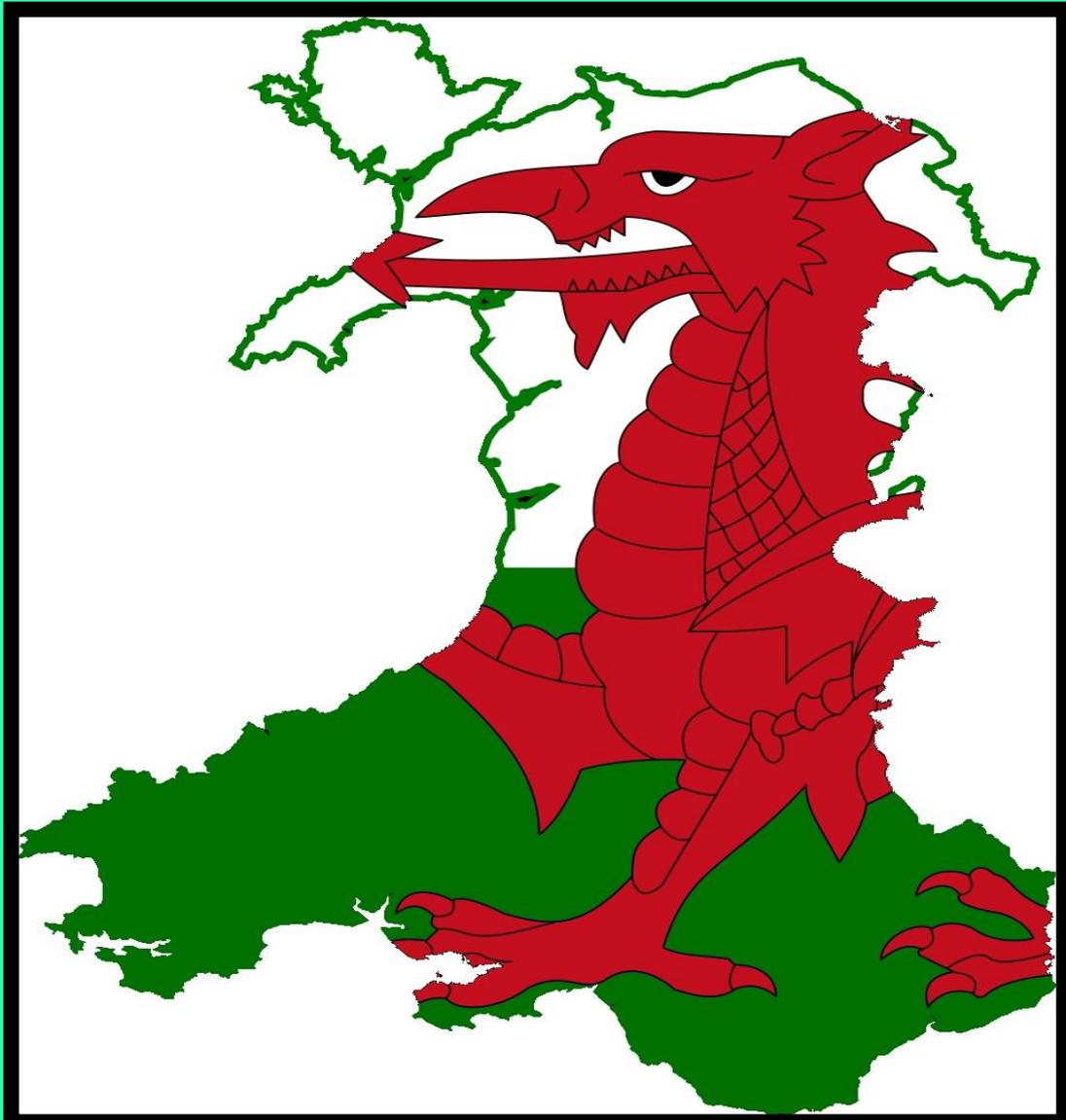


# ALL WALES NHS MANUAL HANDLING PASSPORT SCHEME – REVISED 2020



## STANDARDS



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# ALL WALES NHS MANUAL HANDLING PASSPORT SCHEME

## INTRODUCTION

The All Wales NHS Manual Handling Training Passport and Information Scheme (Passport Scheme) was developed by the All Wales NHS Manual Handling Group. It was originally launched in 2003 with endorsement from the Welsh Government, NHS Wales and the Health and Safety Executive.

- After several minor reviews in the intervening years, a comprehensive review was undertaken in 2013-2014 to take into account changes to the structure of the NHS in Wales:
- **to ensure learning objectives are relevant, measurable and achievable;**
- **to ensure that the revised Passport Scheme continues to reflect best practice and meets the requirements of NHS organisations in Wales.**

The Passport Scheme is acknowledged as being a key guidance document in the UK as evidenced by reference in publications such as:

- Ergonomics – manual handling of people in the healthcare sector. British Standards Institution PD ISO/TR 12296: 2012
- Welsh Local Government Association (WLGGA) Manual Handling Passport Scheme (2005 and 2011)
- NHS Scotland Manual Handling Passport & Information Scheme (2010)
- Smith, et al., (2005) The Guide to the Handling of People (5<sup>th</sup> edition)
- Smith, et al., (2011) The Guide to the Handling of People (6<sup>th</sup> edition)
- UK Skills for Health Training Framework (2013).

Additionally, the modules contained within the Passport Scheme are accredited units within the Qualification and Credit Framework for Wales.

## Purpose of the Passport Scheme

The overall purpose of the Passport Scheme is to promote health and safety in the workplace with regard to manual handling practice, by ensuring a consistent approach and the promotion of safer handling practice within NHS organisations in Wales. This will:

- enable organisations to meet the legislative requirements under the Manual Handling Operations Regulations 1992 (as amended 2002) and the Management of Health & Safety at Work Regulations 1999 (as amended 2003 & 2006)
- support a seamless approach allowing staff to transfer their skills across NHS Wales

## Management of Manual Handling

Although the Passport Scheme predominately focuses on training provision, it acknowledges that training alone is not sufficient to ensure safe handling practices within an organisation (Hignett 2006). It is recognised that effective controls and systems need to be in place, forming part of the overall strategy for manual handling. The Manual Handling Operations Regulations 1992 (as amended 2002) require appropriate training provision, and also a comprehensive risk assessment component. Therefore, guidance on the process of manual handling risk assessment has been provided in the associated Safer Handling Toolkit.

An organisational Manual Handling Policy will provide a framework for implementation of a strategy that outlines roles and responsibilities, risk management processes and training arrangements.

Compliance with the Passport Scheme is recognised by the Health and Safety Executive (HSE) as demonstrating best practice. It can also offer the opportunity for current practice to be reviewed and benchmarked.

### **Objectives of the Passport Scheme**

The objectives of the Passport Scheme continue to be:

- to provide consistency in manual handling training/assessment within participating organisations by implementation of agreed training objectives;
- to enable organisations to implement standards for the management of manual handling;
- to provide supporting guidance and documentation;
- to implement a mechanism whereby skills can be transferred between participating organisations and therefore minimise duplication of training.

### **Review of the revised Passport Scheme**

The All Wales NHS Manual Handling Group will periodically review the standards in the revised Passport Scheme to ensure they are in line with current legislation and best practice.

Following such a review, organisations are responsible for implementing relevant changes in their policies, procedures and strategies, in order to continue to manage manual handling in line with the Passport Scheme.

### **Legal position**

The ultimate responsibility for the health and safety of staff and others rests with the organisation. This position is re-enforced in both criminal and civil law.

Participation in the Passport Scheme:

- demonstrates the employer's commitment to educate their staff to a consistent standard;
- sets a *minimum* standard against which organisations can be measured.

# **REVISED PASSPORT SCHEME STANDARDS**

# PASSPORT SCHEME STANDARDS

## Standard 1: Management of Manual Handling Training

This section outlines the skills required to perform the roles of:

- **Manual Handling Advisor (Strategic Level);**
- **Manual Handling Trainer in People Handling;**
- **Manual Handling Trainer in Inanimate Load Handling;**
- **Manual Handling Trainer Assistant.**

The section also outlines the standards for provision of adequate training in terms of length and frequency, and competency assessment requirements.

## Standard 2: Manual Handling Training Curriculum

This section outlines the aims and objectives of the revised Passport Scheme's foundation level training programme.

The training programme is broken down into modules to provide flexibility in its delivery in order to meet the basic manual handling training needs.

## Safer Handling Toolkit

Suggested documentation to support the revised Passport Scheme and information in respect of specific handling risks are provided separately, to allow for additions and amendments without affecting this core document.

## STANDARD 1: MANAGEMENT OF MANUAL HANDLING TRAINING

### Pre-training requisites

*“Multi-factorial manual handling interventions are the most effective at implementing a change of practice” Hignett (2006).*

The following seven pre-training requisites are essential for the success of the Passport Scheme:

1. training needs analysis - to identify the level and extent of training required;
2. adequate policies and procedures - to promote best practice, and to identify responsibilities and accountability in order to create a positive environment for change;
3. management commitment and support - for the training strategy and service delivery;
4. allocations of sufficient resources by management - to implement, develop and deliver the service in accordance with policies and procedures;

5. manual handling equipment provision - of the appropriate type and level for the care activity being performed. Any such equipment to be maintained in accordance with current legislation;
6. appropriate staff - to take forward the initiative: e.g., Manual Handling Advisors, Trainers and Trainer Assistants (see Figures 1, 2a, 2b and 2c). Organisations should recognise the role of a Manual Handling Advisor as a professional one. Individuals who are employed to perform this role must be competent.
7. consideration is given to the individual's ability to perform safer manual handling techniques. This policy should be supported by:
  - adequate provision of Occupational Health support/advice
  - adequate advice to managers on an individual's capability to perform manual handling techniques following periods of prolonged absence and/or ill health
  - the acknowledgement by employees that they must report any physical restrictions which may impact on their ability to practice safer manual handling techniques e.g. pregnancy, back problems, musculoskeletal disorders
  - the promotion of '24-hour' musculoskeletal care to employees.

### **Organisation and implementation of training**

The aim of the training is to provide the individual with manual handling skills and knowledge in order to reduce the risk of musculoskeletal injuries caused by poor manual handling in the workplace, and so to reduce absence due to sickness.

***Participating organisations must ensure that the training provided meets the requirements of the revised Passport Scheme.***

The training programme is broken down into modules to allow for flexibility in its delivery.

### **Planning and Recording Training**

- Training should start with management, and must include staff at all levels.
- Module A provides underpinning knowledge, and must be completed via e-learning, or in the classroom, prior to other modules. When delivering

theoretical training, there is no limit to number of trainees, other than that dictated by room size and seat numbers.

- Practical training must be delivered in a suitably equipped venue.
- Training must be safe, and sufficiently supervised. For practical training sessions, the following instructor-to-trainee ratios are recommended (National Back Exchange 2010):
  - for inanimate load handling: 1:10 instructor/trainee ratio;
  - for patient handling: 1:8 instructor/trainee ratio;
  - for students new to patient handling, or those with no previous care experience: 1:6 instructor/trainee ratio is advised.
- Two competent handlers (i.e., two trainers, or a trainer and a training assistant) are required to demonstrate two-person techniques safely.
- The training provided should meet the needs of the trainees.
- Consideration must be given to:
  - the baseline knowledge of the trainee(s);
  - the layout of the training venue;
  - the equipment available to facilitate practical training; and
  - the manoeuvres to be performed.
- The length of training must be sufficient to encourage and develop a change in knowledge, attitude and skills. Demonstrations alone are not sufficient. Staff must also have sufficient time to practice and develop practical skills under close supervision.
- Feedback must be provided to the manager on attendance, ability and any ongoing training needs of each trainee. A Health Declaration form, with a feedback section for managers, will aid this process.
- Full records of all training must be kept, including:
  - an Attendance Sheet with names, assignment number, job title, place of work and signature of Trainers & Trainees;
  - the date, place of training and duration of each session;
  - the course content, including equipment/aids used, and handouts issued;
  - record of full or partial participation, or refusal/inability to attend;
  - assessment and evaluation documentation.

### **Individual Training Record**

An individual training record will be completed, giving details of the key topics covered in the session. The trainee should be provided with the original as evidence of training completed, and a copy retained in accordance with organisational policy.

## **Assessment**

At the end of each module, each trainee's knowledge, skills and competence must be assessed.

## **Achieving and maintaining competence**

Competence is the ability to undertake responsibilities and perform activities to a recognised standard on a regular basis. Competence is a combination of practical and thinking skills, experience and knowledge (HSE briefing note 2)

## **What can affect a person's competence?**

Competence may be affected by factors such as the introduction of new policies, procedures, or practice, a change in equipment, environment, or following an incident, absence, ill health or injury.

The evidence suggests that manual handling training is effective only if adequately reinforced with suitable materials and ongoing support within the organisation itself (HSE 2007, Hignett 2006).

Organisations should provide sufficient supervision, assess competence, and monitor workplace practices to aid the implementation of the new skills and knowledge gained.

Where there are high risk activities, such as people handling, regular competence- based assessment and monitoring of activities is required, this should be documented as evidence.

“Refresher training or maintenance of competence should be provided when competence assessment identifies the need for further training.”  
(HSE 2009)

## **Initial Assessment of Competence**

Training should be provided to ensure that employees are competent to perform their duties safely. In order to establish the competence level of staff, an assessment process is required. It is the responsibility of organisations to ensure that local arrangements are in place to assess competence during foundation training.

## **Maintaining Competence (update)**

It is the responsibility of individual organisations to establish a suitable system to ensure competence is maintained (British Standards PD ISO/TR 12296: 2012). This will vary from organisation to organisation and will be dependent on job role. Evidence suggests that it is preferable to assess competence in the

workplace (Hignett 2006), but competence may also be assessed in the classroom.

### **Frequency of refresher training / competence assessment**

Frequency of refresher training or competence assessment must be assessed and agreed locally.

### **Evaluation**

Trainees will be asked to complete an evaluation form, which will be retained by the trainer along with the register of persons who attended the session.

### **Audit and review**

There should be a system in place to audit and review the management of safer manual handling practice in the workplace.

**Managers are responsible for monitoring practice in the workplace and for addressing issues if staff do not practice safely. Manual handling accidents/incidents must be reported and investigated appropriately and action taken to prevent a recurrence.**

## **PERSON SPECIFICATIONS FOR MANUAL HANDLING ADVISORS AND TRAINERS**

### **Manual Handling Advisor (Strategic Level)**

The individual must:

- hold a relevant professional qualification e.g. nurse, occupational therapist, radiographer, physiotherapist etc.
- have attended relevant post registration/graduate course in Health Ergonomics/Back Care Management, or similar;
- meet their own professional standards for Trainers in Moving and Handling (if relevant);
- have experience of working in a health care environment;
- show evidence of record keeping systems for training, supervision and assessment activity;
- have a working understanding of professional codes of ethics involved in health care;
- preferably, have a recognised teaching qualification - e.g., City & Guilds 730 Certificate of Education - or relevant experience;
- be able to design, oversee and evaluate manual handling training programmes that meet the needs of the organisation;
- be able to demonstrate knowledge of relevant legal influences in the field, particularly those impacting on health and safety, manual handling and, where relevant, patient-centred legislation, and have an understanding of the ergonomics principles involved and of the risk assessment processes required;
- have a working knowledge of relevant literature, research and any healthcare industry-related guidance issued;
- have developed management skills, and sufficient influence to be able to effect organisational change;
- be able to write policies, strategies and procedures etc., prepare business cases, undertake quality assurance audits and accident investigations, and review investigations and action plans;
- promote patient independence, minimal lifting/safer handling approaches, safe use of equipment, and ergonomic / environmental changes in order to minimise risks to staff and patients;
- demonstrate a practical problem-solving approach to moving and handling issues;
- be physically capable of demonstrating good practice;
- be familiar with the patient-handling equipment used in different areas, and a wide range of products available, in order to recommend suitable products for use in the organisation and to meet service-user needs;

- be able to demonstrate evidence of continuing professional development by regular attendance at relevant meetings, updates, conferences and study days - e.g., National Back Exchange meetings and conferences etc., - and other relevant events, in order to keep abreast of developments in the field;
- have leadership skills, the ability to negotiate and act as an advocate for patients and staff at all levels, and be an effective team member;
- be able to negotiate with staff from multi-disciplinary backgrounds, in order to promote safer handling practices aimed at facilitating care and rehabilitation and the prevention of incidents and injuries;
- preferably, be a Member of National Back Exchange

### **Manual Handling Trainer in People Handling**

The individual must:

- hold a relevant professional qualification - e.g., nurse, occupational therapist, radiographer, physiotherapist etc.;
- have experience of working in a healthcare setting;
- have attended a Train the Trainer course in People Handling that includes presentation skills;
- preferably, have, or be working towards, a teaching qualification - e.g., City & Guilds 730 Certificate of Education;
- be able to demonstrate good presentation, verbal and written communication skills;
- preferably, be working towards a recognised post-registration course in Manual Handling;
- be able to design, deliver and evaluate a manual handling training programme;
- be able to produce a Manual Handling Assessment, and recommendations for safer practice;
- be able to identify laws impacting on health and safety, manual handling and, where relevant, client-centred legislation, as well as understanding the importance of the risk assessment process;
- be able to contribute to organisational policies and procedures, quality assurance audits and accident investigations;
- show evidence of record keeping systems for training, supervision and assessment activity;
- demonstrate a practical, problem solving approach to moving and handling issues based on evidence-based practice;
- have the ability to negotiate and act as an advocate for patients and staff, within their levels of competency, and be an effective team member;
- be familiar with patient-handling equipment used in different areas;

- be physically capable of teaching the practical aspects of manual handling;
- promote patient independence, minimal lifting/safer handling approaches, safe use of equipment, and ergonomic / environmental changes, as required, to minimise risks to staff and patients;
- be able to demonstrate by means of evidence that they have kept abreast of professional developments in the field, by attendance at relevant meetings, updates, conferences and study days etc.;
- preferably, be a member of National Back Exchange.

### **Manual Handling Trainer in Inanimate Load Handling**

The individual must:

- have experience of working in an inanimate load handling setting for at least 6 months
- have attended a Train the Trainer course in Inanimate Load Handling that includes presentation skills;
- preferably, have, or be working towards, a teaching qualification - e.g., City & Guilds 730 Certificate of Education - or have relevant experience;
- be able to identify laws impacting on health and safety and manual handling, and understand the importance of risk assessments;
- be physically capable of teaching the practical aspects of inanimate load handling;
- be familiar with load-handling equipment used in the particular workplace;
- be able to deliver, supervise and evaluate a teaching programme;
- be able to demonstrate good presentation, verbal and written communication skills;
- show evidence of record keeping systems for training, supervision and assessment activity;
- promote minimal lifting/safer handling approaches, use of equipment and environmental changes, as required to minimise risks to staff;
- be able to produce a Manual Handling Assessment, and recommendations for safer practice;
- be an effective team member;
- demonstrate evidence of annual update in the field.

### **Manual Handling Training Assistant**

The individual must:

- train only under the direct supervision of a Manual Handling Trainer;
- have attended a relevant post-basic training course;
- have experience of working in a healthcare setting;

- demonstrate a practical, problem-solving approach to manual handling issues;
- be physically capable of demonstrating practical manual handling skills;
- promote patient independence, minimal lifting/safer handling approaches, use of equipment and ergonomic / environmental changes, as required, to minimise risks to staff and patients
- demonstrate evidence of annual update, or competence assessment, within the role.

*(The above person specifications are adapted from the National Back Exchange Standards in Manual Handling 2010)*

## STANDARD 2: MANUAL HANDLING FOUNDATION TRAINING CURRICULUM

In order to participate in practical manual handling training trainees must:

- complete a health questionnaire prior to undertaking practical activities;
- wear suitable footwear and clothing.

### FOUNDATION LEVEL INANIMATE LOAD HANDLING TRAINING

Foundation level inanimate load handling training consists of two modules: Module A (Manual Handling Theory); and Module B (Inanimate Load Handling & Ergonomics).

| MODULE   | DESCRIPTION                          | DELIVERY TIME |
|----------|--------------------------------------|---------------|
| Module A | Manual Handling Theory               | 1½ - 2 hours  |
| Module B | Inanimate Load Handling & Ergonomics | 1½ - 2 hours  |

NB: The delivery time is the suggested *minimum* time required to deliver the module, and is dependent on the needs of the group.

# MODULE A – MANUAL HANDLING THEORY

(Suggested delivery time: 1½ - 2 hours)

## Aim

To provide the underpinning knowledge necessary to reduce the risk of musculoskeletal injuries caused by poor manual handling practice in the workplace.

## Objectives

The trainee should be able to:

- define the term 'manual handling';
- outline employees' and employers' responsibilities under current Health and Safety legislation, including the Health and Safety at Work, etc., Act 1974, the Management of Health and Safety at Work Regulations, and the Manual Handling Operations Regulations;
- list other legislation relevant to manual handling at work;
- identify causes of musculoskeletal disorders (MSDs), and contributory factors;
- list the effects of MSDs;
- identify general lifestyle factors that promote good musculoskeletal health;
- state the principles of safer handling;
- define the term 'ergonomics', and give an example of its application in respect of manual handling and posture in the workplace;
- state the purpose of informal manual handling risk assessments;
- explain why good communication is important;
- identify the risks involved in team handling;
- identify sources of manual handling information available within the organisation;
- outline the basic responsibilities of staff, as stated in the organisation's manual handling policy / procedure.

## **MODULE B - INANIMATE LOAD HANDLING & PRACTICAL APPLICATION OF ERGONOMICS**

(Suggested delivery time: 1½-2 hours)

### **Aim**

To provide instruction and training in:

- Moving and handling inanimate loads
- Risk assessment of inanimate loads
- Good posture and application of ergonomics.

### **Objectives**

The trainee should be able to:

- explain the purpose and process of formal risk assessment;
- identify the four key areas, and other related factors, to be considered when undertaking a manual handling risk assessment;
- state the principles of safer handling of loads;
- identify how the principles of safer handling can be applied to supporting a load and moving large, and / or awkward loads;
- describe correct sitting posture to adopt while driving, sitting in a normal chair, and in an office chair, respectively;
- demonstrate competence in the basic practical techniques listed below.

### **Essential Discussion Points**

- Risk assessment process and risk factors specific to manual handling.
- Principles of safer handling, including moving large / awkward loads and supporting loads.
- Basic safety checks of manual handling equipment.
- Application of ergonomic principles in the workplace.
- Posture in the workplace, while seated and while driving.

### **Basic Practical Techniques for Assessment**

- Pushing, pulling and turning.
- Lifting and lowering load from the floor, or from a low level.
- Carrying a load.
- Techniques relevant to specific tasks the employees are required to carry out as part of their normal working duties.

### **Other relevant practical techniques (discussion/demonstration and/or practice)**

- Cylinder handling
- Pushing up/down ramp

**Suggested Equipment:** Box, trolley, wheelchair, bed, etc

## FOUNDATION LEVEL PEOPLE HANDLING TRAINING

Foundation level people handling training consists of Module A (theory), Module B inanimate load handling and ergonomics, plus any, or all, of the following practical modules.

| MODULE   | DESCRIPTION                   | DELIVERY TIME |
|----------|-------------------------------|---------------|
| Module C | Sitting, Standing and Walking | 1-2 hours     |
| Module D | Bed Mobility                  | 3-4 hours     |
| Module E | Falling and fallen person     | 1-2 hours     |
| Module F | Hoisting                      | 2–2½ hours    |

**NB** - The delivery time is the suggested *minimum* time required to deliver the module, and is dependent on the needs of the group.

### Risk Assessment

The following aim and objectives must be included in foundation people handling training, regardless of which modules are delivered.

#### Aim

To provide instruction and training in risk assessment of people and the principles of people handling

#### Objectives

The trainee should be able to:

- discuss the application of principles of safer handling, including environmental and postural awareness, to the moving and handling of people;
- demonstrate knowledge and understanding of Risk Assessments in relation to people handling by completing a moving and handling Risk Assessment and handling plan relevant to the modules undertaken. (This will be subject to their level of responsibility within their area of work.)

# **MODULE C – SITTING, STANDING AND WALKING**

(Suggested delivery time: 1-2 hours)

## **Aim**

To provide instruction and training in safely assisting a person to sit, stand, walk, transfer and reposition in the chair

## **Objectives**

The trainee should be able to: -

- state how a person would usually stand, sit, walk, transfer and re-position in a chair, and how this information can be used when assisting them to move;
- identify unsafe practices, and explain why these should not be used;
- state factors to be considered in assessing a person's ability to stand, sit, transfer, walk, or reposition in the chair, and how the information is recorded;
- demonstrate competence in the basic practical techniques listed below

## **Essential Discussion Points**

- unassisted standing, walking, sitting and re-positioning in a chair – to include verbal prompting;
- unsafe practices;
- environmental and safety issues e.g. sufficient space, floor surface etc;
- assessing a person's functional ability;
- factors such as appropriate size chair, footwear, etc;
- posture while assisting the person

## **Basic practical techniques for assessment**

### **Assisting a person to:**

- move forward and back in the chair
- stand to sit/sit to stand
- walk
- transfer from one surface to another whilst standing, without equipment

### **Other relevant practical techniques (discussion/demonstration, and/or practice)**

- seated transfer with equipment
- seated transfer without equipment
- standing transfer with equipment

**Suggested Equipment**

Walking stick and/or frame, selection of chairs, chair raisers, one-way slide, slide sheet, wheeled transport aid, commode, turn-safe disc, transfer boards, etc.

## **MODULE D – BED MOBILITY**

(Suggested delivery time: 3-4 hours)

### **Aim**

To provide instruction and training in the moving and handling of a person in and around the bed / trolley etc.

### **Objectives**

The trainee should be able to:

- state how a person would usually move in the bed / trolley, and how this information can be used when assisting them to move;
- identify unsafe practices, and explain why these should not be used;
- state factors to be considered in assessing a person's ability to move in bed, and how the information is recorded;
- state the principles of using slide sheets;
- state the principles of using a full-length transfer board;
- state the functions and safety aspects of electric profiling beds;
- demonstrate competence in the basic practical techniques listed below

### **Essential Discussion Points**

- unassisted movement in bed – to include verbal prompting;
- unsafe practices;
- environmental and safety issues e.g. sufficient space, trailing cables etc;
- assessing a person's functional ability;
- posture whilst treating, examining a person in bed;
- small assistive aids e.g. bed ladders, grab handles, leg raiser;
- principles of using slide sheets;
- principles of using full-length transfer board;
- functions and safety aspects of bed frames and trolleys

### **Basic practical techniques for assessment**

- insert and remove slide sheets;
- slide a person up / down bed using slide sheets;
- roll a person onto their side / 90 degree turn with and without slide sheets;
- assist a person to get into & out of bed;
- lateral supine transfer;
- use of profiling beds (including assisting a person to sit up, lie down and stand)

**Other relevant practical techniques (discussion/demonstration, and/or practice)**

- turning a person 180 degrees i.e. from one side to the other using slide sheets;
- 30 degree tilt;
- turning a person prone and back again;
- getting a person out of, and back into bed using slide sheets;
- specific practical techniques relevant to role/department

**Suggested Equipment**

Electric profiling bed and mattress, slide sheets, bed ladder, grab rail, leg raiser, turntable, handling sling, full-length transfer board, transfer sheet, extension straps, trolley, etc.

# **MODULE E – HANDLING A FALLING / FALLEN / COLLAPSED PERSON**

(Suggested delivery time: 1-2 hours)

## **Aim**

To provide instruction and training in the actions to be taken when dealing with a falling, fallen or collapsed person.

## **Objectives**

The trainee should be able to:

- state circumstances and examples of ways a person might fall;
- identify falls prevention measures;
- distinguish the difference between a falling and a fallen person;
- describe the principles of dealing with a falling person;
- identify unsafe practices when dealing with a falling person, and explain why these should not be used;
- describe the principles of dealing with a fallen person, including assessing the person and their ability to stand, or get up off the floor;
- identify unsafe practices when dealing with a fallen person, and explain why these should not be used;
- state the main principles of the organisation's post fall management protocol;
- demonstrate competence in the basic practical techniques listed below

## **Essential Discussion Points**

- prevention of falls and management of the fallen person;
- posture whilst assessing and assisting the person;
- DVD instruction / Pictorial Guidance on management of the falling person;
- unsafe practices;
- environmental and safety issues e.g. sufficient space, floor surface, footwear, walking aids, eyesight etc;
- Resuscitation Council Guidelines - Safer Handling during Resuscitation;
- organisation's Post Fall Management Protocol

## **Basic practical techniques for assessment**

- Raising a fallen person with minimal assistance, e.g., encouragement/use of chair.

**Other relevant practical techniques (discussion/demonstration and/or practice)**

- Moving a fallen person from a confined space.
- Moving a person out of the chair and onto the floor, as in the case of a collapsed person, or a person falling out of the chair.
- Moving patient using specialist equipment, e.g., scoop stretcher, stretcher bar and sling, hydraulic equipment, lifting net, etc.

**Suggested Equipment:**

Chairs, slide sheets, slide sheet extension straps, hoists, slings, scoop stretcher, lifting sheets/nets, hydraulic equipment e.g. lifting cushion, etc.

# MODULE F – Using Hoists and Slings

(Suggested delivery time: 2-2½ hours)

## Aim

To provide instruction and training in the use of hoists and their accessories, and in the safe hoisting of a person

## Objectives

The trainee should be able to: -

- state how the Lifting Operations and Lifting Equipment Regulations (LOLER) 1998 apply to patient hoists and slings / accessories;
- identify the types of hoist available, and describe the safe use of hoists;
- identify the types of sling available, and describe the safe use of slings;
- state factors to be considered in assessing the person's need to be hoisted, the identification of appropriate equipment, and how this information is recorded;
- identify unsafe practices and explain why these should not be used;
- demonstrate competence in the basic practical techniques listed below

## Essential Discussion Points

- legislation and its application to patient hoists and accessories;
- principles of hoist use, including selection, use of accessories (where relevant) and safety checks;
- principles of the use of slings, including selection and safety checks;
- assessing a person's functional ability, and factors to be considered when deciding on an appropriate hoist and sling;
- unsafe practices;
- environmental and safety issues - e.g., sufficient space, floor surfaces, under bed/chair clearance, curtain rail height, etc;
- correct posture to be adopted while inserting or removing a sling, and while using hoisting equipment;
- documentation

## Basic practical techniques for assessment

- fitting and removing a sling with the person:
  - in bed;
  - in a chair;
  - on the floor.

- hoisting a person, e.g., bed to chair, and /or chair to bed, using passive hoist and active hoist
- hoisting a person from the floor

**Other relevant practical techniques (discussion/demonstration and/or practice)**

- *insertion / removal of slings in bed or chair using slide sheets*
- *use of other specific hoists, slings and accessories, e.g. stretcher bar or other spreader bars*
- *specific practical techniques relevant to role and /or department*

**Suggested Equipment:**

Passive hoist (capable of lifting from the floor), active hoist, slide sheets, a selection of appropriate slings and hoist accessories.

## **All Wales NHS Manual Handling Group Guidance for the Safer Handling of the Falling Patient/Person**

### **Introduction**

Each year around 282,000 patient falls are reported to the National Patient Safety Agency (NPSA) from hospitals and mental health units (includes slips, trips and falls). However, only a minority of falls are witnessed by staff; even when a member of staff witnesses a fall, they are unlikely to be able to stop the patient from falling.

At present there is no definitive guidance on how to manage a patient as they collapse to the floor when in close proximity to a handler. Generally, a consistent message given to staff is that they are advised not to catch or fully support the falling patient. At the request of NHS Wales Shared Services Partnership (NWSSP) Legal & Risk Services, the All Wales NHS Manual Handling Group has explored current practice and presents this guidance as a standardised approach for staff dealing with a falling patient.

### **Background**

In health and social care services, moving and handling injuries account for 40% of work-related sickness absence. In response to current legislation and in particular the requirements laid down by the Manual Handling Operations Regulations 1992 (as amended 2002) there is a responsibility on employers to ensure there are measures in place to deal with risks associated with manual handling. One of the more complex higher risk areas within Healthcare is managing the "Falling Patient".

Within the legislation there is a clear ranking of measures for dealing with such risks namely:

- **first** : avoid hazardous manual handling operations so far as is reasonably practicable;
- **second** : assess any hazardous manual handling operations that cannot be avoided; and
- **third**: reduce the risk of injury so far as is reasonably practicable

In addition to this, moving and handling training is a requirement under the Health and Safety at Work etc Act 1974 and expanded on in the Management of Health and Safety at Work Regulations 1992 (HSE 2012)

There are many circumstances within the healthcare setting that can be classed as complex handling situations, for example, Emergency Evacuation, Cardiac Arrest situations, Bariatric / Heavy Patient handling and Falling Patients scenarios, some with standardised guidance already in place.

At present there is no definitive guidance on how to manage a patient as they collapse to the floor when in close proximity to a handler. Generally, a consistent message given to staff is that they are advised not to catch or fully support the falling patient. Work undertaken by Fray in Smith (Smith (ed) HOP5 2005) states that catching a falling person is likely to put an employee at risk of musculoskeletal injury and calculates the forces on the spine, when catching a person will exceed safe levels, e.g. the handler catching a person weighing 60kgs is likely to experience a force in the region of 4800 Newtons or 480kgs in the lower back.

The Resuscitation Council (UK) (2009) guidance advises care to be taken to avoid injury to the handler in the event of a collapsed patient suffering a cardiac arrest as this may prevent them from performing effective CPR and add that if a patient is out of reach, it is unrealistic to be able to lower them in a safe manner. From this point on, the advice and training given to staff is made up of a variety of different approaches. Some organisations will train staff to use particular techniques to assist the falling patient, whilst others will use a video to demonstrate the practical aspects thus avoiding practice in a training situation due to the high risk of injury. In addition, some will allow the patient to fall without any/some direct intervention. Questions regarding risks to the handlers, risks to the person falling, risks to the organisation, duty of care and instinctive and reactive actions are some of the issues raised but are often left with incomplete or unsatisfactory answers.

The aim of this paper is to use the evidence available to try to produce standardised and consistent guidance on safer handling of a falling patient when the handler is in close proximity to the patient. It will not include all scenarios e.g. falling from/out of a chair and will focus on the above example only. References to "Falls Assessment tools" will not be explained in detail as it would be assumed that organisations would have Falls Prevention Strategies/Policies in place.

Following discussions and legal advice from NHS Legal Services teams, it is hoped the guidance can then be adopted for use within the NHS in Wales.

### **Incidence of Patient Falls in a Hospital setting**

Each year around 282,000 patient falls are reported to the National Patient Safety Agency (NPSA) from hospitals and mental health units (includes slips, trips and falls).

96 per cent of falls result in minor injuries whilst a significant number result in death, severe or moderate injury including around 840 fractured hips, 550 other types of fracture, and 30 intracranial injuries. However, only a minority of falls are witnessed by staff; even when a member of staff witnesses a fall, they are unlikely to be able to stop the patient from falling. Only four per cent of falls in community hospitals and five per cent of falls in acute hospitals appear to have been witnessed by staff. The proportion of witnessed falls in mental health hospitals was higher at 21 per cent.

Falls that apparently occurred whilst the patient was walking accounted for 25 per cent of falls in acute hospitals, 20 per cent of falls in community hospitals, and 32 per cent of falls in mental health units. In acute and community hospital settings, these tended to be patients with mobility problems taking short journeys. (NPSA 2011)

## **Current Guidance**

The following extract has been taken from the publication "The Handling of People 6th edition" (Smith 2011) and is used as a national guidance document for all staff working in health, social care and the emergency services and others who may be directly or indirectly involved in moving and handling of people. Previous editions of this publication have been relied upon by the legal profession and expert witnesses involved in person handling related personal injury litigation/case management.

## **Case law**

In *Brown v East Lothian NHS Trust (2000)* an auxiliary nurse sought damages for back injury when she tried to stop a patient falling. The court was satisfied that the Trust had provided appropriate training which included discussions on how to manage a falling person. The court accepted that practical demonstrations of manoeuvres to manage a falling person were not essential because of the difficulties of creating a true falling scenario. The court acknowledged that theoretical and pictorial discussions regarding systems to manage the falling person were sufficient to organisations and felt it was not practical to practise techniques of how to assist a falling person to the floor.

In *Docherty v Stockton-on-Tees Borough Council (2006)*, a care home assistant sought damages after an elderly person, being assisted by her son, relaxed and fell on to the carer. The court found the employer had a defective policy because it stated employees should allow a person to fall. The court felt that the organisation's policy and training failed to recognise the human desire of employees wanting to assist people in receipt of care. The court emphasised that neither training nor policies should be aimed at eliminating the desire to care.

The judgements in these cases acknowledged the importance to organisations of having a falling intervention policy or guidance that recognises the human nature to prevent harm to people in receipt of care. They recommended organisations should include training on how to manage falls risks through risk assessment and employees should be instructed on how to assist a falling person as safely as is reasonably practicable. (Sturman 2011)

In the case of *Bayley v Bloomsbury Health Authority (1993)* a Student Nurse was injured when walking a 79 year old woman. The court examined the patient's care plan of which walking was a part, as well as the training which had been given. The care plan was found to be proper. The training was found to be inadequate. The Judge concluded that the training included how to move patients, using different holds and positions, emphasis on preventing the patient from falling but not the dangers to the nurse and in particular her back. There was insufficient practice to overcome the nurse's instinct to catch or to try to save the patient at any stage. (Mandelson 2002)

Organisations have a duty of care and health and safety responsibility to reduce the risk of injury to both employees and those receiving care and treatment. The emphasis must be on the risk assessment process to identify potential contributory factors and actions to prevent the person from falling in the first place. It has to be acknowledged that organisations and employees have a moral duty in reducing the risk of injury to people in their care. There is still no definitive answer as to whether you should or should not intervene with a falling person, however, there is much evidence to support that there are more serious consequences to the person sustained by not managing falls risks, compared to

the number of employee injuries. Organisations and individuals need to consider morally the real risks to people in their care and implement strategies to reduce the risk of falls. (Sturman, 2011)

Guidance from the Health and Safety Executive (HSE 2012) states that an individual's needs and abilities can change over the course of a day. Staff should understand the impact this may have on moving and handling practices, individuals may become upset or agitated when being moved, others, though willing to assist at the start of a manoeuvre, may find themselves unable to continue.

Training may prevent injury arising in such circumstances. A natural reaction, while helping with walking, for example, is to try to prevent a fall. Injuries have occurred to both staff and the service user in such circumstances. Properly positioned, the helper may prevent a fall or allow a controlled slide. Having made the individual comfortable, they can determine how to move them safely. (HSE 2012)

Alongside the advice from the HSE, those working within healthcare settings also have a duty of care towards their patients and need to adhere to the Nursing and Midwifery Council Code of Conduct (NMC 2010), the College of Occupational Therapists, Code of Ethics and Professional Conduct (COT 2010) and the Chartered Society of Physiotherapists, Rules of Professional Conduct (CSP 2002). As discussed earlier in the case of *Dockerty v Stockton - on -Teess Borough Council*, the organisations policy stated that employees should allow the patient to fall, this advice would certainly cause conflict when upholding the standards within the Codes of Conduct, part of which includes making the care of your patient your main concern and to protect and promote the health and well being of those in your care.

Following lengthy discussions on the "Falling Patient" it is obvious that the best way to deal with this situation is to try and prevent it from happening in the first place.

There are many points to consider prior to attempting to assist a patient to stand or walk:

- Has the environment been checked/cleared
- Has the route been planned carefully
- Are any rest stops or wheeled chairs required
- Have staff attending to the person had appropriate Manual Handling training
- Has an individual Manual Handling Assessment been undertaken on this patient and has it been communicated
- Has a Falls Assessment been completed if appropriate
- Has the patients mental state and capacity been considered
- Is the patient wearing appropriate footwear
- Establish whether the patient is capable of standing and or walking
- Does the patient have sufficient muscle power/ability to stand

The following simple test will help to assess this:-

Can the patient:

- sit upright unsupported
- flex forward
- push up off the bed or the arms of the chair
- raise his/her feet off the floor and place his/her foot forward and back on the floor (Brookes & Orchard 2011)

If the patient is unable to do these tasks, it is unlikely they would have muscle power to stand and walk and alternative methods of moving them will have to be considered.

(N.B. this is a simple safeguard that can be used, however if there is any doubt staff must seek Physiotherapist/Occupational Therapist opinion)

**Listed below are two scenarios for different situations. These apply only to an isolated fall which could not be predicted or avoided by compliance with general statutory duties, adequate, competent, well trained staff combined with appropriate risk assessment.**

### **Task 1 - Falling Patient (Discussion, Video/Pictorial Guidance)**

Drop fall/collapse - controlled descent to the floor (patient in close contact with handler)

1. On the first sign of collapse, call for help and move behind the patient into a stable and balanced position
2. Keep close contact with the patient, stay balanced with open hands holds around the patients outer arms/trunk/hip area
3. Adjust your feet to maintain balance, relax knees and allow patient to slide to the floor until they are in a sitting position
4. Support the patients head where possible, but to do so it is important to drop into a kneeling position if safe to do so
5. Manoeuvre patient into a side lying position if appropriate
6. Ensure patient is in a safe comfortable position
7. Ensure appropriate risk assessment is undertaken prior to moving patient
8. Assist/Transfer from floor using appropriate handling methods

Training in how to undertake this technique will be discussed only due to the impracticalities and the risks involved, however there is a video demonstration available to be used which demonstrates the above.

## **Task 2 - Falling Patient (Discussion only)**

### Patient falling away from handler, redirecting a fall in the event of a drop fall/collapse (patient in close contact with the handler)

1. On the first sign of collapse, call for help and move any obstacles away from the patient if appropriate
2. Do not attempt to catch the patient as they are falling away from the handler
3. If the patient is falling towards a dangerous situation, the handler should attempt to redirect the fall
4. If the patient is transferring between surfaces and is unable to continue, the handler may be able to redirect the fall by gently pushing the patient towards the bed/chair or letting them drop onto the seated surface they have just risen from
5. Ensure patient is in a safe comfortable position following fall
6. Ensure appropriate risk assessment is undertaken prior to moving the patient from the floor
7. Assist/Transfer from floor using appropriate handling methods

### **Dangers/Precautions**

- Do not assist a patient to stand if you are unsure of their ability to weight bear
- Be aware of the differences in height/weight between handler and patient, the risk of injury will increase with the weight of the falling person
- Be aware of the effects of changing patient levels from bed/chair/toilet etc
- Be aware the person falling may put all of their weight on to the handler during the decent and may grab at the handler
- Do not try to drag patient to furniture
- Be aware of handlers own skill and fitness/health levels
- Do not twist and stoop when assisting the patient
- Do not use drag hold or holds that anchor you to the patient
- Training these techniques have been identified as high risk activities

### **Summary**

Organisations need to ensure that the advice given to employees is consistent and need to decide on the best approach for their own organisation given the information available.

## References:

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Jessica Kingsley Publishers London

Nursing and Midwifery Council (2010). The Code; Standards of conduct, performance and ethics for nurses and midwives. [www.nmc-uk.org](http://www.nmc-uk.org) Accessed 09.08.12

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Smith, J. (2011) as cited in:  
BackCare (2011) *The Handling of people* (6th edition) pp237  
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Sturman, M (2011) as cited in:  
BackCare (2011) *The Handling of people* (6th edition) pp237  
Teddington: BackCare ISBN 0-978-0-9530528-1-3.

# MANUAL HANDLING TRAINING ATTENDANCE SHEET

\*\*\*ASSIGNMENT NUMBERS ARE ESSENTIAL\*\*\*

*PLEASE NOTE: YOUR ASSIGNMENT NUMBER CAN BE FOUND AT THE TOP LEFT HAND SIDE OF YOUR PAY SLIP*

| <b>SPECIFY COURSE UNDERTAKEN</b><br><input type="checkbox"/> MH4 Foundation People Handlers<br><input type="checkbox"/> MH5 Foundation Inanimate Load Handlers |               |                      |                       |                | TRAINER:                                       |   |   |                   |   |   |                    |  |  | All relevant modules completed? | Staff Signature<br>Training will not be recorded without original signature |
|--|---------------|----------------------|-----------------------|----------------|--|---|---|-------------------|---|---|--------------------|--|--|---------------------------------|---|
|  |               |                      |                       |                | VENUE:   |   |   |                   |   |   |                    |  |  |                                 |   |
|  |               |                      |                       |                | MODULES (please delete non-applicable columns) |   |   |                   |   |   |                    |  |  |                                 |   |
| No   | Assignment No | Print Name (In Full) | Job Title/Staff Group | Ward/Dept/Base | A on-line                                      | A | B | C                 | D | E | F                  |  |  |                                 |   |
| 1  |               |                      |                       |                |  |   |   |                   |   |   |                    |  |  |                                 |   |
| 2  |               |                      |                       |                |  |   |   |                   |   |   |                    |  |  |                                 |   |
| 3  |               |                      |                       |                |  |   |   |                   |   |   |                    |  |  |                                 |   |
| 4  |               |                      |                       |                |  |   |   |                   |   |   |                    |  |  |                                 |   |
| 5  |               |                      |                       |                |  |   |   |                   |   |   |                    |  |  |                                 |   |
| 6  |               |                      |                       |                |  |   |   |                   |   |   |                    |  |  |                                 |   |
| 7  |               |                      |                       |                |  |   |   |                   |   |   |                    |  |  |                                 |   |
| 8  |               |                      |                       |                |  |   |   |                   |   |   |                    |  |  |                                 |   |
| 9  |               |                      |                       |                |  |   |   |                   |   |   |                    |  |  |                                 |   |
| 10   |               |                      |                       |                |  |   |   |                   |   |   |                    |  |  |                                 |   |
| 11   |               |                      |                       |                |  |   |   |                   |   |   |                    |  |  |                                 |   |
| 12   |               |                      |                       |                |  |   |   |                   |   |   |                    |  |  |                                 |   |
| <b>Please note all parts of this form <u>MUST</u> be completed to evidence compliance with All Wales Manual Handling Training Standards</b>                    |               |                      |                       |                | Trainer's Signature: _____                     |   |   |                   |   |   |                    |  |  | Contact No: _____               |   |
| Return SIGNED ORIGINALS ONLY to:   |               |                      |                       |                | Date _____                                     |   |   | Start Time: _____ |   |   | Finish Time: _____ |  |  |                                 |   |

## MANUAL HANDLING TRAINING ATTENDANCE SHEET

\*\*\*ASSIGNMENT NUMBERS ARE ESSENTIAL\*\*\*

*PLEASE NOTE: YOUR ASSIGNMENT NUMBER CAN BE FOUND AT THE TOP LEFT HAND SIDE OF YOUR PAY SLIP*

**SPECIFY COURSE UNDERTAKEN (DELIVERY: Classroom OR Workplace)**

- MH6 Update People Handlers
- MH8 Update Inanimate Load Handlers

TRAINER:.....

VENUE: .....

| No | Assignment No | Print Name (In Full) | Job Title | Ward/Dept/Base | Training needs Identified & met Yes/no | Competence Assessed & Forms completed | Staff Signature<br>Training will not be recorded without original signature |
|----|---------------|----------------------|-----------|----------------|--|---------------------------------------|---|
| 1  |               |                      |           |                |  |                                       |   |
| 2  |               |                      |           |                |  |                                       |   |
| 3  |               |                      |           |                |  |                                       |   |
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| 10 |               |                      |           |                |  |                                       |   |
| 11 |               |                      |           |                |  |                                       |   |
| 12 |               |                      |           |                |  |                                       |   |

**Please note all parts of this form MUST be completed to evidence compliance with All Wales Manual Handling Training Standards**

Trainer's Signature:

Contact No:

Return SIGNED ORIGINALS ONLY to:

Date:

Start Time:

Finish Time:

| <b>Other Practical Manual Handling Skills (Optional)</b>  |           |              |           |
|---|-----------|--------------|-----------|
| <b>Module B</b>   | Discussed | Demonstrated | Practised |
| Seated transfer with equipment  |           |              |           |
| Seated transfer without equipment   |           |              |           |
| <b>Module C</b>   |           |              |           |
| Seated transfer with equipment  |           |              |           |
| Seated transfer without equipment   |           |              |           |
| Standing transfer with equipment  |           |              |           |
| <b>Module D</b>   |           |              |           |
| Turning a person 180 degrees i.e. from one side to the other using slide sheets   |           |              |           |
| 30 degree tilt  |           |              |           |
| Turning a person prone & back again   |           |              |           |
| Get a person out of, & back into bed using slide sheets   |           |              |           |
| <b>Module E</b>   |           |              |           |
| Moving a fallen person from a confined space  |           |              |           |
| Moving a person out of the chair & onto the floor, as in the case of a collapsed person, or a person falling out of the chair |           |              |           |
| Moving a patient using specialist equipment e.g. scoop stretcher, stretcher bar & sling, hydraulic equipment, lifting net etc |           |              |           |
| <b>Module F</b>   |           |              |           |
| Insertion / removal of slings in bed or chair using slide sheets  |           |              |           |
| Use of other specific hoists, accessories & slings e.g. stretcher or other spreader bars                                      |           |              |           |
| <b>Department or Speciality Specific (document details)</b>   |           |              |           |
|   |           |              |           |
|   |           |              |           |

LOGO

## Revised All Wales NHS Manual Handling Passport Scheme

### Individual Safer Handling Training Record

Course Type: Foundation / Update (circle as appropriate)

Trainee Name: .....

Job Title: .....

Employee Number: .....

Ward/Dept/Location: .....

Directorate/Service Group: .....

Course Dates: .....

#### Equipment Used or Demonstrated in Training

Add to this list any other equipment used or demonstrated.  
Tick box if used, or insert 'D' in box if demonstrated only

|                             |  |  |  |
|-----------------------------|--|--|--|
| Passive Hoist – state model |  |  |  |
| Active Hoist – state model  |  |  |  |
| Profiling Bed – state model |  |  |  |
| Sling - general             |  |  |  |
| Sling - toileting           |  |  |  |
| Stretcher bar & sling       |  |  |  |
| Flat slide sheets           |  |  |  |
| Tubular slide sheets        |  |  |  |
| Full length transfer board  |  |  |  |

I confirm that I have received instruction in the topics as indicated in this training record. I have also been given the opportunity to discuss relevant issues and ask questions. I confirm that I have received handouts.

**N.B Any changes to this record with the intention to deceive will be considered as fraudulent**

Trainee Signature: .....

Trainer Signature: .....

Date: .....

## Training Course Details

Initial topics completed, place a cross alongside those not covered or completed

| <b>Module A – Theoretical Introduction</b>  |  | <b>Included</b>  |              |           |
|---|--|------------------|--------------|-----------|
| Definition of manual handling   |  |                  |              |           |
| Legislation   |  |                  |              |           |
| Musculoskeletal Disorders – causes, effects & prevention  |  |                  |              |           |
| Principles of safer handling  |  |                  |              |           |
| Ergonomics & Risk Assessment (informal)   |  |                  |              |           |
| Communication   |  |                  |              |           |
| Team Handling   |  |                  |              |           |
| Organisational policy, arrangements & personnel   |  |                  |              |           |
| <b>Module B – Inanimate Load Handling</b>   |  | <b>Discussed</b> |              |           |
| Risk Assessment (formal) – purpose, process & key factors to be considered  |  |                  |              |           |
| Principles of safer handling of inanimate loads including moving large / awkward loads & supporting loads   |  |                  |              |           |
| Basic safety checks of equipment  |  |                  |              |           |
| Application of ergonomic principles in the workplace  |  |                  |              |           |
| Posture in the workplace & whilst seated.   |  |                  |              |           |
| <b>Practical Skills</b>   |  | Discussed        | Demonstrated | Practised |
| Pushing, pulling & turning  |  |                  |              |           |
| Lifting & lowering from/to floor or low level   |  |                  |              |           |
| Carrying a load   |  |                  |              |           |
| <b>Patient Handling</b>   |  |                  |              |           |
| Application of principles of safer handling to the moving and handling of people, including environmental & postural awareness                          |  |                  |              |           |
| Complete a moving & handling risk assessment and handling plan relevant to modules undertaken (subject to level of responsibility within the work area) |  |                  |              |           |
| <b>Module C – Sitting, Standing and Walking</b>   |  | <b>Discussed</b> |              |           |
| Standing, walking, sitting & re-positioning in a chair – to include verbal prompting  |  |                  |              |           |
| Unsafe practices  |  |                  |              |           |
| Environmental & safety issues e.g. sufficient space, floor surface etc  |  |                  |              |           |
| Assessing a person's functional ability   |  |                  |              |           |
| Factors such as appropriate size chair, footwear etc  |  |                  |              |           |
| Posture whilst assisting the person   |  |                  |              |           |
| <b>Practical Skills – assist a person to</b>  |  | Discussed        | Demonstrated | Practised |
| Move forward & back in the chair  |  |                  |              |           |
| Stand to sit/sit to stand   |  |                  |              |           |
| Walk  |  |                  |              |           |
| Transfer from one surface to another without equipment (excluding walking stick or frame)   |  |                  |              |           |
| <b>Module D – Bed Mobility</b>  |  | <b>Discussed</b> |              |           |
| Unassisted movement in bed – to include verbal prompting  |  |                  |              |           |
| Unsafe practices  |  |                  |              |           |
| Environmental & safety issues e.g. sufficient space, trailing cables etc.   |  |                  |              |           |

| <b>Module D – Bed Mobility (continued)</b>   |  | <b>Discussed</b> |              |           |
|--|--|------------------|--------------|-----------|
| Assessing a person's functional ability  |  |                  |              |           |
| Posture whilst treating or examining a person in bed   |  |                  |              |           |
| Small assistive aids e.g. bed ladders, grab handles, leg raiser  |  |                  |              |           |
| Principles of using slide sheets   |  |                  |              |           |
| Principles of using full-length transfer board   |  |                  |              |           |
| Functions and safety aspects of bed frames, mattresses and trolleys  |  |                  |              |           |
| <b>Practical Skills</b>  |  | Discussed        | Demonstrated | Practised |
| Insert & remove slide sheets   |  |                  |              |           |
| Slide a person up / down bed using slide sheets  |  |                  |              |           |
| Roll a person onto their side / 90 degree turn with & without slide sheets   |  |                  |              |           |
| Assist a person to get into & out of bed   |  |                  |              |           |
| Lateral supine transfer  |  |                  |              |           |
| Use of profiling beds (including assisting a person to sit up, lie down & stand).  |  |                  |              |           |
| <b>Module E – Handling a falling / fallen / collapsed person</b>   |  | <b>Discussed</b> |              |           |
| Prevention of falls & management of the fallen person  |  |                  |              |           |
| Posture whilst assessing & assisting the person  |  |                  |              |           |
| DVD instruction / Pictorial Guidance on management of the falling person   |  |                  |              |           |
| Unsafe practices   |  |                  |              |           |
| Environment & safety e.g. sufficient space, floor surface, footwear, walking aids, eyesight                              |  |                  |              |           |
| Resuscitation Council Guidelines - Safer Handling during Resuscitation   |  |                  |              |           |
| Organisation's Post Fall Management Protocol   |  |                  |              |           |
| <b>Practical Skills</b>  |  | Discussed        | Demonstrated | Practised |
| Raising a fallen person with minimal assistance e.g. encouragement/use of chair  |  |                  |              |           |
| <b>Module F – Using Hoists and Slings</b>  |  | <b>Discussed</b> |              |           |
| Legislation & its application to patient hoists & accessories  |  |                  |              |           |
| Principles of hoist use including selection, use of accessories & safety checks  |  |                  |              |           |
| Principles of slings use including selection & safety checks   |  |                  |              |           |
| Assessing functional ability & factors to consider when selecting appropriate hoist & sling                              |  |                  |              |           |
| Unsafe practices   |  |                  |              |           |
| Environmental & safety issues e.g. sufficient space, floor surfaces, under bed/chair clearance, curtain rail height etc. |  |                  |              |           |
| Posture whilst inserting /removing a sling & using hoisting equipment  |  |                  |              |           |
| Documentation  |  |                  |              |           |
| <b>Practical Skills</b>  |  | Discussed        | Demonstrated | Practised |
| Fitting & removing a sling with the person in bed  |  |                  |              |           |
| Fitting & removing a sling with the person in a chair  |  |                  |              |           |
| Fitting & removing a sling with the person on the floor  |  |                  |              |           |
| Hoisting a person using passive hoist  |  |                  |              |           |
| Hoisting a person bed using an active hoist  |  |                  |              |           |
| Hoisting a person from the floor (or include in Module E)  |  |                  |              |           |

LOGO

**Manual Handling Workplace Competence Assessment - Patient Handlers**

|   |            |                          |  |
|---|------------|--------------------------|--|
| Name:   |            | Employee No.:            |  |
| Directorate:  | Ward/Dept: | Site:                    |  |
| Date of last training:  |            | Date of last assessment: |  |
| Has this employee identified additional training needs                              |            | <b>YES / NO</b>          |  |
| If <b>Yes</b> , what are these needs? Employee to be referred for training / update |            |                          |  |

**Observation of Patient Handling Task 1**

| <b>Task observed &amp; equipment (if used):</b>  |            |           |            |
|--|------------|-----------|------------|
| <b>Criteria</b> (from visual observation or questioning whichever is appropriate)  | <b>Yes</b> | <b>No</b> | <b>N/A</b> |
| <b>Communication</b> - communicated appropriately with patient and colleagues prior to and during manoeuvre; appropriate commands used.            |            |           |            |
| <b>Patient Risk Assessment</b> – referred to patient risk assessment & safer handling plan; checked for any changes; noted specific risks etc.     |            |           |            |
| <b>Preparation</b> – risk assessed task, environment and individual capability e.g. clear space, safe environment, adjusted bed height etc.        |            |           |            |
| <b>Equipment</b> – (if required) correct equipment selected, checked and used appropriately  |            |           |            |
| <b>Technique &amp; Posture</b> – appropriate technique, avoided controversial techniques and/or sustained, poor or unbalanced postures.            |            |           |            |
| <b>Movement</b> – demonstrated use of efficient movement   |            |           |            |
| <b>Patient</b> – encouraged patient to initiate movement and participate, effective manoeuvre; patient in required position; felt safe and secure. |            |           |            |
| <b>End of Manoeuvre</b> - safety check of area, bed rails replaced (if required), brakes on bed, equipment removed & stored etc.                   |            |           |            |

**Observation of Patient Handling Task 2**

| <b>Task observed &amp; equipment (if used):</b>  |            |           |            |
|--|------------|-----------|------------|
| <b>Criteria</b> (from visual observation or questioning whichever is appropriate)  | <b>Yes</b> | <b>No</b> | <b>N/A</b> |
| <b>Communication</b> - communicated appropriately with patient and colleagues prior to and during manoeuvre; appropriate commands used.            |            |           |            |
| <b>Patient Risk Assessment</b> – referred to patient risk assessment & safer handling plan; checked for any changes; noted specific risks etc.     |            |           |            |
| <b>Preparation</b> – risk assessed task, environment and individual capability e.g. clear space, safe environment, adjusted bed height etc.        |            |           |            |
| <b>Equipment</b> – (if required) correct equipment selected, checked and used appropriately  |            |           |            |
| <b>Technique &amp; Posture</b> – appropriate technique, avoided controversial techniques and/or sustained, poor or unbalanced postures.            |            |           |            |
| <b>Movement</b> – demonstrated use of efficient movement   |            |           |            |
| <b>Patient</b> – encouraged patient to initiate movement and participate, effective manoeuvre; patient in required position; felt safe and secure. |            |           |            |

|  |  |  |  |
|--|--|--|--|
| <b>End of Manoeuvre</b> - safety check of area, bed rails replaced (if required), brakes on bed, equipment removed & stored etc. |  |  |  |
|--|--|--|--|

**Observation of Inanimate Load Handling Task**

| <b>Task observed &amp; equipment (if used):</b>  |            |           |            |
|--|------------|-----------|------------|
| <b>Criteria</b> (from visual observation or questioning whichever is appropriate)  | <b>Yes</b> | <b>No</b> | <b>N/A</b> |
| <b>Communication</b> – (if relevant) communicated appropriately with colleagues prior to and during manoeuvre; appropriate commands used.                                |            |           |            |
| <b>Risk Assessment</b> – referred to risk assessment & Safe System of Work; described specific risk factors; checked for any changes.                                    |            |           |            |
| <b>Preparation</b> – i.e. informal assessment of task, environment, load, individual capability etc. e.g. check weight, clear space, agreed route, safe environment etc. |            |           |            |
| <b>Equipment</b> – (if required) correct equipment selected, checked and used appropriately  |            |           |            |
| <b>Technique &amp; Posture</b> – used appropriate technique, avoided sustained, poor or unbalanced postures  |            |           |            |
| <b>Movement</b> – demonstrated use of efficient movement   |            |           |            |
| <b>End of Manoeuvre</b> – effective manoeuvre; load in required position; stored safely, safety check of area.   |            |           |            |

**Comments:**

**Theoretical Assessment**

Assessor to ask the employee 6 questions about organisational policy/procedures and their role and responsibilities.

Number of satisfactory responses:

| <b>ASSESSMENT OUTCOME</b>  | <b>Tick as appropriate</b> |
|--|----------------------------|
| Safe performance of manoeuvres at time of assessment                           |                            |
| Minor issues - requires coaching & re-assessment                               |                            |
| Needs further training and should only perform handling tasks with supervision |                            |

|                |            |       |
|----------------|------------|-------|
| Assessor Name: | Signature: | Date: |
|----------------|------------|-------|

|                |            |       |
|----------------|------------|-------|
| Employee Name: | Signature: | Date: |
|----------------|------------|-------|

|               |            |       |
|---------------|------------|-------|
| Manager Name: | Signature: | Date: |
|---------------|------------|-------|

## Guidance for Completion of Manual Handling

### Workplace Competence Assessment – Patient Handlers

#### Introduction

The aim of the workplace competence assessment (WCA) is to determine whether the individual employee is competent in undertaking handling activities in the workplace. This reinforces training by ensuring that knowledge and skills taught during training are being applied in the workplace. Update training is indicated if an employee is assessed as not being competent, and the findings of the assessment will indicate which aspects of practice in particular require updating.

#### Initial Information

Employees should be asked to identify any additional training needs, prior to the assessment being undertaken. If further training needs are identified these should be addressed before a WCA is undertaken.

The employee should be advised of the process and the rationale for the assessment. It is suggested that, unless otherwise indicated through robust local risk assessment, a WCA is completed annually for employees involved in patient handling activities.

#### Workplace Competence Assessment Form – Patient Handlers

The form is designed to document the assessment of activities undertaken by patient handling employees, and should be completed by a suitably trained assessor. If it is not practicable to complete an assessment in the workplace, the form can be used to record the assessment of the employee's knowledge and skills using a simulated scenario in a classroom setting.

#### The Process

Patient handlers should be assessed undertaking **two** patient handling tasks and **one** inanimate load handling task that are relevant to their normal working activities, and also asked some theoretical questions.

#### Process

1. Complete the personal information section. The Employee number is required in order to record the WCA result on ESR (Electronic Staff Record).
2. Record the date of the employee's last training session and if relevant the date of their last WCA.
3. Ask the employee if they have additional training needs. If Yes, document these. Employee should then be referred for training / update.
4. Assess the employee undertaking 2 patient handling tasks and 1 inanimate load handling task. The inanimate load handling task might be manoeuvring a hoist, bed or other item of equipment or furniture associated with a patient handling task.
5. The employee is advised of the result following each assessed task.
6. Ask the employee 6 questions about organisational policy/procedures and their role and responsibilities e.g. when is an informal risk assessment required, what to check about a sling before using it, what to do if equipment is not available etc?
7. The employee's manager must countersign the WCA form, retain it in the employee's personal file and take relevant action as indicated by the WCA result.

## **ASSESSMENT GUIDELINES - assessor to ensure risk assessment, equipment and environment are appropriate for the WCA to take place.**

### **Criteria – Patient Handling Tasks**

1. Communication - the employee communicated well throughout i.e. agreed the procedure and commands at the start, gave clear instructions to colleague(s) (if relevant) and patient, and used appropriate commands.
2. Patient Risk Assessment – referred to patient’s risk assessment and handling plan, checked for any changes, noted any risks specific to this patient etc.
3. Preparation – informal assessment of task, individual capability, environment e.g. clear space, appropriate bed height, safe environment etc.
4. Equipment – appropriate equipment selected, checked prior to use, used appropriately and according to manufacturer’s guidelines. Ask employee about equipment checks, care and maintenance requirements etc.
5. Technique & Posture - technique used was prescribed in the patient’s Safer Handling Plan, performed correctly, and appropriate to the patient’s needs at time of the WCA. Utilised basic principles of safer handling relating to posture and stability. Avoided controversial techniques and / or poor sustained or unbalanced postures.
6. Movement - maximised patient effort, efficient movement during dynamic aspects of the transfer e.g. weight transference as opposed to muscle strength, close proximity to the patient etc.
7. Patient - encouraged to initiate movement and participate to the best of their ability, safety & dignity maintained throughout. Effective performance of manoeuvre, patient comfortable and in the required position.
8. End of manoeuvre - safety check of area, sling / slide sheets removed, bed rails replaced (if required), brakes on, equipment appropriately stored, patient’s nurse-call buzzer, water etc. within reach.

### **Criteria – Inanimate Load Handling Task**

9. Communication - (if relevant) the employee communicated well throughout i.e. agreed the procedure and commands at the start, gave clear instructions to colleague and used appropriate commands.
10. Risk Assessment – referred to risk assessment and Safe System of Work, described risk factors relating to the task, checked for any changes etc.
11. Preparation – informal assessment of task, individual capability, load, environment e.g. clear space, checked weight, agreed route, safe environment etc.
12. Equipment – (if required) correct equipment selected, checked and used appropriately. Ask employee about equipment checks, care and maintenance requirements etc.
13. Technique & Posture – used appropriate technique, utilised basic principles of safer handling relating to posture and stability. Avoided poor, sustained or unbalanced postures.
14. Movement – demonstrated efficient movement during dynamic aspects of the transfer e.g. weight transference as opposed to muscle strength, close proximity to the load etc.
15. End of manoeuvre – effective manoeuvre, load in required position, stored safely and appropriately, environment safe.

### **Assessment Outcome**

Place a tick to denote the relevant outcome. The assessor, employee and the employee’s manager should sign and date the form.

LOGO

**Manual Handling Workplace Competence Assessment  
– Inanimate Load Handlers**

|   |                          |                 |
|---|--------------------------|-----------------|
| Name:   |                          | Employee No.:   |
| Directorate:  | Ward/Dept:               | Site:           |
| Date of last training:  | Date of last assessment: |                 |
| Has this employee identified additional training needs                              |                          | <b>YES / NO</b> |
| If <b>Yes</b> , what are these needs? Employee to be referred for training / update |                          |                 |

**Observation of Inanimate Load Handling Task 1**

| <b>Task observed &amp; equipment (if used):</b>  |            |           |            |
|--|------------|-----------|------------|
| <b>Criteria</b> (from visual observation or questioning whichever is appropriate)  | <b>Yes</b> | <b>No</b> | <b>N/A</b> |
| <b>Communication</b> – (if relevant) communicated appropriately with colleagues prior to and during manoeuvre; appropriate commands used.                                |            |           |            |
| <b>Risk Assessment</b> – referred to risk assessment & Safe System of Work; described specific risk factors; checked for any changes.                                    |            |           |            |
| <b>Preparation</b> – i.e. informal assessment of task, environment, load, individual capability etc. e.g. check weight, clear space, agreed route, safe environment etc. |            |           |            |
| <b>Equipment</b> – (if required) correct equipment selected, checked and used appropriately  |            |           |            |
| <b>Technique &amp; Posture</b> – used appropriate technique, avoided sustained, poor or unbalanced postures  |            |           |            |
| <b>Movement</b> – demonstrated use of efficient movement   |            |           |            |
| <b>End of Manoeuvre</b> – effective manoeuvre; load in required position; stored safely, safety check of area.   |            |           |            |

**Observation of Inanimate Load Handling Task 2**

| <b>Task observed &amp; equipment (if used):</b>  |            |           |            |
|--|------------|-----------|------------|
| <b>Criteria</b> (from visual observation or questioning whichever is appropriate)  | <b>Yes</b> | <b>No</b> | <b>N/A</b> |
| <b>Communication</b> – (if relevant) communicated appropriately with colleagues prior to and during manoeuvre; appropriate commands used.                                |            |           |            |
| <b>Risk Assessment</b> – referred to risk assessment & Safe System of Work; described specific risk factors; checked for any changes.                                    |            |           |            |
| <b>Preparation</b> – i.e. informal assessment of task, environment, load, individual capability etc. e.g. check weight, clear space, agreed route, safe environment etc. |            |           |            |
| <b>Equipment</b> – (if required) correct equipment selected, checked and used appropriately  |            |           |            |
| <b>Technique &amp; Posture</b> – used appropriate technique, avoided sustained, poor or unbalanced postures  |            |           |            |
| <b>Movement</b> – demonstrated use of efficient movement   |            |           |            |
| <b>End of Manoeuvre</b> – effective manoeuvre; load in required position; stored safely, safety check of area.   |            |           |            |

**Comments:**

**Theoretical Assessment**

Assessor to ask the employee 6 questions about organisational policy/procedures and their role and responsibilities.

Number of satisfactory responses:

| <b>ASSESSMENT OUTCOME</b>  | <b>Tick as appropriate</b> |
|--|----------------------------|
| Safe performance of manoeuvres at time of assessment                           |                            |
| Minor issues - requires coaching & re-assessment                               |                            |
| Needs further training and should only perform handling tasks with supervision |                            |

|                |            |       |
|----------------|------------|-------|
| Assessor Name: | Signature: | Date: |
|----------------|------------|-------|

|                |            |       |
|----------------|------------|-------|
| Employee Name: | Signature: | Date: |
|----------------|------------|-------|

|               |            |       |
|---------------|------------|-------|
| Manager Name: | Signature: | Date: |
|---------------|------------|-------|

## **Guidance for Completion of Manual Handling**

### **Workplace Competence Assessment – Inanimate Load Handlers**

#### **Introduction**

The aim of the workplace competence assessment (WCA) is to determine whether the individual employee is competent in undertaking handling activities in the workplace. This reinforces training by ensuring that knowledge and skills taught during training are being applied in the workplace. Update training is indicated if an employee is assessed as not being competent, and the findings of the assessment will indicate which aspects of practice in particular require updating.

#### **Initial Information**

Employees should be asked to identify any additional training needs, prior to the assessment being undertaken. If further training needs are identified these should be addressed before a WCA is undertaken.

The employee should be advised of the process and the rationale for the assessment. It is suggested that, unless otherwise indicated through robust local risk assessment, a WCA is completed bi-annually for employees involved in inanimate load handling activities.

#### **Workplace Competence Assessment Form – Inanimate Load Handlers**

The form is designed to document the assessment of activities undertaken by inanimate load handling employees, and should be completed by a suitably trained assessor. If it is not practicable to complete an assessment in the workplace, the form can be used to record the assessment of the employee's knowledge and skills using a simulated scenario in a classroom setting.

#### **The Process**

Inanimate load handlers should be assessed undertaking **two** inanimate load handling tasks that are relevant to their normal working activities and answer some theoretical questions.

#### Process

8. Complete the personal information section. The Employee number is required in order to record the WCA result on ESR (Electronic Staff Record).
9. Record the date of the employee's last training session and if relevant the date of their last WCA.
10. Ask the employee if they have additional training needs. If Yes, document these. The employee should then be referred for training / update.
11. Assess the employee undertaking inanimate load handling tasks.
12. The employee is advised of the result following each assessed task.
13. Ask the employee 6 questions about organisational policy/procedures and their role and responsibilities e.g. whose responsibility is it to do a risk assessment, what to do if the load is too heavy, what to do if equipment is not available etc?
14. The employee's manager must countersign the WCA form, retain it in the employee's personal file and take relevant action as indicated by the WCA result.

## **ASSESSMENT GUIDELINES - assessor to ensure risk assessment, equipment and environment are appropriate for the WCA to take place.**

### **Criteria**

16. Communication - (if relevant) the employee communicated well throughout i.e. agreed the procedure and commands at the start, gave clear instructions to colleague and used appropriate commands.
17. Risk Assessment – referred to risk assessment and Safe System of Work, described risk factors relating to the task, checked for any changes etc.
18. Preparation – informal assessment of task, individual capability, load, environment e.g. clear space, checked weight, agreed route, safe environment etc.
19. Equipment – (if required) correct equipment selected, checked and used appropriately. Ask employee about equipment checks, care and maintenance requirements etc.
20. Technique & Posture – used appropriate technique, utilised basic principles of safer handling relating to posture and stability. Avoided poor, sustained or unbalanced postures.
21. Movement – demonstrated efficient movement during dynamic aspects of the transfer e.g. weight transference as opposed to muscle strength, close proximity to the load etc.
22. End of manoeuvre – effective manoeuvre, load in required position, stored safely and appropriately, environment safe.

### **Assessment Outcome**

Place a tick to denote the relevant outcome. The assessor, employee and employee's manager to sign and date the form.

LOGO

## MANUAL HANDLING TRAINING - HEALTH STATEMENT

### Section 1

During this training course you will be required to safely perform inanimate and/or patient handling tasks. For your personal safety you will need to provide information about any pre-existing health condition that you may be experiencing and to discuss any concerns that you may have regarding manual handling. You should speak to your trainer in private if you wish to discuss further.

If you knowingly provide incorrect information the organisation can bear no responsibility for any resultant pain or injury. N.B. The manual handling trainers cannot specify what you are able to do safely. Only **you** are aware of **your** physical abilities and therefore it is your responsibility to work within **your** capability and decide on the degree of participation. Your manager will be made aware of any techniques that you are unable to perform

If you have no health concerns please tick first box in the list below. However if there are any factors that could affect the way in which your training is provided please place a tick in the relevant box(es) below

TICK

|  |                          |
|--|--------------------------|
| I have no health concerns that would affect my ability to participate today                                      | <input type="checkbox"/> |
| I have health concerns e.g. joint or muscle pain / other health issues that may affect my ability to participate | <input type="checkbox"/> |
| I am pregnant / have pregnancy related issues  | <input type="checkbox"/> |

### STATEMENT:

**I AGREE TO REPORT ANY DISCOMFORT OR INJURY I SUFFER DURING THE TRAINING TO THE TRAINER IMMEDIATELY.**

|                            |  |
|----------------------------|--|
| Name                       |  |
| Signature                  |  |
| assignment Number          |  |
| Date                       |  |
| Manager's Name             |  |
| Workplace & Contact Number |  |

NB: If you have health concerns the trainer will seek further information from you in private. Please complete section 2 on page 2 with your trainer.

**Section 2**

**Please complete this section if you have any health concerns and complete a summary of your concerns in the box below.**

I have had the opportunity to discuss concerns with the manual handling trainer and I feel able to continue with all relevant practical aspects of the manual handling training. I understand my manager will be informed of any aspects of the course that I am unable to complete.

**Name (Print)** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

---

**Section 3**

**For completion by the trainer at the conclusion of the training course:**

|                        |                   |
|------------------------|-------------------|
| <b>Learner's name:</b> | <b>Workplace:</b> |
|------------------------|-------------------|

Has the learner completed all relevant aspects of the manual handling training?  
YES / NO

Referred to Manager YES/ NO

(Date of referral):

Comments:

**Trainer Name (Print)** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

## Section 4

### TRAINER TO DETACH THIS SECTION AFTER COMPLETION AND SEND TO THE INDIVIDUAL'S LINE MANAGER

During safer handling practical training the above named person had difficulty with /or and was unable to perform the following manual handling techniques because of health problems.

**LEARNER'S NAME:** \_\_\_\_\_

(Print)

**SIGNATURE:** \_\_\_\_\_

**MANAGER'S NAME:** \_\_\_\_\_

**TRAINER'S NAME:** \_\_\_\_\_

(Print)

**SIGNATURE:** \_\_\_\_\_

**TRAINING DATES:** \_\_\_\_\_

*Copy of section 4 to be retained by Trainer*



**Ward/Departmental Manual Handling Induction Checklist (Patient Handler)**

**The employee has an awareness of:**

|   | Y/N | Comments |
|---|-----|----------|
| Organisation's Manual Handling Policy           |     |          |
| Their responsibilities as stated in Policy      |     |          |
| Local / departmental Manual Handling Procedures |     |          |
| Generic load handling risk assessments          |     |          |
| Generic people handling risk assessments        |     |          |
| Individual people handling assessments          |     |          |
| Incident reporting system                       |     |          |

**Familiar with equipment in ward/department**

**List Equipment**

|              | Yes | No | Comments |
|--------------|-----|----|----------|
| Hoists       |     |    |          |
| Stand-aids   |     |    |          |
| Slings       |     |    |          |
| Slide sheets |     |    |          |
| Trolleys     |     |    |          |
| Beds         |     |    |          |
| Other        |     |    |          |

**Awareness of manual handling safe systems of work to include:**

**Comments**

|                            |  |
|----------------------------|--|
| Falling person             |  |
| Fallen person              |  |
| Cardiac arrest situations  |  |
| Minimal lifting approaches |  |
| Escorting a person         |  |
| Other                      |  |

**Awareness of manual handling training requirements**

|  |
|--|
|  |
|--|

**Contacts for manual handling information/advice**

|  |
|--|
|  |
|--|

**Name of Manager**

**Signature**

**Name of Employee**

**Signature**

**TO BE COMPLETED IN BLACK INK**

| Overall Mobility Classification   |  |  |  |                   | Fully Independent |  |  |                                       | Risk of Falls |  |  |                                   |     |  |  |  |    |  |                                     |                         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|--|--|--|-------------------|-------------------|--|--|---------------------------------------|---------------|--|--|-----------------------------------|-----|--|--|--|----|--|-------------------------------------|-------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|      |  |  |  |                   | Yes               |  |  |                                       | No            |  |  |                                   | Yes |  |  |  | No |  |                                     |                         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manual Handling Risk Factors / Constraints (tick if present)  |  |  |  |                   |                   |  |  |                                       |               |  |  |                                   |     |  |  |  |    |  |                                     |                         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Hospital:</b>  |  |  |  | <b>Ward:</b>      |                   |  |  | Lack of comprehension / understanding |               |  |  | Disability                        |     |  |  |  |    |  |                                     |                         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Height: or ft, cms ins  |  |  |  | <b>Weight: Kg</b> |                   |  |  | Has confusion / agitation             |               |  |  | Weakness                          |     |  |  |  |    |  |                                     |                         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |  | Weighed           |                   |  |  | Estimated                             |               |  |  | Lack of co-operation / compliance |     |  |  | Pain                                     |    |  |                                     |                         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |  | Patient Reported  |                   |  |  | Skin lesions / wounds                 |               |  |  | Infusion / catheter / drain etc.  |     |  |  |  |    |  |                                     |                         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Sensory Factors</b>  |  |  |  |                   |                   |  |  |                                       |               |  |  |                                   |     |  |  |  |    |  |                                     |                         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Hearing deficit   |  |  |  | Hearing aid       |                   |  |  | Yes                                   |               |  |  | No                                |     |  |  | Day / Night variation                    |    |  |                                     | Cultural considerations |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Sight deficit   |  |  |  | Spectacles        |                   |  |  | Yes                                   |               |  |  | No                                |     |  |  | Other e.g. traction, limb oedema (state) |    |  |                                     |                         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |  |                   |                   |  |  |                                       |               |  |  |                                   |     |  |  |  |    |  | (Consult patients notes for detail) |                         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

| Moving in bed (i.e. rolling, turning & up/down bed) |  |  |                             |  |  |                      |  |  |  | Staff 1 2 3 other  |  |  |  |
|---|--|--|-----------------------------|--|--|----------------------|--|--|--|--|--|--|--|
| Rolling/Turning                                     |  |  | Up/down bed                 |  |  | Equipment (if reqd.) |  |  |  | Additional information: e.g. method/manoeuvre, other equipment etc |  |  |  |
| Independent   |  |  | Independent                 |  |  | Slide sheets         |  |  |  |  |  |  |  |
| Supervision / verbal prompt                         |  |  | Supervision / verbal prompt |  |  | Grab handle          |  |  |  |  |  |  |  |
| Assisted  |  |  | Assisted                    |  |  | Other                |  |  |  |  |  |  |  |

| Supine ←→sitting on edge of bed  |  |  |                                  |  |  | Bed Rest             |  |  |  | Staff 1 2 3 other   |  |  |  |
|----------------------------------|--|--|----------------------------------|--|--|----------------------|--|--|--|---|--|--|--|
| Supine to sitting on edge of bed |  |  | Sitting on edge of bed to supine |  |  | Equipment (if reqd.) |  |  |  | Additional information: e.g. method/manoeuvre, other equipment etc. |  |  |  |
| Independent                      |  |  | Independent                      |  |  | Slide sheets         |  |  |  |   |  |  |  |
| Supervision / verbal prompt      |  |  | Supervision / verbal prompt      |  |  | Grab handle          |  |  |  |   |  |  |  |
| Assisted                         |  |  | Assisted                         |  |  | Leg lifter           |  |  |  |   |  |  |  |

| Showering                   |  |  | Equipment                 |  |  |  | Staff 1 2 3 other   |  |  |  |
|-----------------------------|--|--|---------------------------|--|--|--|---|--|--|--|
|                             |  |  |                           |  |  |  | Additional information: e.g. method/manoeuvre, other equipment etc. |  |  |  |
| Independent                 |  |  | Hi-low hygiene chair      |  |  |  |   |  |  |  |
| Supervision / verbal prompt |  |  | Fixed Height Shower chair |  |  |  |   |  |  |  |
| Assisted                    |  |  | Shower trolley            |  |  |  |   |  |  |  |

| Bathing                     |  |  | Equipment            |  |  |  | Staff 1 2 3 other   |  |  |  |
|-----------------------------|--|--|----------------------|--|--|--|---|--|--|--|
|                             |  |  |                      |  |  |  | Additional information: e.g. method/manoeuvre, other equipment etc. |  |  |  |
| Independent                 |  |  | Bath / Hi-low bath   |  |  |  |   |  |  |  |
| Supervision / verbal prompt |  |  | Bath trolley / hoist |  |  |  |   |  |  |  |
| Assisted                    |  |  | Hoist & sling        |  |  |  |   |  |  |  |

| Washing                     |  | Equipment         |  |  | Staff 1 2 3 other   |
|-----------------------------|--|-------------------|--|--|---|
| Independent                 |  | Bed/assisted wash |  |  | Additional information: e.g. method/manoeuvre, other equipment etc. |
| Supervision / verbal prompt |  | Chair             |  |  |   |
| Assisted                    |  |                   |  |  |   |

| Toileting                   |  | Equipment |  |  | Staff 1 2 3 other   |
|-----------------------------|--|-----------|--|--|---|
| Independent                 |  | Toilet    |  |  | Additional information: e.g. method/manoeuvre, other equipment etc. |
| Supervision / verbal prompt |  | Commode   |  |  |   |
| Assisted                    |  | Bedpan    |  |  |   |

| Walking                     |  | Equipment     |  |  | Staff 1 2 3 other   |
|-----------------------------|--|---------------|--|--|---|
| Independent                 |  | Walking stick |  |  | Additional information: e.g. method/manoeuvre, other equipment etc. |
| Supervision / verbal prompt |  | Walking Frame |  |  |   |
| Assisted                    |  | Walking Hoist |  |  |   |

| All Transfers (i.e to/from bed, chair, commode, toilet etc.) |  |                    |  |                               | Staff 1 2 3 other   |
|--|--|--------------------|--|-------------------------------|---|
| Independent  |  | <b>Equipment</b>   |  |                               | Additional information: e.g. method/manoeuvre, other equipment etc. |
| Supervision / verbal prompt                                  |  | Standing turntable |  | Standing Aid                  |   |
| Assisted   |  | Bed assist, stand  |  | Transfer Board                |   |
| Active/Standing Hoist  |  | Model:             |  | Sling size <b>S M L XL</b>    |   |
| Passive Hoist  |  | Model:             |  | Sling size <b>S M L LL XL</b> |   |

| Other Specific Risks e.g. environmental, equipment or task-related etc. |                         |  |
|---|-------------------------|--|
| Details   | Risk Reduction Measures |  |
|   |                         |  |
|   |                         |  |
|   |                         |  |
|   |                         |  |
| Assessor Name   | Date                    | Mobility Classification Tool (LOCOmotor ©) |

| ADDITIONAL RESOURCES REQUIRED |                       |               |                |               |
|-------------------------------|-----------------------|---------------|----------------|---------------|
| Resource Required             | Reason/ Justification | Specification | Date Requested | Date Provided |
|                               |                       |               |                |               |
|                               |                       |               |                |               |
|                               |                       |               |                |               |
|                               |                       |               |                |               |
| Manager Name                  |                       | Signature     | Date           |               |

**TO BE COMPLETED IN BLACK INK**

| SAFER HANDLING PLAN REVIEW         |                                     |  |                      |   |                       |  |                    |
|------------------------------------|-------------------------------------|--|----------------------|---|-----------------------|--|--------------------|
| Reason for Review                  | Routine                             |  | More assistance reqd |   | Less assistance reqd. |  | Following Incident |
| <b>Activity</b>                    | <b>Change(s) to Documented plan</b> |  |                      | <b>Overall Mobility Classification</b>  |                       |  |                    |
|                                    |                                     |  |                      |      |                       |  |                    |
| Moving in Bed                      |                                     |  |                      |   |                       |  |                    |
| Getting in/out of bed              |                                     |  |                      |   |                       |  |                    |
| Showering / bathing / washing      |                                     |  |                      |   |                       |  |                    |
| Toileting                          |                                     |  |                      |   |                       |  |                    |
| Transfers                          |                                     |  |                      |   |                       |  |                    |
| Walking                            |                                     |  |                      |   |                       |  |                    |
| <b>Other relevant information:</b> |                                     |  |                      |   |                       |  |                    |
| <b>Assessor Name</b>               |                                     |  |                      | <b>Signature</b>  |                       |  | <b>Date</b>        |

| SAFER HANDLING PLAN REVIEW         |                                     |  |                       |   |                       |  |                    |
|------------------------------------|-------------------------------------|--|-----------------------|---|-----------------------|--|--------------------|
| Reason for Review                  | Routine                             |  | More assistance reqd. |   | Less assistance reqd. |  | Following Incident |
| <b>Activity</b>                    | <b>Change(s) to Documented Plan</b> |  |                       | <b>Overall Mobility Classification</b>  |                       |  |                    |
|                                    |                                     |  |                       |      |                       |  |                    |
| Moving in Bed                      |                                     |  |                       |   |                       |  |                    |
| Getting in/out of bed              |                                     |  |                       |   |                       |  |                    |
| Showering / bathing / washing      |                                     |  |                       |   |                       |  |                    |
| Toileting                          |                                     |  |                       |   |                       |  |                    |
| Transfers                          |                                     |  |                       |   |                       |  |                    |
| Walking                            |                                     |  |                       |   |                       |  |                    |
| <b>Other relevant information:</b> |                                     |  |                       |   |                       |  |                    |
| <b>Assessor Name</b>               |                                     |  |                       | <b>Signature</b>  |                       |  | <b>Date</b>        |

ADDRESSOGRAPH

# PATIENT HANDLING RISK ASSESSMENT & SAFER HANDLING PLAN



TO BE COMPLETED IN BLACK INK

| SAFER HANDLING PLAN REVIEW         |                                     |                      |  |  |  |
|------------------------------------|-------------------------------------|----------------------|--|--|--|
| Reason for Review                  | Routine                             | More assistance reqd | Less assistance reqd.  | Following Incident   |  |
| <b>Activity</b>                    | <b>Change(s) to Documented plan</b> |                      | <b>Overall Mobility Classification</b>   |  |  |
|                                    |                                     |                      |  <b>A</b> |  <b>B</b> |  <b>C</b> |
|                                    |                                     |                      |  <b>D</b> |  <b>E</b> |  |
| Moving in Bed                      |                                     |                      |  |  |  |
| Getting in/out of bed              |                                     |                      |  |  |  |
| Showering / bathing / washing      |                                     |                      |  |  |  |
| Toileting                          |                                     |                      |  |  |  |
| Transfers                          |                                     |                      |  |  |  |
| Walking                            |                                     |                      |  |  |  |
| <b>Other relevant information:</b> |                                     |                      |  |  |  |
| <b>Assessor Name</b>               |                                     | <b>Signature</b>     |  | <b>Date</b>  |  |

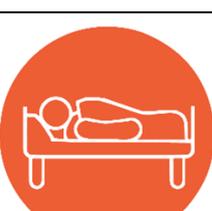
| SAFER HANDLING PLAN REVIEW         |                                     |                       |  |  |  |
|------------------------------------|-------------------------------------|-----------------------|--|--|--|
| Reason for Review                  | Routine                             | More assistance reqd. | Less assistance reqd.  | Following Incident   |  |
| <b>Activity</b>                    | <b>Change(s) to Documented Plan</b> |                       | <b>Overall Mobility Classification</b>   |  |  |
|                                    |                                     |                       |  <b>A</b> |  <b>B</b> |  <b>C</b> |
|                                    |                                     |                       |  <b>D</b> |  <b>E</b> |  |
| Moving in Bed                      |                                     |                       |  |  |  |
| Getting in/out of bed              |                                     |                       |  |  |  |
| Showering / bathing / washing      |                                     |                       |  |  |  |
| Toileting                          |                                     |                       |  |  |  |
| Transfers                          |                                     |                       |  |  |  |
| Walking                            |                                     |                       |  |  |  |
| <b>Other relevant information:</b> |                                     |                       |  |  |  |
| <b>Assessor Name</b>               |                                     | <b>Signature</b>      |  | <b>Date</b>  |  |

## Guidance Notes: Patient Handling Risk Assessment & Safer Handling Plan

**Whom should complete this assessment:** A Registered Healthcare Professional (RHP). If a suitably experienced person who is not an RHP completes the assessment form, then it must be checked and countersigned by an RHP.

**Fix Patient Addressograph:** Ensure correct addressograph is attached, if not available write patient's details in the box.

**Overall Mobility Classification:** Consider the level of the patient's functional mobility i.e. what the patient is physically able to do in assisting with each task. Record this level using the Mobility classification tool (LOCOMotor ©) as detailed below **A,B,C,D** or **E** where indicated on the form.

| <b>Overall Mobility Classification Tool (LOCOMotor ©)</b>                           |  |
|---|--|
|   | <p><b><u>A</u></b><br/>Ambulatory, but may use a walking stick for support<br/>Independent, can clean and dress oneself. Usually no risk of dynamic or static overload to carer. Stimulation of functional mobility is very important</p>  |
|  | <p><b><u>B</u></b><br/>Can support oneself to some degree and uses walking frame or similar.<br/>Dependant on carer in some situations. Usually no risk of dynamic overload to carer. A risk of static overload to carer can occur if not using proper equipment. Stimulation of functional mobility is very important</p> |
|  | <p><b><u>C</u></b><br/>Is able to partially weight bear on at least one leg. Often sits in a wheelchair and has some trunk stability. Dependant on carer in many situations. A risk of dynamic and static overload to carer when not using proper aids. Stimulation of functional mobility is very important</p>           |
|  | <p><b><u>D</u></b><br/>Cannot stand and is not able to weight bear. Is able to sit if well supported. Dependant on carer in most situations. A high risk of dynamic and static overload to carer when not using proper equipment. Stimulation of functional participation is very important</p>                            |
|  | <p><b><u>E</u></b><br/>Might be almost completely bedridden, can sit out only in a special chair. Always dependent on carer. A high risk of dynamic and static overload to carer when not using proper equipment. Stimulation of functional participation is not a primary goal</p>  |

**Fully Independent:** If **Yes**, sign the form, no further action required. If **No**, complete the remainder of the assessment form.

**Risk of Falls: If High**, ensure this is taken into account when prescribing techniques or equipment for the various manoeuvres with this patient.

**Height and Weight** It is important to ensure that the size, shape and safe working load (SWL) of any aid or equipment prescribed is suitable for the patient's weight, stature and height.

**Manual Handling Risk Factors / Constraints:** This is to identify any other factors that could affect the patient's mobility, and/or may impact on patient safety or safety of the carer. Please indicate any relevant clinical conditions. For the confidentiality of forms left at the bedside please only tick here, Staff must refer to patient notes for detail.

**Sensory Factors:** Sensory deficit(s) can impact on the patient's compliance. Ensure glasses and / or hearing aid are available, functioning and used.

**Manoeuvres:** In order to ensure that the patient is handled in a consistent and safe manner, these sections should prescribe the method, level of assistance, equipment including for example the manufacturer, type and size of hoist sling used, number of staff required, etc and any other relevant information as necessary.

**Other Specialist Risk:** Additional risks along with measures taken to reduce these should be documented to reduce the risk of incident / injury. Ensure usual specialist footwear or prosthetic appliances are fitted correctly and recorded under other specific risks.

**Signature:** The RHP must complete, or at least countersign this section.

**Additional Resources:** Are additional resources are required? For instance bariatric equipment hire? If so, what resource is needed, provide justification and specification for needing it and ensure the Manager is informed.

**Reviews:** in the paper version there is space to document two reviews, after which a new form should be completed to ensure legibility, instructions are clear and risks are highlighted.

Review of the assessment should be carried out a as minimum weekly or more frequently if there is a deterioration or change in the patient's condition or following an incident or a fall.

The Patient Handling Risk Assessment & Safer Handling Plan **MUST** be communicated/sent with the patient to other wards / departments: e.g., Radiology, Theatres, etc.

|  |  |   |                                  |          |   |                                       |   |               |                  |  |
|--|--|---|----------------------------------|----------|---|---------------------------------------|---|---------------|------------------|--|
| <b>LOGO</b>  |  | <b>Initial Patient Handling Risk Assessment<br/>&amp; Interim Safer Handling Plan</b> |                                  |          |   |                                       |   |               |                  |  |
| <b>Patient's Name &amp; Address:</b>                         |  |   | <b>Date of Birth:</b>            |          |   |                                       | <b>Fully Independent</b><br>YES          NO |               |                  |  |
|  |  |   | <b>Site/Dept:</b>                |          |   |                                       | <b>Risk of Falls</b><br>HIGH          LOW   |               |                  |  |
|  |  |   | <b>Weight:</b>                   |          |   |                                       | <b>Kgs</b>                                  |               |                  |  |
|  |  |   | Weighed / Estimated /            |          |   |                                       | Patient Reported                            |               |                  |  |
| <b>Height</b><br>ft    ins    or    cms                      |  |   | Comprehension /<br>understanding |          |   | Disability                            |   |               |                  |  |
| <b>Weight Bearing Capability</b><br>FULLY    PARTIAL    NONE |  |   | Confusion / agitation            |          |   | Weakness                              |   |               |                  |  |
| <b>Sensory Factors</b>                                       |  |   | Co-operation / compliance        |          |   | Pain                                  |   |               |                  |  |
| Hearing deficit  |  |   | Hearing aid Y/N                  |          | Skin lesions / wounds                               |                                       | Infusion / catheter / drain etc.            |               |                  |  |
| Sight deficit  |  |   | Spectacles Y/N                   |          | Day / Night variation                               |                                       | Cultural considerations                     |               |                  |  |
|  |  | Other e.g. traction, limb oedema (state)  |                                  |          |   |                                       |   |               |                  |  |
| <b>Activity</b>  |  | <b>Safer Handling Plan</b> (circle all that apply)                                    |                                  |          |   | <b>Equipment/aids</b> (circle / tick) |   |               |                  |  |
|  |  | <b>Capability / Assistance</b>  |                                  |          | <b>Number of staff</b>                              |                                       | <b>Sling Size: S M L LL XL</b>              |               |                  |  |
| Transfers between trolley & bed                              |  | Self  | Supervised                       | Assisted | 2 3 4 other ____                                    |                                       | Patslide & slide sheets                     |               |                  |  |
|  |  |   |                                  |          |   |                                       |   | Hoist & Sling |                  |  |
| Moving up/down/ around trolley/bed                           |  | Self  | Supervised                       | Assisted | 1 2 3 other ____                                    |                                       | Slide Sheets                                |               |                  |  |
|  |  |   |                                  |          |   |                                       |   | Hoist & sling |                  |  |
| Transfers between chair & trolley/bed                        |  | Self  | Supervised                       | Assisted | 1 2 3 other ____                                    |                                       | Walking stick / frame                       |               |                  |  |
|  |  |   |                                  |          |   |                                       |   | Hoist & sling |                  |  |
| Walking  |  | Self  | Supervised                       | Assisted | 1 2 3 other ____                                    |                                       | Walking Stick                               |               |                  |  |
|  |  |   |                                  |          |   |                                       |   | Walking Frame |                  |  |
| Toileting  |  | Self  | Supervised                       | Assisted | 1 2 3 other ____                                    |                                       | Bedpan                                      |               |                  |  |
|  |  |   |                                  |          |   |                                       |   | Commode       |                  |  |
|  |  |   |                                  |          |   |                                       |   | Toilet        |                  |  |
| <b>Other Specific Factors/Risks</b> (e.g. leg amputation)    |  |   |                                  |          | <b>Risk Reduction Measures</b> (e.g. amputee sling) |                                       |   |               |                  |  |
|  |  |   |                                  |          |   |                                       |   |               |                  |  |
| <b>Assessor Name</b>   |  |   |                                  |          | <b>Signature</b>                                    |                                       |   |               | <b>Date Time</b> |  |
|  |  |   |                                  |          |   |                                       |   |               |                  |  |
| <b>Activity</b>  |  | <b>SAFER HANDLING PLAN REVIEW</b><br>(Change(s) to Documented Plan Above)             |                                  |          |   |                                       |   |               |                  |  |
|  |  |   |                                  |          |   |                                       |   |               |                  |  |
| Transfers between trolley & bed                              |  |   |                                  |          |   |                                       |   |               |                  |  |
| Moving up/down/ around trolley/bed                           |  |   |                                  |          |   |                                       |   |               |                  |  |
| Transfers between chair & trolley/bed                        |  |   |                                  |          |   |                                       |   |               |                  |  |
| Walking  |  |   |                                  |          |   |                                       |   |               |                  |  |
| Toileting  |  |   |                                  |          |   |                                       |   |               |                  |  |
| <b>Assessor Name</b>   |  |   |                                  |          | <b>Signature</b>                                    |                                       |   |               | <b>Date Time</b> |  |
|  |  |   |                                  |          |   |                                       |   |               |                  |  |

This form is designed for use in areas where the patient is located for a short period of time such as A&E Department, Assessment Unit etc. It is intended only to be used as an interim measure until a full patient moving and handling risk assessment can be completed, which should be within 24 hours of admission.

The assessment should be completed by a Registered Healthcare Professional (RHP). If a suitably experienced person who is not an RHP completes the assessment form, then it **must be checked and countersigned by an RHP**.

**The form must accompany the patient to other departments such as Radiology etc. to ensure that staff in those departments are aware of any risks associated with moving and handling this patient and the prescribed handling plan.**

**Patient Details:** Ensure the required information is documented, including weight, stature, height etc. This information is essential to ensure the correct equipment / aids are specified.

**Risk Factors:** i.e. Clinical Condition, Dependency Level, Co-operation / Compliance Other Risk Factors / Constraints. Tick relevant boxes to ensure staff are aware of any risks associated with the moving and handling of this patient.

**Safer Handling Plan:** This section briefly indicates the number of staff required to move or assist the patient to move for a small number of activities, along with any equipment / aids and method to be used.

**Specific Risk Factors:** Any other risk factors specific to the individual patient along with relevant risk reduction measures to address these risks should be documented in this section. Also, document the need and availability of usual specialist footwear or prosthetic appliances and ensure if available and correctly fitted.

**Signature:** The person completing the assessment should then print their name and sign, date and time the form. If necessary, it should be countersigned by an RHP.

**Safer Handling Plan Review:** This should be completed if there is a change in the patient's condition necessitating a change to the handling plan before the full patient moving and handling risk assessment can be undertaken. This section must also be signed, dated etc.

## MANUAL HANDLING ASSESSMENT FORM

### SECTION A: ADMINISTRATION DETAILS

|   |   |
|---|---|
| <b>Primary Location:</b><br><br><b>Secondary Location:</b>                                    | <b>Date of Review:</b><br><b>Signature of Assessor:</b> .....       |
|   | <b>Date of Review:</b> .....<br><b>Signature of Assessor:</b> ..... |
|   | <b>Date of Review:</b> .....<br><b>Signature of Assessor:</b> ..... |
| <b>Name of Assessor:</b><br><br><b>Designation:</b><br><br><b>Date of Initial Assessment:</b> | <b>Date of Review:</b> .....<br><b>Signature of Assessor:</b> ..... |
|   | <b>Date of Review:</b> .....<br><b>Signature of Assessor:</b> ..... |
|   | <b>Date of Review:</b> .....<br><b>Signature of Assessor:</b> ..... |

### SECTION B: MANUAL HANDLING TASK

|                             |
|-----------------------------|
| <b>Description of task:</b> |
| <b>Personnel involved :</b> |

### SECTION C: CURRENT RISK CONTROL MEASURES

|   |                                    |
|---|------------------------------------|
| <b>Control measures currently in use:</b> | <b>Equipment currently in use:</b> |
|---|------------------------------------|

**Manual Handling Risk Level**

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, doorways      |  |             |
| 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                                |  |             |
| <b>Other Factors e.g.</b> Staffing, Personal Protective Equipment, Time of Day |  |                       |   |  |             |

**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)

Probable Likelihood Rating                      X    Potential Severity Rating                      =    Risk Rating Figure

| <b>SECTION G: Additional Risk Control Measures Required</b>  |                                |                    |                           |                           |
|--|--------------------------------|--------------------|---------------------------|---------------------------|
| 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 |                                |                    |                           |                           |
| <b>No</b>  | <b>Risk Reduction Measures</b> |                    |                           |                           |
|  |                                |                    |                           |                           |
| If the above control measures are implemented, calculate the New Risk rating Figure:<br>Probable Likelihood Rating                      X    Potential Severity Rating                      =    Risk Rating Figure            |                                |                    |                           |                           |
| <b>SECTION H: Action Plan Agreed with Manager</b>  |                                |                    |                           |                           |
| No   | Action Plan                    | Responsible Person | Projected Completion Date | Date Completed/ Signature |
|  |                                |                    |                           |                           |
| Once the above action has been implemented, calculate the final Working Risk Figure<br>Probable Likelihood Rating                      X    Potential Severity Rating                      =    Final Working Risk Figure      |                                |                    |                           |                           |
| <b>Additional Comments</b>   |                                |                    |                           |                           |

## 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 (amended 2002), require that tasks that involve risk should be avoided. 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 organisation, 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 organisation's Risk Matrix will help with this process.

**The completed form must be accessible at all times.**

**Filling in the form:**

**SECTION A: Administration Details**

- 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: 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 organisation's 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 Working Risk Rating Number should then be calculated.* The Final Working Risk Rating must reflect all the sections covered by this form that have been applied, but not the 'Additional control Measures' unless they have been implemented