night variation	History or risk of falls
Other (please state):	

SAFER HANDLING PLAN					
Activity	Independent (✓)	Supervision (✓)	Assisted (✓)	Number of staff	Additional information: Equipment +/- or method
Turning in bed					
Movement up the bed					
Sitting forwards in bed					
Lying to sitting on edge of bed					
Sitting on edge of bed to lying					
Sitting to standing					
Sitting to sitting (i.e. to from bed, chair, commode, toilet etc.)					
Walking					

Hoist and Sling details (if required)	
Type of hoist:	
Manufacturer of sling:	Size of sling:
Type of sling:	Loops to be used (if loop system sling):

Name of Assessor (print):	Signature of Assessor:
Designation:	Date and Time:

Name:	Date of Birth:
NHS Number:	

Environment and other factors for consideration:	Yes (✓)	No (✓)	Risk reduction measures
Space constraints for handler / equipment			
Access difficulties (e.g. doorways, steps, stairways etc.)			
Flooring hazards			
Requirement for specialised equipment			
Requirement for additional staffing levels			
Staff require additional training			
Bed / mattress hazard			
Other (please state):			

Name of Assessor (print):	Signature of Assessor:
Designation:	Date and Time:

SAFER HANDLING PLAN REVIEW					
Changes to documented plan overleaf					
Activity	Independent (✓)	Supervision (✓)	Assisted (✓)	Number of staff	Additional information: Equipment +/-or method

Name of Assessor:	Signature of Assessor:
Designation:	Date:

SAFER HANDLING PLAN REVIEW					
Changes to documented plan overleaf					
Activity	Independent (✓)	Supervision (✓)	Assisted (✓)	Number of staff	Additional information: Equipment +/-or method

Name of Assessor:	Signature of Assessor:
Designation:	Date:

Appendix 7**Object Handling Risk Assessment (MH4)****Guidelines for Use**

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

Filling in the form**SECTION A: Administration Details**

- Primary Location, e.g. hospital / premises / health centre
- Secondary Location, e.g. ward / department, clinic
- 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. heavy equipment etc.

Personnel Involved: Identify the staff that are likely to be involved in the task. Consider if the task is part of their usual day-to-day work.

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, Load, Environment and Individual Capability. 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 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 Line Manager). The new Risk Rating Number will quantify the projected reduction in risk.

SECTION H: Action Plan Agreed with the Line Manager

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

SECTION I: Assessment Review

The Risk Assessment must be reviewed whenever there is a change or following a manual handling incident.

RISK MATRIX

You must assess each risk against the likelihood of an incident occurring and should it happen the severity of the consequences.

LIKELIHOOD:

Taking into account the controls in place and their adequacy, how likely is it that such an incident could occur? Apply a score according to the following scale:

Level	Descriptor	Description
5	Almost certain	Likely to occur on many occasions, a persistent issue
4	Likely	Will probably occur but it is not a persistent issue
3	Possible	May occur occasionally
2	Unlikely	Do not expect it to happen but it is possible
1	Rare	Can't believe that this will ever happen

SEVERITY:

Taking into account the controls in place and their adequacy, how severe would the consequences be of such an incident? Apply a score according to the following scale:

Level	Descriptor	Actual or Potential Impact on Individual(s)	Actual or Potential Impact on Trust
5	Catastrophic	DEATH	National Adverse Publicity Litigation expected/certain
4	Major	PERMANENT INJURY: e.g. RIDDOR reportable injury / ill health retirement / redeployment	RIDDOR reportable Long term sickness Litigation expected/certain
3	Moderate	SEMI-PERMANENT INJURY / DAMAGE e.g. injury that takes up to 1 year to resolve or requires Occupational Health involvement / rehabilitation	RIDDOR reportable / MDA reportable Long term sickness Litigation possible but not certain High potential for complaint
2	Minor	SHORT TERM INJURY / DAMAGE e.g. injury that has been resolved within one month	Minimal risk to Trust Short term sickness Litigation unlikely Complaint possible
1	Insignificant	NO INJURY OR ADVERSE OUTCOME	No risk at all to Trust Unlikely to cause complaint Litigation risk remote

RISK SCORE:

LIKELIHOOD	SEVERITY				
	1 Insignificant	2 Minor	3 Moderate	4 Major	5 Catastrophic
1 - Rare	1	2	3	4	5
2 - Unlikely	2	4	6	8	10
3 - Possible	3	6	9	12	15
4 - Likely	4	8	12	16	20
5 - Almost certain	5	10	15	20	25

ACTION TO BE TAKEN:

Risk Score 1-5 = No immediate Action
Risk Score 6-10 = Action within 12 months
Risk Score 12-25 = Urgent Action

Next Review Date:

OBJECT HANDLING RISK ASSESSMENT (MH4)

SECTION A: ADMINISTRATION DETAILS

Primary Location: _____

Secondary Location: _____

Precise Location: _____

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:

SECTION D: ASSESSMENT OF RISK

In each of the sections, Task, Load, Environment and Individual Capability – tick the appropriate box (Yes or No). A “Yes” tick indicates further action is required to reduce the risk.

DOES THE TASK INVOLVE:	YES	NO
Holding the load away from the trunk		
Twisting		
Stooping		
Reaching Upwards		
Large Vertical Movements from floor		
Long carrying distances		
Strenuous pushing / pulling		

IS THE LOAD:	YES	NO
Heavy? Indicate weight:		
Bulky / unwieldy		
Difficult to grasp		
Unsteady / Unpredictable		
Harmful, e.g. sharp, hot, contaminated		

DOES THE ENVIRONMENT HAVE:	YES	NO
Constraints on posture, i.e. restricted space, low work surface		
Poor floors, e.g. uneven, slippery, unstable		
Variations in levels, e.g. steps		
Strong air movements		
Poor lighting conditions		
Hot, Cold, Humid conditions		

INDIVIDUAL CAPABILITY - DOES THE TASK:	YES	NO
Require unusual capabilities, i.e. strength, height, age		
Constitute a hazard to those with health problems		
Constitute a hazard to those who are pregnant		
Require special training and / or information		
Require Personal Protective Clothing		

OTHER FACTORS:

SECTION E: FREQUENCY OF TASK

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

Frequency of task: _____ No. of staff involved in the task: _____

SECTION F: INITIAL RISK RATING FIGURE

Probable Likelihood Rating x Potential Severity Rating = Risk Rating Figure

SECTION G: ADDITIONAL RISK CONTROL MEASURES REQUIRED

No.	Risk Reduction Measures

If the above control measures are implemented, calculate the **NEW** Risk Rating Figure:

Probable likelihood rating x Potential Severity 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

Probable likelihood rating x Potential Severity Rating = Risk Rating Figure

ADDITIONAL COMMENTS:

Name of Assessor: _____

Signature of Assessor: _____

Designation: _____ Date: _____

SECTION I: ASSESSMENT REVIEW

Date	Review Results and changes identified	Print Name	Signature