

Safer Handling Policy

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Board Director Lead:	Chief Nurse
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CONTENTS

Section		Page
1	Introduction and Overview	3
2	Policy Scope	3
3	Definitions and Abbreviations	3
4	Roles- Who Does What	4
5	Policy Implementation and Associated Documents	7
5.1	Safer Handling Risk Assessment for Patients and Objects	7
5.2	Generic Risk Assessment	7
5.3	Patient Handling Risk Assessment and Care Plan	7
5.4	Inanimate Load assessment	7
5.5	Personal Risk Assessment	8
5.6	Specialist Risk Assessment	8
5.7	Arrangements for ensuring action is taken as a result of risk assessment	8
6	Education and Training Requirements	9
7	Process for Monitoring Compliance	11
8	Equality Impact Assessment	15
9	Supporting References, Evidence Base and Related Policies	15
10	Process for Version Control, Document Archiving and Review	15
11	Safer Handling Training	15

Appendices		Page
A	Individual Patient Risk Assessment	15
B	Manual handling Risk assessment	16

REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

This new policy has been merged from the two previous policies.

KEY WORDS

Handling, manual, training, lifting, moving, safer, transporting, supporting, load, lowering pushing, pulling, carrying, risk, Assessment.

1 INTRODUCTION AND OVERVIEW

- 1.1** This document sets out the University Hospitals of Leicester (UHL) NHS trusts policy and procedures for safer handling and aims to eliminate the risk of manual handling, wherever possible. Where it is not reasonably practicable to do so then risks will be minimised to the lowest level practicable by the application of risk assessment processes in accordance with the manual handling operations regulations (1992). Where the risk assessment identifies that manual handling training is needed, all Staff will receive appropriate training, instructions and information.
- 1.2** Manual handling causes over a third of all workplace injuries. These include work-related musculoskeletal disorders (MSDs) such as pain and injuries to arms, legs and joints, and repetitive strain injuries of various sorts (HSE. 2019)
- 1.3** Approximately half of all manual handling injuries involve damage to the lower back. The main causes of these injuries are through heavy manual lifting and handling, forceful exertion and poor posture. These injuries have serious implications for both the employer and employee (HSE 2019)
- 1.4** Manual handling training is mandatory for all staff and is covered as such by the UHL core training policy for statutory, mandatory and essential to job role training (B21/2005). This policy describes that requirement in relation to manual handling training. All new employees to the trust must undertake manual handling training appropriate to their needs (to include practical training where necessary) within three months of commencement, until they have attended relevant training, they should only perform manual handling activities under suitable instruction and supervision of a competent member of staff. To ensure that manual handling practice within UHL is performed in accordance with the manual handling operations regulations (1992).

2 POLICY SCOPE

This policy applies to all staff working within UHL and all hosted services managed by UHL.

3 DEFINITIONS AND ABBREVIATIONS

Generic Risk Assessment is defined as an assessment that covers any buildings or workplaces in which staff are required to conduct manual handling tasks. It also covers the processes of manual handling risk that relate to their area of work

Inanimate Load /Patient Handling Risk Assessment and Care Plan is defined as a person handling action plan or action specific risk assessment which details how a person, or a load is to be moved.

Manual Handling is defined as “any transporting or supporting of a load (including the lifting, putting down, pushing, pulling, carrying or moving thereof by hand or by bodily force”. Manual handling operations regulations 1992(98)

Personal Risk Assessment is defined as an awareness of an individual's own strengths, weaknesses, knowledge, skills and limitations in relation to manual handling tasks

Safer handling is the process of practicing manual handling in such a way that the risk is reduced to the lowest level reasonably achievable

4 ROLES – WHO DOES WHAT

4.1 The Chief Nurse

- 4.1.1 Is accountable for the application of safer handling risk assessment and practice as laid down in this document.
- 4.1.2 The roles and responsibilities for the provision of manual handling training are included as part of the core training policy (Trust reference: B21/2005)

4.2 Executive Team

- 4.2.1 Manual Handling reports directly to the UHL Health and Safety Committee, any concerns or issues are then escalated to the UHL Risk Committee.

4.3 Clinical Directors / Corporate Directors

- 4.3.1 Ensure that management structures and responsibilities are identified and functioning for the effective management of manual handling training systems and risk assessment systems across their areas of responsibility as laid down in this and the health and safety policy.

4.4 Clinical Management Group (CMG), Managers and Service Managers (or equivalent)

- 4.4.1 Clinical management group managers and service managers are responsible for ensuring the effective implementation of manual handling training systems and manual handling risk assessment systems across their areas of responsibility as laid down in this policy and the health and safety policy.

4.6 Manual Handling Lead

- 4.6.1 Is responsible for; ensuring a robust manual handling management structure is in place.
- 4.6.2 Is responsible for ensuring the manual handling team stays updated with the latest developments in the field, attends relevant training and conferences and maintains professional certifications and memberships.
- 4.6.3 Will provide regular reports on manual handling risk issues including carrying out training needs analysis for the trust's manual handling operations
- 4.6.4 Will compile and produce safer handling policies procedures and guidelines for the UHL.
- 4.6.5 Advising the learning and development team on manual handling training including provision, content, and delivery.
- 4.6.6 Providing guidance on safer handling training and risk assessments to the trust via the local and UHL health and safety committees in response to local and national changes in procedure and practice

4.7 The Manual Handling Advisors are responsible for

- 4.7.1 Advising on the UHL's legal compliance with the compilation and production of safer handling policies, procedures and guidelines for the UHL to ensure the trust's legal

compliance to the manual handling operations regulations (1992) including the health and safety at work act regulations 1999.

- 4.7.2 To act as the trust's specialists on all manual handling related issues.
- 4.7.3 Organisation and delivery of manual handling training programmes directly delivered by the UHL manual handling service
- 4.7.4 To liaise with the clinical management groups, corporate directorates and manual handling trainers to act as a resource for advice on manual handling related training issues
- 4.7.5 To develop, and maintain, up-to-date manual handling training for UHL that accurately reflects risk reduction techniques as recommended by the guide for the safer handling of people 7th addition 2023.
- 4.7.6 To maintain accurate, centralised training records via the HELM portal of all training provided by the UHL manual handling service.
- 4.7.7 Will monitor manual handling risk assessment related issues in the Trust via the cascade trainer's programme
- 4.7.8 Will perform a manual handling risk assessment when an issue is of such difficulty or complexity that specialist expert knowledge is required.

4.8 Manual Handling Practitioner

- 4.8.1 Assist the manual handling advisors in the compilation and production of safer handling procedures and Guidelines for the UHL. This is done to ensure the trust's legal compliance to the manual handling operations regulations (1992) including the health and safety at work act regulations 1999.
- 4.8.2 To assist the trust's manual handling advisors in giving advice/guidance on all manual handling related issues.
- 4.8.3 To assist the manual handling advisors in the organisation and delivery of manual handling training programmes directly delivered by the UHL manual handling service
- 4.8.5 To assist manual handling advisors to act as a resource for advice on manual handling related training issues
- 4.8.6 To assist in the development and maintenance of up-to-date, manual handling training for UHL that accurately reflects risk reduction techniques as recommended by the guide for the safer handling of people 7th addition 2023.
- 4.8.7 To assist in the management of the "Cascade Trainers" Programme,
- 4.8.8 Assist in maintaining accurate, centralised training records via the HELM portal of all training provided by the UHL manual handling service.
- 4.8.9 Will assist manual handling advisors to monitor risk assessment related issues in the Trust via the cascade trainer's programme

4.9 Manual Handling Secretary

- 4.9.1 To co-ordinate all manual handling service courses in liaison with the manual handling advisors.
- 4.9.2 To maintain accurate, centralised training records via the HELM portal of all training provided by the UHL manual handling service.
- 4.9.2 To manage the annual update recalls for manual handling trainers as advised by the manual handling advisors.
- 4.9.3 To manage booking of courses arranged by the manual handling advisors and relay appropriate information for such courses.
- 4.9.4 To co-ordinate bookings for the manual handling training rooms.

4.10 Manual Handling Cascade Trainers

- 4.10.1 To help formulate risk based manual handling training programmes and risk assessments in collaboration with the UHL manual handling service for the area for which they have training responsibility.
- 4.10.2 To deliver safer manual handling training programmes for the area for which they have training responsibility
- 4.10.3 To act as a resource for manual handling training related issues for their ward for their area of training responsibility
- 4.10.4 To bring to the attention of their manager any manual handling training issues or risk assessment issues they consider to be warranting their attention
- 4.10.5 To attend the annual update, cascade training-for-trainers programme to maintain their knowledge/ Skills base.

4.11 All Staff

- 4.11.1 All staff are responsible for acting in accordance with requirements of this policy.
- 4.11.2 Assessing manual handling tasks in their everyday work and reducing the risks to the lowest level reasonably practicable.
- 4.11.3 Alerting their manager of any manual handling issue that poses a risk to the health, safety and well-being of staff and patients.
- 4.11.4 Co-operating with their manager and manual handling service in the performance of their duties required by this policy.
- 4.11.5 Alerting their manager to any personal health issues that may affect their ability to undertake manual handling tasks that are reasonably expected as part of their role. This includes the reporting under the new and expectant mother's regulations. <https://www.nhs.uk/planners/breastfeeding/documents/new%20and%20exp%20mothers%20who%20work.pdf>
- 4.11.6 To attend manual handling training as described in Section 6 of the mandatory and statutory training policy

5. RISK ASSESSMENT

5.1 Safer Handling Risk Assessment for Patients and Objects

- 5.1.1 For all but the simplest task, the risk assessment must be written, and include individuals at special risk; any risks identified; training needs; mechanical aids required; and any techniques to be used (see Appendix A)
- 5.1.2 The assessment will address the loads, the job, the work environment and any individual considerations.
- 5.1.3 Assessments must be revised if there are any changes to work practices or evidence that the assessment is no longer appropriate, including where these pre-dates the scheduled revision date.
- 5.1.4 It is recognised that there are several common core risks associated in many areas. It is not necessary to document every single risk as this leads to duplication of effort and inconsistency across the UHL. arrangements for this are documented in section 9 – supporting references, evidence base and related policies of this policy.

5.2 Generic Risk Assessment

- 5.2.1 It is a manager's responsibility to ensure that manual handling risk assessments are performed in accordance with the UHL risk management policy, and these must be reviewed at a frequency in line with the severity of the risk.
- 5.2.2 A manager can allow other members of staff to identify risks and undertake actions to reduce/ manage those risks on their behalf, but they have the ultimate responsibility for the assessment and subsequent risk reduction strategies.
- 5.2.3 The UHL manual handling Service personnel are available for advice but will not routinely undertake risk assessments on behalf of any areas.

5.3 Patient Handling Risk Assessment and Care Plan.

- 5.3.1 This is a person specific risk assessment and handling action plan that will give the agreed details as to how a person is to be moved or assisted to move. This forms part of the nursing documentation assessment of all patients on admission (Appendix A). An assessment of handling needs should be made for every patient in the UHL and must detail the patient's level of mobility, the equipment they need, the assistive techniques to be used and the amount of personnel needed to assist the move. The information should be updated whenever the patient's condition changes, and the plan altered as necessary.
- 5.3.2 All actions prescribed to reduce the risk must have a review time or date. At that time the plan should be updated to reflect any change. This will include any new handling actions with new review dates. Any action that has been prescribed but no longer applies or has been stopped on review should have an end date and a valid signature from a member of staff.
- 5.3.3 The requirements for 5.3.1 and 5.3.2 are required where an electronic form of risk assessment is made such as "e-notes" as part of the patient risk assessment. changes, alterations and completion of actions in the risk assessment will need an identifiable digital signature

5.4 Inanimate Load assessment

- 5.4.1 This is a task specific risk assessment and action plan that will give the details of what risks are posed and how the load can be safely moved. This is recorded on the UHL manual handling risk assessment form (Appendix B)
- 5.4.2 Any action that has been prescribed but no longer applies or has been stopped on review should have an end date and a valid signature from a member of staff.
- 5.4.3 All actions prescribed to reduce the risk should have a review time or date. At that time the plan should be updated to reflect any change. This includes the detailing of any new handling actions with new review dates.

5.5 Personal Risk Assessment

- 5.5.1 All staff should be aware of the pre-disposing factors that could affect their back or Musculo-skeletal health in relation to the manual handling of people or objects. This includes;
 - a. Their general fitness and well-being
 - b. Any pre-existing injury
 - c. The risks faced by their work, work conditions and environment
 - d. Physical factors affecting back health
 - e. Occupational factors affecting back health
 - f. Changes in their personal physical status that increase their risk of manual handling induced injury (E.g. new and expectant mothers).
 - g. Training (or lack thereof) that may impact on the individual's capability to undertake the task, e.g. in use of equipment

5.6 Specialist Risk Assessment

- 5.6.1 There may be several complex manual handling risks that are difficult to assess and therefore manage effectively (e.g. bariatric patients). In these instances, the manual handling advisors may be contacted to undertake a risk assessment on behalf of departmental managers.
- 5.6.2 Where there is a significant risk that cannot be easily remedied, reduced or managed then these risks will be entered on the operational risk register as described in the UHL risk management policy.
- 5.6.3 Specialist risks will be reviewed at a frequency in line with that described in the UHL risk management policy and will be the responsibility of the manual handling advisors in conjunction with the person or persons involved in the original assessment.
- 5.6.4 Manual handling advisors will provide risk reduction recommendations and give appropriate advice, records of these will be retained by both the individual requesting the assessment and the manual handling service.
- 5.6.5 In instances where the manual handling service advises a CMG or corporate directorate of a risk then this must be assessed by the CMG/corporate directorate must consider if the risk needs entering on to the Trust's risk register. This will detail actions to mitigate the risk, with specified timeframes and be the responsibility of the manager for that area for review. manual handling advisors will assist with the review of these risks.
- 5.6.6 Corporate manual handling risks (i.e. those that are common throughout the Trust, and not specific to CMGs) will be considered for entry on to the Trust's risk register.

5.7 Arrangements for ensuring action is taken as a result of risk assessment

- 5.7.1 All risk assessments must be accompanied by an action plan containing the names of staff responsible for implementing the actions and a date by which the actions are expected to be completed.

- 5.7.2 Action plans relating to generic risk assessments and inanimate load risk assessments must be reviewed by the risk owner at a frequency in line with the severity of the risk (as described in the UHL risk management policy).
- 5.7.3 Actions will be reported to CMG quality and safety boards who will monitor the action plans to ensure effective implementation of risk reduction measures. Any actions associated with 'high risks' (i.e. scoring 15 or above) that have not been completed within timescales are escalated as per UHL risk management policy. Corporate directorates will do the same through whatever mechanism is in place that considers health and safety at a senior level.

6 EDUCATION AND TRAINING REQUIREMENTS

- 6.1.1 Managers are responsible for identifying the safer handling training needs within their areas of responsibility. The risk assessment process will identify those needs.
- 6.1.2 Managers must ensure that they and their staff receive sufficient training to enable them to carry out their duties, without risk to safety and health of themselves or others
- 6.1.3 The manual handling service team will provide a programme of core safer handling training courses through the cascade training system.
- 6.1.4 Managers identifying additional training requirements should contact the manual handling Service team.

6.2 MANUAL HANDLING TRAINING

- 6.2.1 All UHL staff should complete the HELM patient handling module level 1.
- 6.2.2 All members of staff (This includes temporary and bank Staff) who would reasonably be expected to partake or assist in patient handling as part of their role, are required to complete a practical manual handling session and updates as required.
- 6.2.3 The frequency of staff attendance is determined by their role in the organisation and is detailed in the UHL statutory and mandatory training policy
- 6.2.4 It is the individual staff member's responsibility to attend manual handling refresher training as required by this Policy. Any difficulty in meeting this requirement should be made known to their line manager

6.3 Cascade training

- 6.3.1 This programme trains key staff in all areas to enable them with skills to deliver manual handling training at a local level. It enables them to formulate training programmes in their own area or to teach on established local courses.
- 6.3.2 Cascade trainer courses patient and non-patient handlers are conducted by the UHL manual handling Service
- 6.3.3 All manual handling cascade trainers are required to attend an annual refresher update following completion of the initial course. If the cascade trainers miss three annual updates, then they will no longer be considered manual handling cascade trainers.

6.4 Falls Recovery Training

- 6.4.1 Available for all staff who may be required to assist in the relevant procedures using site-based specialist 'equipment for the recovery of the fallen person who is unable to recover themselves or for whom use of a hoist is inappropriate or contraindicated

6.5 Monitoring Training Attendance and Follow-Up arrangements

- 6.5.1 It is the departmental managers' responsibility to identify all the staff they manage who attend the Manual Handling refresher training as specified by the UHL core training policy for statutory, mandatory and essential to job role training (B21/2005).
- 6.5.2 All staff must have their training recorded on the UHL HELM training database.
- 6.5.3 Staff who have been booked onto manual handling refresher training and fail to attend must be managed in accordance with their line manager.
- 6.5.4 This will be monitored by the manual handling service lead.

7 PROCESS FOR MONITORING COMPLIANCE

Key performance indicators / audit standards. Process and timescales for monitoring compliance

Element to be monitored	Lead	Tool	Frequency	Reporting Arrangements
a) Manual handling team duties	UHL manual handling Service	Review by the manual handling lead	Annual	Recommendations and reporting to UHL Health and Safety Committee
b) techniques to be used in the moving and handling of patients and objects including appropriate equipment	UHL manual handling service	RIDDOR Reportable Injuries	Monthly	Reported to Deputy Chief Nurse and the Health and Safety Committee
		DATIX Incident reports this includes sickness absence data.	Quarterly	Reported to the UHL Health and Safety Committee
c) arrangements for access to appropriate specialist advice	UHL manual handling service	(manual Handling “H” Drive) monitoring to identify number of contacts for specialist advice	6 monthly	Manual handling Service. Onward reporting to the Chief Nurse; then reported on to the UHL Health and Safety Committee
d) arrangements for access to appropriate risk assessments for moving and handling of patients and objects	UHL manual handling Service	Patient handling	Annual	Manual handling team with results presented at the Trust Health and Safety Committee
		Annual Documentation Audit of patient records (To include patient specific risk assessment) by the Clinical Audit Team		

e) arrangements for ensuring that action is taken due to risk assessments being completed	UHL Manual Handling Service	Generic Risk assessment	Monthly review of high-risk entries on UHL Datix system	Monthly	UHL Health & Safety Committee
			Quarterly review		UHL Health & Safety committee
		Patient handling	Annual Documentation Audit of patient records (To include patient specific risk assessment) by the Clinical Audit Team	Annual	Clinical Audit Committee
		Generic Risk assessment	Monthly review of high-risk entries on UHL Risk Register	Monthly	UHL Health & Safety Committee
			Quarterly review		UHL Health & Safety Committee

b) process for checking that all permanent staff, as identified in the training needs analysis, complete relevant moving and handling	HR Training	HELM	Monthly	Reports of attendance at corporate Induction are provided monthly to CMGs. Or equivalence Directors, and to the training education development group (TED)
Induction Refresher Training	Departmental managers	HELM	6 monthly	The training education development group provide a biannual report on the completion of statutory and mandatory training to the learning and development strategy group.
Cascade Training	UHL Health and Safety Services Team	Cascade training spreadsheet	6 Monthly	Manual handling service. onward reporting to the deputy chief nurse
c) process for following up those who fail to attend relevant moving and handling training	HR training	HELM	Monthly	Reports of attendance at corporate Induction are provided monthly to CMG leads or equivalent
Induction	Departmental managers	HELM	6 monthly	The training education development group provide a biannual report on the completion of statutory and mandatory training to the Learning and Development Strategy Group in August and January.
Refresher Training Cascade Training	UHL manual handling service	Cascade training spreadsheet	6 Monthly	Manual handling Service manager reports directly to the deputy chief nurse

8 EQUALITY IMPACT ASSESSMENT


- 8.1 The Trust recognises the diversity of the local community it serves. our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.
- 8.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

9 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

- 9.1 The UHL manual handling service has compiled a list of documents to provide guidance in the techniques for moving and handling. This information can be accessed via the manual handling service.
- a. UHL Risk Management Policy (A2/ 2002)
 - b. Guidance on manual handling, legislation, European directives and codes of practice.
 - c. Procedure for Manual Handling of Patients*
 - d. Procedure for the Safer Manual Handling of the obese patient*
 - e. UHL Code of practice – electric Hoists*
 - f. UHL Code of practice – Electric Stand Aids*
 - g. UHL Guide to Safer Inanimate Load handling*
 - h. Guidelines for sending manual handling equipment to the laundry
 - i. Safety checks and maintenance of manual handling equipment
 - j. UHL Risk management policy – Trust reference A12/2002
 - k. UHL Risk management strategy – Trust reference A2/ 2002
 - l. UHL Risk assessment policy- Trust reference B12/2002
 - m. Manual handling operations regulations 1992
 - n. Management of health and Safety at Work Act regulations 1999
 - o. Health and safety at Work etc. Act 1974

10 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

- 10.1 This policy will be reviewed every three years or more frequently as designated by the deputy chief nurse.
- 10.2 Previous electronic versions will be archived on 'share point' (previously DMS) and paper copies will be destroyed at a local level.

Full Name	University Hospitals of Leicester 
DoB	
Hospital Number	
Weight	
Appendix A	

Care Plan for Patients Assessed as Requiring Help with Moving

Goal: To support the patient in maintaining their own mobility as much as possible and ensure the appropriate moving aids are used as required

Patient Handling Assessment

Date and Time:

Moving patient up the bed (tick ✓)

None / Independent						
Supervision						
Slide Sheet						
Hoist						
Profiling Bed						
Other						
No. of persons						

Positioning in bed (tick ✓)

None / Independent						
Supervision						
Bed Sheet						
Slide Sheets						
Other						
No. of persons						

Transfer bed to chair/ commode to chair / chair to toilet (tick ✓)

None / Independent						
Supervision						
Raised chair / toilet seat						
Frame						
Hoist						
Other						
No. of persons						

Transfer bed to bed / trolley (tick ✓)

None / Independent						
Supervision						
Transfer Board						
Slide sheet & bed sheet						
Other						
No. of persons						

Walking (tick ✓)

None / Independent						
Supervision						
Walking aid						
Other						
No. of persons						

Additional Action / Care Need:

Implementation of Care Plan

Date								
Care Plan Active?	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Signature								

Evaluation

Appendix B

MANUAL HANDLING INANIMATE OBJECT RISK ASSESSMENT

SECTION 1

Ward/Dept Hazard:	Date
----------------------	------

SECTION 2 – The TASK – The job being undertaken. Does the task involve - (Response in the 'YES' column denotes potential concern)					
Holding loads away from the body	YES	NO	Is prolonged physical effort required	YES	NO
Twisting, stooping or reaching upwards	YES	NO	Repetitive action (is the task repeated frequently)	YES	NO
Large vertical movement of load (raise or lower)	YES	NO	Are there insufficient rest or recovery breaks (no change in task use different muscle groups)	YES	NO
Moving load over long distance (over 10 metres)	YES	NO	More than one person required	YES	NO
Strenuous pushing or pulling	YES	NO	Is the work rate imposed by the process (time pressures)	YES	NO

<u>Comments</u>

SECTION 3– THE INDIVIDUAL – Person performing the task. Does the job require unusual? (Response in the 'YES' column denotes potential concern)		
Strength	YES	NO
Height	YES	NO
Create a hazard to those that are pregnant/health problems	YES	NO
Require special footwear/clothing	YES	NO
Specific training in manual handling/use of manual handling equipment	YES	NO

<u>Comments</u>
<u>Comments</u>

SECTION 4 – THE LOAD. Is it - (Response in the 'YES' column denotes potential concern)					
Heavy, bulky or unwieldy	YES	NO	Difficult to grasp	YES	NO
Harmful – i.e. sharp, hot, chemicals etc	YES	NO	Unstable or likely to move unpredictably	YES	NO
Awkwardly stacked	yes	NO	Too large for the handler to see over	YES	NO
Weight of load unknown?	yes	NO			

SECTION 5– THE ENVIRONMENT – The area where you are working (Response in the 'YES' column denotes potential concern)					
Constraints on posture (cramped, lack of space, obstructions)	YES	NO	Variations on levels – steps, stairs, ramps	YES	NO
Obstructed/slippery floor – cables, fluid on floor	YES	NO	Hot/cold/humid conditions	YES	NO
Poor lighting conditions	YES	NO	Is work done outdoors – rain, snow etc	YES	NO

<u>Comments</u>

SECTION 6 – EQUIPMENT (Response in the 'NO' column denotes potential concern)					
Appropriate equipment available to do the task	YES	NO	If the device has wheels, are they suitable for the surface	YES	NO
Are user instructions available to staff to see	YES	NO	Do the wheels run freely	YES	NO

Is the equipment maintained – service records available	YES	NO	Brakes – do they work	YES	NO
Is the equipment intact	YES	NO	Handle height – between waist and shoulders of user	YES	NO
<u>Comments</u>					

SECTION 7

EXISTING CONTROLS			
Control Methods: Are they		Answer YES or NO	
Specify control methods	Adequate?	Maintained?	Used?

SECTION 8

Overall assessment of risk – risk matrix calculation.

RISK MATRIX <u>LIKELIHOOD</u> ↓	HARM – IMPACT (OUTCOME, SEVERITY, CONSEQUENCE)				
	<u>INSIGNIFICANT</u>	<u>MINOR</u>	<u>MODERATE</u>	<u>MAJOR</u>	<u>EXTREME</u>
	1	2	3	4	5
Rare 1	Low (1)	Low (2)	Low (3)	Low (4)	Low (5)
Unlikely 2	Low (2)	Low (4)	Low (6)	Moderate (8)	Moderate (10)
Possible 3	Low (3)	Low (6)	Moderate (9)	Moderate (12)	High (15)
Likely 4	Low (4)	Moderate (8)	Moderate (12)	High (16)	High (20)
Almost certain 5	Low (5)	Moderate (10)	High (15)	High (20)	Extreme (25)

Multiply the scores (likelihood of harm x the level of possible injury sustained) (See guidance). This will give the risk rating

RISK RATING AND ACTION REQUIRED

Low (1 – 6)	Acceptable risk requiring no immediate action Review annually.
Moderate (8 – 12)	Action planned within one month; commenced within 3 months. Review in 3 months. consider placing on unit/divisional risk register.
High (15 – 20)	Immediate action. Review at monthly intervals. Place on Risk Register.
Extreme (25)	Immediate action. Place on Risk Register bring to urgent attention of line manager and the UHL risk & assurance Manager. Review weekly.

IN ORDER OF SEVERITY (GREATEST FIRST) HIGHLIGHT RISKS IDENTIFIED

1
2
3

IMMEDIATE ACTION

FURTHER ACTION

I have read the manual handling assessment and understand the actions that are required from this risk assessment.

	ASSESSOR	MANAGER
Signed		
Name (Print)		
Position		
Date		
Review Date		
Date Re-assessed		

MANUAL HANDLING RISK ASSESSMENT GUIDANCE

SECTION 1

Activity

Identify the process, equipment and the activity assessed including method of work, e.g. moving a patient up the bed, hoisting a patient.

SECTIONS 2,3,4,5,6.

Identifying foreseeable risks

SECTION 7

Existing controls

List the existing preventive and protective measures that are in place to control hazards.

SECTION 8

Risk matrix – use this chart as guidance when deciding level of consequence and likelihood.

Consequence	Insignificant	Minor	Moderate	Major	Extreme
INJURY Consequence on the safety of staff or public physical/psychological harm)	Minimal injury requiring no/minimal intervention or treatment. No time off work	Minor injury or illness, requiring minor intervention Requiring time off work for <3 days	Moderate injury requiring professional intervention Requiring time off work for 4-14 days RIDDOR/agency reportable incident	Major injury leading to long-term incapacity/disability Requiring time off work for >14 days	Incident leading to death Multiple permanent injuries or irreversible health effects
Likelihood	Rare	Unlikely	Possible	Likely	Almost certain
Frequency How often might it/does it happen?	This will probably never happen/recur. or Not expected to occur for years	Do not expect it to happen/recur but it is possible it may do so. or Expected to occur at least annually	Might happen or recur occasionally. or Expected to occur at least monthly	Will probably happen/recur but it is not a persisting issue. or Expected to occur at least weekly	Will undoubtedly happen/recur, possibly frequently. or Expected to occur at least daily
Probability	< 0.1%	0.1-1%	1-10%	10-50%	>50%

Immediate Action What needs to be done to make the situation safe?