



London Ambulance Service **NHS**
NHS Trust

Manual Handling Policy

DOCUMENT PROFILE and CONTROL.

Purpose of the document: is to reduce the risk of ill health and injury to the lowest possible level to prevent members of staff, patients, colleagues from other emergency services and NHS Trusts, the public and contractors being made ill or injured as a result of manual handling operations.

Sponsor Department: Health, Safety and Risk

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20/07/12	2.1	Safety & Risk Advisor (Manual Handling & Clinical Lead)	Minor amendments, clarification to section 7 and 9
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Links to Related documents or references providing additional information		
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HS002	Health, Safety and Risk Training and Provision of H&S Information.	
TP056	Core Training Policy	
	Securing Health Together: an Occupational Health Strategy for Great Britain 2000	
	HSE Manual Handling Operations Regulations Guidance HMSO 1998	
	Manual Handling Operations Regulations 1992. Article 16(1) of Directive 89/391/EEC(90/269/EEC	
	Patient Care - Institute of HealthCare and Development (IHCD) Ambulance Service Basic Training Manual (section 4)	
	Health and Safety at Work Act 1974 (HSWA)	
	Provision and Use of Work Equipment Regulations 1998 (Puer)	
	Lifting Equipment Operations Regulation 1998	
	EC and UK Regulations Roles and Responsibility	
	HSE MHOR 1992 / 1992	
	Management of Health and Safety at Work regulations 1999	
	The Guide to the Handling of People 6th Edition, 2011, National Back Pain Association, Royal College of Nursing Great Britain, National Back Exchange.	
	Health and Safety Executive 'When Do I report' click here	
	Getting to grips a manual handling guide: click here	
	Moving and Handling Small Aids User Guide Common on DataServer (X)-drive safety and risk	
	Mangar ELK User Guide Common on DataServer (X)-drive safety and risk	

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1. Introduction

- 1.1 Nationally more than a third of accidents reported to the Health and Safety Executive (HSE) are associated with the manual handling of loads. Many of these injuries are cumulative rather than attributable to a single incident. Full recovery is not always achievable, and where this is the case the effect can be long term impairment or disability. The London Ambulance Service (LAS) Trust Board is committed to the principle that no one should be made ill by their work.
- 1.2 Musculoskeletal injury is the second largest cause of sickness absence in the workplace with manual handling cited as one of the leading causes of back injury in health care workers. This is more prevalent within the ambulance service where manual handling incidents are the highest number of reported incidents.
- 1.3 Manual handling activities are frequently carried out in the LAS by both clinical and non-clinical staff. Working together with our staff, the London Ambulance Service NHS Trust (LAS) is committed to addressing moving and handling risks in a proactive way, through the implementation of systems and processes which represent good risk management and ergonomic systems. These initiatives are designed to comply with the statutory duties set out in the Health and Safety at Work etc Act 1974.
- 1.4 This document provides information and guidance to managers and staff on moving and handling and makes clear how individual ownership and action is an essential element in developing safe manual handling practices across the whole Trust. The Manual Handling Operations Regulations 1992 (Amended 2002) set out specific duties for the Trust and its staff. This policy outlines the arrangements and roles to fulfil this statutory duty.

2. Scope

- 2.1 The Chief Executive and Board members of the LAS have a prime responsibility for health and safety within the trust and are committed to promoting and establishing high standards of health, safety and wellbeing for employees, through the establishment and promotion of a safety culture supported through the implementation of policies and procedures.
- 2.2 The LAS has a statutory duty under the Health and Safety at Work etc. Act 1974 to provide a safe working environment, where reasonably practicable to do so, not only for its staff but also for patients, volunteers and others

who are affected by the work, or undertake work on behalf, of the LAS. The Manual Handling Operations Regulations recognise that the emergency services' often undertake, of necessity, well intentioned improvisation in order to rescue and recover a casualty in emergency situations. The LAS accepts that, in certain emergency situations, this could place employees at higher risk than would normally be accepted. This risk has to be balanced against the health and safety of those they are dealing with. This does not detract from the LAS responsibility to its staff to do everything in its power to eliminate/minimise the risk of injury.

- 2.3 This Policy covers all clinical and non-clinical staff who, during the course of their work, engage in activities which involve the movement and/or handling of people and /or loads which could present a risk to themselves or others. All managers throughout the LAS are required to instigate actions to ensure the successful implementation of this policy in their area of control. Advice and guidance on the content and implementation of this policy, as well as general issues of health and safety, can be obtained from the Health Safety and Risk Team.
- 2.4 One of the core activities undertaken by the Trust is to respond to the general public to provide pre-hospital care and treatment. This may necessitate physical lifting and moving in order to enhance clinical care and/or effect a transfer of a member of the public to a place of safety or treatment where their clinical needs can be met. For this reason it is not always practicable or desirable to implement "no lift" or "minimal lift" policies in the clinical area of operational service delivery and patient care. This increases the need for implementation of the risk management system (section 7) and systems of work approach (section 6) to minimise and manage the risks within this environment. In non-clinical areas the "no lift" and "minimal lift" principles should be adhered to at all times. Where they cannot, the risk management system and systems of work approach must be used.
- 2.5 All managers and staff at all levels and in all areas throughout the LAS are required to instigate action to ensure the successful implementation of this policy within their area of control. Additional advice and guidance on the content of this document or any other Health and Safety matter can be obtained from the Health, Safety and Risk Team.

3. Objectives

- 3.1 The aims and objectives of this policy are to protect all staff, so far as is reasonably practicable, from the risks of injury from moving and handling. In particular this policy aims to:

- Increase staff awareness of safety issues when moving and handling inanimate loads and patients, through training at induction and then at regular intervals as detailed in the Core Training Policy and Training Needs Analysis:
- Ensure that all manual handling risks with a significant degree of risk are formally assessed and safe systems are put in place to reduce the risk to staff, patients and others, so far as is reasonably practicable;
- Ensure that information, instruction, training and supervision is available to staff in all areas, that equips them to recognise risks and apply the principles of safe handling to that situation;
- Ensure suitable records of training achievement (including e-learning and online assessments) are completed and kept in the training records archive;
- Ensure that suitable records of the operational workplace reviews (clinical staff) are completed and kept in the individual's personal file;
- Ensure that staff are aware of their legal duties in relation to manual handling. This can be achieved through dissemination of learning from incident and near miss reports, investigations and action plans, as well as through training ;
- Actively encourage full reporting and recording of all manual handling accidents, incidents, near misses and ill health related to manual handling
- Define a system of risk management and system of work that produces a consistency of practice across the LAS in the control of manual handling risks
- Reduce the number of accidents and incidents involving moving and handling
- Ensure the LAS complies with its statutory duty under the health and safety legislation, in particular but not exclusively:
 - Health & Safety Management HSG (65) Systems,
 - Health and Safety at Work Act etc 1974,
 - Management of Health and Safety at Work Regulations 1999,
 - Manual Handling Operations Regulations 1992 (Amended 2002).

4. Roles and Responsibilities

4.1 Legal Duties - The Employer

Where manual handling operations involve risk of injury, the regulations place specific duties on the employer to:

- Avoid, so far as is reasonably practicable, the need for employees to undertake manual handling activities;
- Where such activities cannot be avoided, make an assessment of the task and identify the risks;
- Record any significant findings and actions taken to mitigate and manage risks which have been identified;
- Ensure staff have the knowledge, equipment, training and systems to take appropriate steps to reduce to the lowest level reasonably practicable the risk of injury when carrying out manual handling activities. Particular attention must be given to the provision of appropriate equipment, handling aids and/or mechanical assistance. Where this is not reasonably practicable, other improvements to the task, load and working environment should be explored i.e. reorganising or redesigning the task;
- Provide employees with general and where reasonably practicable, precise information on the weight of any load and the heaviest side of an unbalanced load.
- Provide suitable training, instruction and information to employees, additionally the Manual Handling Operation regulations also requires the provision of adequate training. This includes training in risk assessment, safe systems, methods of safe handling with and without aids and transportation.
- Suitable supervision of staff.

4.2 Responsibilities - Line Managers

4.2.1 It is the responsibility of all Line Managers to ensure that manual handling risk assessments are managed and actions undertaken to mitigate any identified risk. If risks cannot be managed at a local level they must be reported to the Corporate Health and Safety Committee and escalated to the RCAG via the risk reporting process, as outlined in TP035 Risk Assessment and Reporting Procedure.

- 4.2.2 A safe working environment will be provided, wherever possible, that allows all staff involved to handle patients and undertake inanimate load manual handling tasks safely.
- 4.2.3 The LAS will ensure that ergonomics and manual handling issues will be considered at the design stage of vehicle procurement via the Vehicle Working Group. The Estates Department will ensure that ergonomics and manual handling issues are considered at the design stage for rebuild or new build projects and during refurbishment. LAS will actively seek opportunities to work with other care agencies to ensure there is a safe working environment and suitable and sufficient equipment in shared work areas.
- 4.2.4 Suitable equipment will be provided to eliminate manual handling wherever possible. This includes height adjustable and electrically-operated equipment. Where manual handling cannot be eliminated, equipment will be provided to reduce the risk.
- 4.2.5 LAS will support staff in their decisions to refuse to undertake manual handling operations where the dynamic risk assessment indicates that the risk to their own health and safety, or that of the patient, very clearly outweighs the clinical need. In these circumstances staff can refer to the Clinical Support Desk (Emergency Operations Centre) via radiotelephone to access specialist advice (i.e. bariatric, child, elderly patient, etc)
- 4.2.6 Should such circumstances arise, all staff must ensure that a post incident dynamic assessment is clearly recorded and filed in consultation with the line manager. The assessment must clearly identify that patient safety would have been compromised and the reasons for this. However, where staff feel that, on balance, they are able to undertake the manual handling operation in a way that does not compromise their own safety or that of the patient they may transfer the patient. The key consideration is that of clinical need of the patient.
- 4.2.7 All managers are responsible, wherever reasonably practicable, for ensuring that all manual handling risks within their specific area of managerial accountability are identified. Where this is not practicable they must ensure that staff undertake an appropriate risk assessment and record all details (LA 124), this may include routine, infrequent or emergency tasks. This includes;
- Ensuring risk assessments and action plans are completed and recorded for their area of responsibility. Sending a copy of any new risk assessments and action plans to the Health and Safety Department;

- Ensuring that all risk assessments are kept up to date to reflect changes in practice and equipment;
- Ensure all accidents, incidents, near misses and reports of ill health due to manual handling activities are recorded and reported via the incident reporting form LA52 within 7 days, and are fully investigated with any lessons learnt disseminated;
- Ensure that any manual handling injuries which come under the scope of RIDDOR to the Health and Safety Team and the Health and Safety Executive is reported.
- Collect data on accidents, incidents and ill health related manual handling within the area of responsibility to identify trends and patterns which may require action. Plan and implement any actions required;
- Review the relevant risk assessment following an accident, incident , near miss or report of ill health due to work involving one of their staff to ensure that a safe system of work is in place and is being followed;
- Ensure that all staff receive, in line with the Training Needs Analysis, manual handling training appropriate to their role and, in areas of clinical practice, undertake operational workplace reviews to ensure staff are suitably supervised and ensure that the safe handling and equipment training is appropriately implemented in the work environment;
- Ensure the appropriate procedures and guidelines are available to staff in the workplace.
- Ensure all manual handling equipment is adequately cleaned (adhering to Infection Control procedures) after every patient;
- Ensure relevant manual handling equipment is available and used to reduce the risk and is maintained as appropriate
- Ensure that when new equipment is purchased that manual handling is taken into consideration and wherever possible that equipment is standardised across the Trust;
- Ensure so far as is reasonably practicable that the work environment, system of work and task designs are appropriate for the task,;
- Ensure that where the capability of a member of staff to carry out handling operations is questioned (e.g. pregnancy or a period of sickness absence following a musculoskeletal injury) a referral is made to the Occupational Health Service for assessment and advice.

- Ensure that staff are aware of how to access information, training and support from “competent persons” in Learning and Development, Clinical Education and the Health and Safety Team;
- Ensure that the all relevant policies, e.g. as relating to bariatric patients, procedures and manufacturer’s instructions, are followed by all staff;

4.3 Legal Duties - The Employee

The employee is required to make full and proper use of any system of work and safety equipment provided by the employer to comply with the regulations.

- They must take reasonable care of their own health and safety and that of others who may be affected by their actions or omissions;
- They must co operate with their employer to enable them to comply with their health and safety duties;
- They must report any shortcomings in the safety arrangements to their manager, health and safety representative or the health and safety team;
- They should report (in confidence) to their line manager any personal health conditions or physical limitations that may detrimentally affect their ability to undertake manual handling. activities.

4.4 Responsibilities - Employees

Employees are responsible for;

- Working within this policy and all relevant policies, e.g. as relating to bariatric patients, procedures and manufacturer’s instructions, are followed by all staff;
- Taking all reasonable care of their own health and safety and that of others who may be affected by their actions or omissions. In manual handling terms, this is achieved by assessing risks when undertaking manual handling tasks they are asked to perform or which they assess as necessary in the course of undertaking their duties, and not putting themselves or others at risk. If they believe there is a risk of injury they should, if possible, seek assistance, support and/or advice (as appropriate) before attempting the task;
- Ensure attendance at manual handling training when asked to do so and making full use of training instructions and mechanical aids provided;

- Storing, selecting and using appropriate manual handling equipment according to the manufacturers instructions;
- Ensuring that manual handling equipment used is appropriately cleaned (adhering to Infection Control procedures) after each use;
- Taking out of use any manual handling equipment which is defective and reporting it to their line manager immediately;
- Reporting all accidents, incidents near misses and ill health (HS011 Incident Reporting Procedure)
- Assess all manual handling tasks, recording any significant factors and actions taken to mitigate the risk.
- Report any significant risks or situations which may put staff or others at risk to the line manager;
- Report in confidence to their line manager any personal health conditions or physical limitations which may adversely affect their ability to perform manual handling operations, so that they may be referred to Occupational Health for assessment of their needs;

4.5 Other Responsibilities

The LAS has a number of departments, groups and committees with responsibility in relation to manual handling activities, which include governance, monitoring and management of risks;

- 4.5.1 The **Corporate Health and Safety Group** is responsible for reviewing aggregated data derived from submitted incident reports and reporting issue/ trends of note to the **Risk, Compliance and Assurance Group**.
- 4.5.2 The **Health, Safety and Risk Department** is responsible for submitting a quarterly incident report to the Corporate Health and Safety Group.
- 4.5.3 The **Safety & Risk Advisor (Manual Handling)** is responsible for providing expert advice on manual handling, advising procurement and manual handling trainers/advisors, and producing working procedures related to manual handling.
- 4.5.4 The **Occupational Health** provider is responsible for assessing the health needs of staff referred to them, referring those staff that have been adversely affected by work activities to further medical treatment or intervention (if required), advising on the appropriate course of action for

managing the health needs of staff, and keeping line management apprised of staff capabilities.

4.5.5 The **Manual Handling Assessors** should assist line management in risk assessments and carrying out local audits and manual handling training.

4.5.6 **Fleet Services** are responsible for ensuring that all equipment that comes under the Lifting Equipment and Lifting Operations Regulations (LOLER) e.g. tail lifts on vehicles and hoists and chains in fleet maintenance centres are tested and maintained. They must maintain records of testing, schedules, test results and action taken on the outcomes of maintenance and testing.

4.5.7 The **Clinical Education and Governance and Compliance Department** is responsible for:

- Ensuring that manual handling training is facilitated by trainers who have adequate knowledge and skills to teach the subject;
- Ensuring there are adequate manual handling courses available for the need of the organisation, linking this to the Training Needs Analysis;
- Ensuring manual handling learning objectives are reviewed at least annually and that they cover as a minimum the five areas set out by the HSE (see section 9)
- Submitting the planned programmes of manual handling training (CSR for clinical staff, e-learning, workbooks and “All in One” day for non-clinical staff) are presented to the Training Strategy Group (TSG) for approval at least once a year.
- Ensuring training uptake data is provided to the Clinical Education Steering Group and Training Strategy Group at least 6 times annually.
- Ensuring training uptake data is uploaded onto Performance Accelerator in order to provide assurance of delivery, compliance with the statutory duty and management of risk.
- Providing role appropriate manual handling training on commencement of employment:
- Keeping suitable employee specific training records.

5. Definitions

5.1 The Manual Handling Operations Regulations define Manual handling as:

“ the transporting or supporting of a load by hand or bodily force - including lifting, putting down, pushing, pulling, carrying or moving of any load.”

- 5.2 Regulators have not set a threshold below which manual handling operations are as low as reasonably practicable. The regulations therefore apply where the likelihood (not remote possibility) of injury, and the nature of the injury which could arise, are such as to warrant actions aimed at removing or, when this is not reasonably practicable, sufficiently reducing the risk.

6. Manual Handling Safe Systems

- 6.1 The nature of the work the LAS undertakes means that staff who have face to face contact with the public often enter into areas of unforeseeable risk. It is therefore not possible in these situations to make the environment safe. It is the LAS intention in these situations that staff will be enabled to take steps to promote their own health, safety and well being as well as that of those they are in contact with. The LAS will ensure that staff are enabled to assess and manage manual handling risks using the training, information and equipment provided to them. The LAS promotes a safe system of work (Appendix 1) which has been designed to assist our staff make choices which promote these principles.
- 6.2 The system includes measurable standards that can be audited and used to inform policy and training reviews, inform equipment review future strategy, occupational health provision, risk management and other relevant programmes of work.

7. Risk Management System

7.1 Reducing the Risk – Organisational Overview

- 7.1.1 All risk assessments in regards to moving and handling patients and/or load will be carried out systematically following the process outlined in Appendix 1. This process provides a framework which will assist consideration of all aspects of the risk, not simply what is obvious at the time. It is not an exclusive list but should be used as a tool alongside professional judgement, experience and knowledge of the context and individuals who may or will be involved in undertaking the manual handling activity. All risk assessment will be formally recorded either using an LA 167 or on the PRF
- 7.1.2 It is worth remembering that it may be necessary at times to undertake risk assessments in partnership e.g. with fleet or health and safety advisors in order to ensure all aspects of the assessment are adequately considered, and thus assure the actions and mitigations are suitable to manage any risk identified.

7.1.3 It is beneficial when assessing a manual handling risk to use the manual handling risk assessment checklist (Appendix 1). Following any manual handling assessment, an action plan will be formulated to reduce the risk to the lowest possible level. The action plan will aim to ensure there is a safe system of work for the task to be undertaken. This may include:

- Changes to the environment;
- Provision of suitable and sufficient equipment, and/or systems of work to ensure a safer working environment.
- Suitable and sufficient moving and handling equipment.
- Sufficient staff who are suitably trained in moving and handling skills.

7.1.4 The Assistant Director of Operations (ADO) are responsible to ensure that action plans, as required, are included on their local risk register for completion within agreed time scales.

7.1.5 The action plans are reviewed and followed up at the area quarterly meetings and progress monitored by the Clinical Quality Safety and Effectiveness committee.

7.1.6 The risk assessment, action plan and safe system of work will be reviewed as a minimum on a 3 year basis, or as and when necessary, by the Manual Handling Implementation Group (MHIG)

7.2 Competent person

7.2.1 Ambulance Operations Managers/ Patient Transport Service Site Managers/Line Manager shall nominate suitable person/s to be trained and annually updated to carry out risk assessments. This competent person will also advise on safe systems of work, monitor for good practice and share good practice with others in the Service.

7.2.2 The competent persons are staff who have undertaken and passed the externally accredited Manual Handling Assessors Course (can be management or staff), or the LAS Safety & Risk Advisor (Manual Handling) (see training, section 5) and the LAS Risk Assessment Training. It is a statutory requirement that Manual Handling Assessors are provided with manual handling training and annual updates. They will prove continuing competence annually. This will be through their manual handling risk assessment review, work area audit and demonstration of their practical manual handling skills.

7.3 Manual Handling Risk Assessments (Inanimate objects)

7.3.1 Where a manual handling task exceeds the Health & Safety Executive (HSE) guidance or there is a foreseeable risk of injury from the task, a manual handling work assessment must be undertaken following the manual handling risk assessment procedure,(Appendix 1) which is documented on an LA124 (Appendix 2) an action plan should be drawn up following the assessment and a review date set to assess the impact the actions taken have had on mitigating and managing the risk.

7.4 Manual Handling Risk Assessment (Equipment and Vehicles)

7.4.1 For operational clinical tasks, a generic risk assessment of all frequently undertaken manual handling tasks will be carried out following the manual handling risk assessment procedure (Appendix 1). This should be documented on the LA 124 (Appendix 2).The purpose of the risk assessment is to ensure there are safe systems of work for commonly encountered manual handling situations. Where such need is identified, remedial plans will be drawn up following the risk assessment and review dates set. Where there is residual manual handling risk there must be a longer term strategy to reduce the risk to the lowest possible level through improvements in vehicle ergonomics and equipment design etc.

7.4.2 Any new vehicle or equipment procurement specification will include an ergonomic evaluation to consist of prototyping and expert or end user trials to ensure that LAS staff, patients and other members of public are not exposed to musculoskeletal risks due to poor design. This process will include consultation with the Safety and Risk Advisor (Manual Handling).

7.5 Patient Manual Handling Risk Assessment

7.5.1 Each time a manual handling activity is proposed staff will undertake a dynamic risk assessment (Appendix 1) of the manual handling risk. Where this identifies areas of risk which cannot be managed or mitigated by the use of the safe system of work and/or use of appropriate equipment a full risk assessment (Appendix 1) must be undertaken and documented on the LA 124 (Appendix 2) and the Patient Report Form (PRF) along with all and any actions taken to safeguard the patient and staff when undertaking the task.

7.6 Post Incident Manual Handling Risk Assessment

7.6.1 Where it is not possible to follow a safe system of work in accordance with the generic risk assessment or dynamic assessment, even if no accident or adverse incident has occurred, an incident report form LA52 will be completed as well as LA124. This will be sent to the Trust's Safety and

Risk Advisor (Manual Handling), the line manager and to the nominated Sector Manual Handling Advisor. All post incident manual handling risk assessments will be investigated at Station/Sector H&S meetings and a plan to reduce the risk in the future will be devised.

8. Staff Health and Well-being

8.1 The LAS will set up systems through our Occupational Health Provider to monitor the musculoskeletal health and well-being of its staff and will as far as possible measure the cost of musculoskeletal ill health through:

- Recording and monitoring the number of days lost each year due to all possible causes of musculoskeletal illness and injury.
- musculoskeletal injury.
- Monitoring all ill-health early retirements which result from reportable musculoskeletal illness or injury.
- Monitoring civil claims against the Trust for musculoskeletal injuries

8.2 This information will be reviewed at the LAS Trust Board, to inform them of the impact of actions taken and the level of assessed on-going risks and actions.

8.3 The LAS undertakes to provide physiotherapy services for manual handling and musculoskeletal injuries.

8.4 Specialist Advice

8.4.1 The Trust's Occupational Health Advisors will:

- Assess medical fitness of staff prior to employment, considering the physical demands of the job.
- Advise on return to work programmes including appropriate ergonomic assessments and advice in collaboration with line managers and Human Resources staff, agreeing a plan to assist those off work or reporting difficulties with current duties. This shall, on the advice of the service provider, include a rehabilitation programme with restricted or reduced duties, or alternative duties in order to allow injured staff to remain at work where this is appropriate and can be accommodated. In any such consideration, the aim and objective of the rehabilitation

programme is to effect and support a return to full contractual duties in a timely manner.

8.4.2 In addition, the LAS will explore the possibility of providing Functional Restoration Programmes for staff who remain off work due to a musculoskeletal injury after 6 weeks or take repeated short absence or are unable to undertake their normal work duties. (Ref: Faculty of Occupational Medicine Guidelines for Management of Back Pain at Work 2000).

9. Information and training

9.1 Section 2 of the Health and Safety at Work Act 1974 and regulations 10 and 13 of The Management of Health and Safety at work Regulations 1999 require employers to provide their employees with health and safety information and training. This should be supplemented with more specific information and training on manual handling injury risks and prevention as part of the steps to reduce the risk required by regulation 4(1)(b)(ii) of the regulations:

“The risk of injury from a manual handling task will be increased where workers do not have the information or training necessary to enable them to work safely. For example, if they do not know about any unusual characteristics of loads or about the system designed to ensure their safety during manual handling, this may lead to injury. It is essential that where, for example, mechanical aids are available, training is provided in their proper use.”

9.2 The HSE is not prescriptive about the duration of any training given and there is no research or evidence base which quantifies the optimum duration of “good” manual handling training. The LAS provides a range of training for clinical and non-clinical staff. Programmes are focused on achievement of learning outcomes, which include practical elements through observation of technique in face to face sessions, classroom assessment, measurement of underpinning knowledge through on-line assessment, and application of learning in practice through the Operational Workplace Review (clinical staff only).

9.3 The provision of education and training alone does not ensure safe manual handling. It is the application of the risk assessment and safe systems approach by individuals which has the most significant impact on reducing risk and injury. The LAS focuses on making sure that the information and training they provide for staff includes the five elements suggested by the Health and Safety Executive, namely:

- Manual handling risk factors and how injuries occur;

- How to carry out safe manual handling, including good handling techniques;
- Appropriate safe systems of work (including assessments and management of risks) for the individual task and environment;
- Use of mechanical aids and;
- Practical work to allow the trainer to identify and put right anything the trainee is not doing safely.

9.4 In addition, the LAS will ensure that all staff receive information and training on manual handling risk assessment and methods appropriate to the risks they encounter in their jobs. The purpose of the training is to:

- Inform staff of the LAS policies and procedures that they must follow in order to reduce the risk of injury
- Inform staff of their responsibility to look after their own Health and Safety and of those who may be affected by their acts and omissions
- Provide practical advice and training on best practice in manual handling within their work area

9.5 The LAS adheres to techniques for the manual handling of patients/objects, and the use of appropriate equipment as recommended by the Institute of Health and Care Development (IHCD) Basic Training Manual (moving and handling patients), the Health and Safety Executive (HSE) and make guidelines detailing the techniques to be used for manual handling available to clinical operational staff during training and on request from the Health, Safety and Risk Department.

9.5 Line managers are responsible for ensuring that all permanent staff attend manual handling induction and refresher training, as well as any role-specific manual handling training. Line managers should also ensure that staff complete any and all online or workbook training which is deemed appropriate for their role.

9.6 Bank and agency staff must be able to demonstrate they are in date with manual handling training which meets the LAS standards for the role they are undertaking prior to commencing duties. Although these staff will have access to LAS refresher training, it is the individual's responsibility to attend these in their own time and provide evidence of attendance to their nominated line manager. Where bank and agency staff cannot demonstrate they are "in date" with manual handling training, the

nominated line manager must take appropriate action to manage them in the work environment, based on a risk assessment, until such times as they can demonstrate they are compliant with the standards for the role. This may include cessation of work until such times as the individual can demonstrate they have undertaken the appropriate level of manual handling training for the role.

9.7 Induction and Core Training compliance will be monitored and reported to the Clinical Education Steering Group and the Training Strategy Group each time they meet. Failure to attend and non attendance by staff will be managed as set out in Section 10 of the TP056 Core Training Policy.

9.8 Induction/Initial – for all staff

9.8.1 All new staff to LAS will receive manual handling training at Induction in a controlled environment appropriate to the risk they will encounter in their work. All staff will receive training about basic back care and inanimate load handling.

9.8.2 In addition specific staff groups will receive training by the nominated moving and handling assessor as part of their local induction to achieve the specific learning objectives commensurate with their role..

- All fleet/maintenance staff.
- Patient handling instruction for all direct entry patient facing clinical staff.
- Paramedic Students, A&E Support Worker and PTS staff will receive manual handling training and assessment in a controlled training environment and will demonstrate competence and understanding through formal assessments prior to practice placements and throughout their initial operational training period as part of their incremental learning process.

9.9 Refresher Training – all permanent staff

9.9.1 All staff will be required to attend regular refresher training as specified for their role in the Training Needs Analysis. The refresher training will focus on ensuring they can meet their role-specific learning objectives and will ensure they are provide with any new or updated information in relation to moving and handling, e.g. feedback on accident and incident reports and lessons learnt, in an appropriate training environment.

9.9.2 When new or updated equipment is being introduced, training to meet the needs of specific employee groups and individuals who will be using and/or maintaining the equipment will be offered, appropriate to their role.

This training will be designed and agreed as soon as reasonably practicable, in order to ensure that staff can be suitably trained prior to being required to use the new or updated equipment.

9.10 Manual Handling Trainers

9.10.1 All LAS manual handling trainers will be trained to “B Tech” Manual Handling Assessor standards. They will attend refresher programmes run by external professional providers every 3 years. Only staff trained to this standard will design and deliver moving and handling training. They will ensure that they keep themselves continually appraised of new developments and will make sure these are incorporated into the training being delivered to staff.

9.11 Competent person training programmes

9.11.1 Manual Handling Trainers (Clinical)

- Must have a recognised, relevant healthcare professional qualification, e.g. nurse, physiotherapist, occupational therapist, ergonomist
- Must have attended a post basic course in moving and handling, including an element of teaching
- Must have experience in a healthcare/social care setting
- Should be able to demonstrate knowledge of relevant legal influences in the field, an understanding of the ergonomic principles involved, and of the risk assessment processes required
- Must demonstrate a practical problem solving approach to moving and handling issues
- Must be physically capable of demonstrating good practice
- Must promote client independence, minimal lifting, use of equipment and ergonomic changes to minimise risks to staff
- Should demonstrate efforts to keep abreast of developments in the field,
- by attendance at meetings, conferences and seminars, and ideally be a member of National Back Exchange and advisors

9.11.2 Manual Handling trainers (Non-Clinical)

- Must have attended a post basic course in moving and handling, including an element of teaching
- Should be able to demonstrate knowledge of relevant legal influences in the field, an understanding of the ergonomic principles involved, and of the risk assessment processes required
- Must demonstrate a practical problem solving approach to moving and handling issues
- Must be physically capable of demonstrating good practice

- Must promote minimal lifting, use of equipment and ergonomic changes to minimise risks to staff
- Should demonstrate efforts to keep abreast of developments in the field, by attendance at meetings, conferences and seminars, and ideally be a member of National Back Exchange.

9.11.3 Competent Person Training (Nominated Manual-Handling Assessors /Trainers for clinical and non-clinical areas)

Manual Handling Assessors are staff nominated and supported by their line manager to attend the initial training, complete course assignments, carry out the role and attend updates bi-annually. They must be willing to undertake the role of local manual handling assessor.

9.12 Training Records

The Core Training Policy sets out how the organisation records that all permanent staff complete training, in line with the training needs analysis, including follow-up of those who do not complete training and action to be taken in the event of persistent non-attendance.

9.12.1 Induction

Records of induction training attendance will be recorded and held by the Conferencing and Awards Department. They will follow the process set out in the Induction Policy to follow up non-attendance.

9.12.2 Non-Clinical Staff Refresher Training

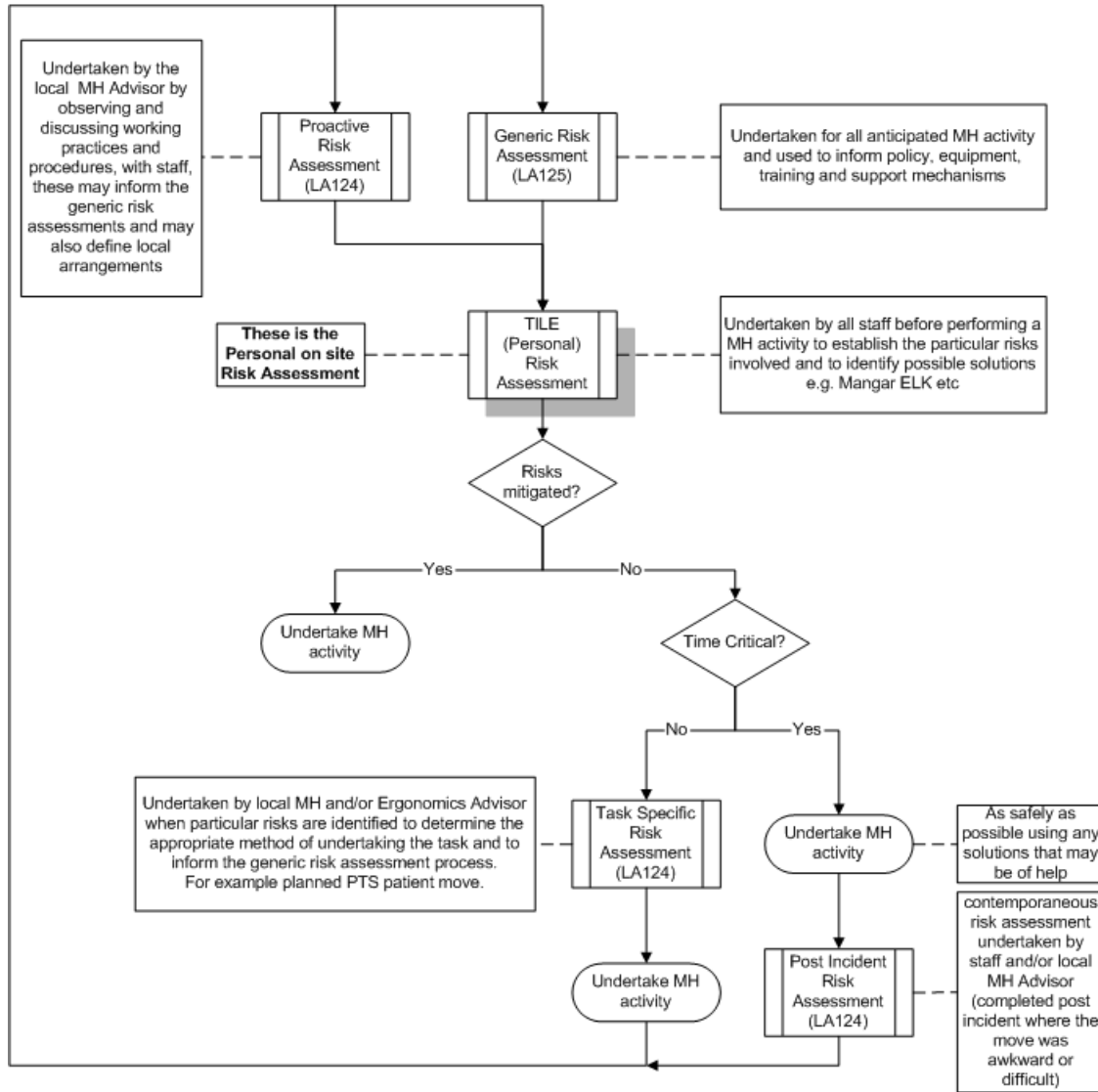
The attendance for non-clinical staff refresher training (All in One Days) will be reported by the Governance and Compliance Team to the Conferencing and Awards Department who will record and hold the records of attendance.

9.12.3 Clinical Staff Initial Training and Refresher Training

The Department of Education and Development will ensure that comprehensive central and local training records are maintained in relation to clinical staff training. These will include records of the learning objectives, individuals records of achievement and the attendance records. Non-attendance will be managed in accordance with TP056 Core Training Policy.

IMPLEMENTATION PLAN				
Intended Audience	For all LAS Staff			
Dissemination	Available to all staff on the Pulse			
Communications	Revised Procedure to be announced in the RIB and a link provided to the document			
Training	See training section 9			
Monitoring:				
Aspect to be monitored	Frequency of monitoring AND Tool used	Individual/ team responsible for carrying out monitoring AND Committee/ group where results are reported	Committee/ group responsible for monitoring outcomes/ recommendations	How learning will take place
Duties (Paragraph 4) including; <ul style="list-style-type: none"> Techniques to be used in the moving and handling of patients and objects, including the use of appropriate equipment (Paragraph 9) Arrangements for access to appropriate specialist advice (Paragraphs 4.2.5 and 8.4) 	Annual audit to assess compliance with Manual Handling Operations Regulations 1992 and this policy	Health and Safety Advisor (Manual Handling) reports to the Manual Handling Implementation Group	Risk Compliance and Assurance Group	Lessons learned and improvements made are disseminated via the Learning from Experience Group via Associate Directors Group, Health and Safety bulletins, Clinical Updates, etc
How the organisation risk assesses the moving and handling of patients and objects and How action plans are developed as a result of risk assessments and How action plans are followed up (Paragraph 7)	Quarterly review of LA277 incident reports to identify trends, and reporting of the numbers of incidents	Health, Safety and Risk Team report to the Area Quality / Area Health and Safety Committees		

Manual Handling (MH) Risk Assessment Flowchart





MOVING & HANDLING RISK ASSESSMENT FORM

Task Details	Operator Details
Patient name/CAD number:	Name:
Location:	Stn/Site/Location:
Contact Number:	Contact Number:
Date & Time of Assessment:	Signature:

Describe the Task being assessed:

YES response to any question denotes potential concern	YES ✓	NO ✓	Note problems here Describe what is causing the problem or concern here			
TASK						
1. Is patient dependent and needs assistance?						
2. Does task involve twisting / stooping / reaching?						
3. Does patient need assisting over long distances?						
4. Is prolonged physical effort required?						
5. Is patient / load held away from operator's body?						
6. Is strenuous pushing and pulling involved?						
7. Is task repeated frequently?						
8. Is there insufficient recovery time?						
9. Does task involve long carrying distances (over 10 metres)?						
10. Is patient / load likely to move unpredictably?						
11. Other: (please specify)						
INANIMATE LOAD						
12. Note weight of load:			Wt:	Kgs	St	lbs
13. Is load unstable and unpredictable?						
14. Is load bulky and difficult to grasp?						
15. Is load intrinsically harmful? (E.g. sharp, hot)						
PATIENT LOAD						
16. Note weight of patient:			Wt:	Kgs	St	lbs
17. Is the patient exceptionally tall / short / large?			Ht:	m	ft	in
18. Is the patient a "dead weight" due to their condition?						
19. Does the patient require help to stand?						
20. Does the patient require help to walk?						
21. Is the patient confused or difficult to handle?						
22. Is the patient prone to falls?						
23. Does the patient have communication problems?						
24. Is patient's illness / condition debilitating? (E.g. skin lesions, pain, infusions, etc)						
25. Other considerations: (E.g. cultural / religious) (please specify)						
ENVIRONMENT						
26. Is the workplace cramped and poorly designed?						
27. Is the lighting poor?						
28. Is the temperature too hot or cold?						
29. Are there variations in level? (E.g. steps, stairs, doorways, furniture, etc)						
30. Is work done outdoors? (E.g. rain, snow, wind, etc)						
31. Is equipment damaged or in need of maintenance?						
32. Is there a lack of sufficient and suitable handling equipment available to minimise lifting?						
33. Is floor slippery, uneven or other hazards present? (E.g. cables, torn / deep pile carpets, etc)						
34. Other: (please specify)						

MOVING & HANDLING RISK ASSESSMENT FORM

INDIVIDUAL CAPABILITY			
35. Does the task require handlers of comparable height?			
36. Does the task create a hazard for staff that may be pregnant or have a health problem? (E.g. bad back, hernia, etc)			
37. Does the task involve two or more handlers?			
38. Does the clothing restrict the handlers' movement?			
39. Does the task require specialist training in manual handling or in the use of equipment?			
39. Other: (please specify)			

Please attach any pictures associated with this risk assessment.

List and describe any equipment already available:

Describe any remaining problems, list any other measures needed:

ACTION RECOMMENDED: Low 6 - 12 months, Medium 1 – 3 months, High ASAP.	Completion Date
Low and medium risk items that can be easily corrected should be rectified asap	

Name & Signature of Assessor	Name & Signature of Manager	Review date
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The Risk Grading should be completed using a current incident grading Risk Matrix