
Moving and Handling of People and Inanimate Load Policy

Please be aware that this printed version of the Policy may NOT be the latest version. Staff are reminded that they should always refer to the Intranet for the latest version.

Purpose of agreement	To help employers and employees avoid back injury at work and ensure that the Manual Handling Operations Regulations 1992 (as amended) are fully complied with, and that careful consideration is paid to National Guidance and current practice
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Review Log

Include details of when the document was last reviewed:

Version Number	Review Date	Lead Name	Ratification Process	Notes
1	October 2011	Health and Safety Manager	Chair action amended review data	Formal policy review to follow
2	December 2013	Health and Safety Manager		
3	September 2015	Health and Safety Manager		
4	February 2019	Health and Safety Manager		
5	April 2022	Health and Safety Manager	Policy Steering Group, Clinical Executive Group	3 year standard review

Amendments Summary:

Amend No	Issued	Page(s)	Subject	Action Date
1			Complete review in line with the NHSLA requirement	October 2011
2			Review of training matrix and inanimate object assessment	December 2013
3			People and Inanimate load (TILEO) assessment reviewed due to legislation guidance changes	September 2015
Version 4		various	Learning and development section reviewed to reflect operation changes in training criteria/ content and who provides. General changes throughout, adding in additional glossaries, and appropriate updated relevant Solent policies. Executive summary added	April 2019
Version 5		Various	Reflected new ATILOE manual handling tool, and updated <i>The Guide to the Handling of People 7th Edition</i> published by the National Back Pain Association, L&D section reviewed	April 2022

Executive Summary

Solent NHS Trust recognises and accepts its statutory responsibilities as an employer to avoid hazardous manual handling so far as is reasonably practicable. Solent NHS Trust is committed to providing a safe working environment for all its employees.

This policy describes arrangements around providing safe management systems, equipment and information, training, and supervision necessary enabling employees to carry out their duties in a safe manner. Solent NHS Trust recognises that hazards may exist related to manual handling involving patients and inanimate loads.

The policy gives comprehensive guidance regarding manual handling operations throughout Solent NHS Trust and provides standards of practice through awareness, training, suitable facilities, adequate resources to assess the risks associated with manual handling and take appropriate action to reduce such risks this enabling safe moving and handling practices.

Where the specific work tasks or activities introduce a potential risk, the policy outlines the process that should be followed to clearly establish the action that may need to be taken to ensure our staff remain safe by eliminating or reducing the risk to the lowest level so far as is reasonably practicable.

Table of Contents

Item	Contents	Page
1	INTRODUCTION AND PURPOSE	5
2	SCOPE AND DEFINITION	6
3	PROCESS REQUIREMENT	6
4	TECHNIQUES TO BE USED IN THE MOVING AND HANDLING OF SERVICE USERS AND OBJECTS, INCLUDING THE USE OF APPROPRIATE EQUIPMENT	7
5	ROLES AND RESPONSIBILITIES	8
6	TRAINING	11
7	MANUAL HANDLING EQUIPMENT	12
8	EQUALITY & DIVERSITY AND MENTAL CAPACITY ACT	12
9	SUCCESS CRITERIA AND MONITORING EFFECTIVENESS	12
10	POLICY REVIEW	12
11	REFERENCES AND LINKS TO RELATED POLICIES	12
12	GLOSSARY AND DEFENTIONS	13
	<u>Appendices</u>	
13	Appendix 1: Manual Handling Operations Regulation Flow Chart	14
14	Appendix 2: Equality Impact Assessment	15
15	Appendix 3: Guidance on Weights and Manual Handling Techniques (kinetic lifting)	17
16	Appendix 4: TILEO (Task, Individual, Load, Environment, Other)	20
17	Appendix 5: Inanimate Load Manual Handling Risk Assessment Form	21

Moving and Handling of People and Inanimate Load Policy

1. INTRODUCTION & PURPOSE

- 1.1 To promote effective manual handling and reduce the incidents of injury, the Manual Handling Operations Regulation 1992 (as amended) were introduced to ensure that employers took steps to:
- Avoid the need for hazardous manual handling.
 - Assess those tasks that cannot be avoided.
 - Reduce the level of risk associated with manual handling tasks that cannot be avoided to the lowest level reasonably practicable.
 - Review manual handling policies and procedures on a regular basis.
- 1.2 Solent NHS Trust is committed to applying a safe system of work to all manual handling situations as defined in the Manual Handling Operations Regulation 1992 (as amended), that is; “any transporting or supporting of a load, (including lifting, putting down, pushing, pulling, carrying, or moving thereof) by hand or by bodily force”. A load may be a person, or inanimate object.
- 1.3 Solent NHS Trust recognises and accepts its statutory responsibilities as an employer to avoid hazardous manual handling so far as is reasonably practicable. Solent NHS Trust is committed to providing a safe working environment for all its employees. The Trust will provide safe management systems, equipment and information, training, and supervision necessary enabling employees to carry out their duties in a safe manner. Solent NHS Trust recognises that hazards may exist related to manual handling involving patients and inanimate loads.
- 1.4 Although an organisation wide approach has been established, detailed arrangements for controlling manual handling risks at a departmental level remain the responsibility of the Heads of Service.
- 1.5 The purpose of this policy is to improve service delivery and patient care by reducing the risk of injury to staff and service users resulting from moving and handling of patients or inanimate loads.
- 1.6 This policy provides guidance on the arrangements regarding manual handling operations throughout Solent NHS Trust and provides standards of practice through awareness, training, suitable facilities, adequate resources to enable safe moving and handling activities. Minimise all hazardous manual handling as far as reasonably practicable, the main principles are identified below:
- Assess the risks associated with manual handling and take appropriate action to reduce such risks, including the handling of patients. Carry out risk assessments to ensure progressive improvements in manual handling e.g., by promoting the safe use of mechanical aids and handling equipment.
 - Provide all staff with manual handling training appropriate to their role/function with the aim of avoiding the need for hazardous manual handling, as far as is reasonably practicable.
 - Eliminate manual handling operations that may incur a significant risk of injury wherever this is reasonably practicable. Where this is not possible, risks must be reduced to the lowest level as far as is reasonably practicable.
 - Where possible, put in place automation and mechanical aids to assist in manual handling duties.

Refer to appendix 1 Manual Handling Operations Regulation Flow Chart

- 1.7 Whilst comprehensive, the document is not exhaustive and as such all employees must take reasonable care of their health and safety and that of others who may be affected by their activities, particularly patients.
- 1.8 Where employees identify potential risk during their work or those that are not covered by this document, they are to record the details of the risk in their local/department risk register, bring them to the attention of their nominated manual handling lines representative(s) either directly, or via their line manager.

2. SCOPE & DEFINITIONS

- 2.1 This policy applies to locum, permanent, and fixed term contract employees (including apprentices) who hold a contract of employment or engagement with the Trust, and secondees (including students), volunteers (including Associate Hospital Managers and Patient Safety Partners), bank staff, Non-Executive Directors and those undertaking research working within Solent NHS Trust, in line with Solent NHS Trust's Equality, Diversity and Human Rights Policy. It also applies to external contractors, agency workers, and other workers who are assigned to Solent NHS Trust.
- 2.2 Solent NHS Trust is committed to the principles of Equality and Diversity and will strive to eliminate unlawful discrimination in all its forms. We will strive towards demonstrating fairness and Equal Opportunities for users of services, carers, the wider community, and our staff.
- 2.3 This policy extends to all manual handling activities, sites, buildings, and areas where the Solent NHS Trust owes a duty of care and responsibility to employees and patients.

DEFINITIONS are found in Section 12 Glossary and Definition

3. PROCESS/REQUIREMENTS

Risk assessment (Inanimate Loads)

- 3.1 There is no such thing as a completely safe manual handling activity, although working within prescribed guidelines will reduce the risk of injury and the need for a more detailed assessment. Prior to any handling activity employees are to undertake a dynamic (visual, real time) assessment and, consideration must be given to the ATILEO approach as follows:

Avoidance

Task

Individual Capability

Load

Environment

Others "Handling Aids and Equipment, Work Organisation Factors"

Further guidance on each subject can be found in "Appendix 4: ATILEO (Avoidance, Task, Individual, Load, Environment, Other)"

- 3.2 After the dynamic assessment has taken place and the manual handling activity is deemed as high risk then before attempting the manual handling activity the Inanimate load risk assessment "refer to Appendix 5: Inanimate Load Manual Handling Risk Assessment Form" is to be completed, the findings must be brought to the attention of the direct management of the department.

Patient Handling Risk Assessment

- 3.3 In all patient/client handling situations, the patient/client handling assessment forms will need to be completed to identify the risks involved and recommend an approach to minimise those risks to both employees and patients. The patient handling assessments will need to include a range of situations relevant to the patient's circumstances such as getting off the bed, out of chairs, on and off the toilet, in and out of the bath etc.
- 3.4 Staff who have access to the electronic Movement and Handling risk assessment forms via SystmOne should complete these forms appropriately and update the moving and handling care plan accordingly. Staff who do not have this access should use their local paper version and upload it onto the system.
- 3.5 When completed, the risk assessment documents, and the updated moving and handling care plan form the overarching assessment for the patient handling activities undertaken. These documents must be reviewed on a regular basis, but it must be reviewed immediately whenever the condition of the patient or circumstances concerning the manual handling task change. Only by completing and reviewing the risk assessments and care plan can a safe system of work be put in place, maintained, and clearly communicated
- 3.6 Where possible patients should be encouraged to mobilise independently using equipment if necessary. Where this is not possible, patient handling should be undertaken using the techniques demonstrated during patient handling training and that included in 'The Guide to the Handling of People 7th Edition' published by the National Back Pain Association in collaboration with the Royal College of Nursing and the 'National Back Exchange publication – Moving & Handling in the Community and Residential Care.
- 3.7 Where the clinical team are not able to resolve the manual handling needs of a patient, details are to be recorded within the department risk register and the team should seek advice from the clinical advisory team at Millbrook.
- 3.8 If the needs of the individual are very complex or the patient is not willing to cooperate in resolving the concerns identified, a case conference should be called, and a collective approach agreed on.

4. TECHNIQUES TO BE USED IN THE MOVING AND HANDLING OF SERVICE USERS AND OBJECTS, INCLUDING THE USE OF APPROPRIATE EQUIPMENT

Movement and handling of patients

- 4.1 The manual lifting of patients should be avoided, so far as reasonably practicable. When patients handling needs are assessed ALL considerations must be made as to how to meet the patients' needs and the safety of staff. The decision must be a balanced one.
- Exceptional manual handling may be required in an emergency that could not be foreseen which would be terrorism or a natural disaster. Fire and life-threatening situations for the patient such as cardiac arrest are considered foreseeable and must be planned for in terms of manual handling.
- 4.2 Only if appropriate for the patient, staff must encourage patients to remain as independent as possible and use the following agreed techniques for manual handling of patients.

5. ROLES & RESPONSIBILITIES

5.1 **The Chief Executive** has overall responsibility for all matters of risk management; this includes Manual Handling activities within the Trust. The Chief Executive will also have overall responsibility for ensuring that sufficient resources are provided to enable the policy to be implemented and to remain effective.

5.2 **Line Managers, Premise Managers, Associate Directors, Operational Directors and Clinical Directors HQPS** are responsible for ensuring that day-to-day work activities under their control are carried out with full regard to good Health and Safety management. In particular they are responsible for.

- Manual handling activities which present a risk of injury are identified and assessed and are avoided, so far as is reasonably practicable, by eliminating the need for the load to be moved or by the introduction of automation or mechanisation, consider the effects of repetitive handling tasks and those requiring prolonged static posture.
- Review risk assessments, where there has been significant change in the matter to which they relate or they are believed to be no longer valid, whichever is soonest.
- Ensuring adequate staffing levels for safe working practices.
- The use of suitable and sufficient handling aids and equipment are identified from the information in the risk assessment, and these are available and maintained in good working order.
- All near misses or incidents which result in injury to staff or Ulysses' patients are reported and fully investigated and risk assessments and system of work to which the incident relates reviewed.
- Ensuring the correct use of manual handling aids and equipment to reduce the risk of injury to staff, and patients or service users, during moving and handling activities which are also not contrary to the rehabilitation of the individual.
- Ensure Solent NHS trust owned equipment introduced and used must be included on the asset register, labelled, properly maintained, cleaned to required infection control standards, regularly examined for damage and deterioration, stored safely, be easily accessible and monitored
- Following a Training Need Analysis (TNA) suitable information training and supervision is provided for all employees engaged in manual handling tasks and that training is recorded, monitored, evaluated, and reviewed
- Where Bank or Agency staff are engaged, the managers must ensure that these staff are up to date with their manual handling training appropriate for the area of work. Where Bank/Agency staff are not in date they should not be used until suitably qualified.

5.3 Learning and Development Department

5.3.1 The learning and Development department are responsible for creating a Moving & Handling Training Strategy that will assist the Trust to engender a culture of best practice, provide a safer working environment and meeting our legal obligations. Moving and handling training contributes to the overall prevention of injuries to staff and thereby our patients.

5.3.2 Ensure there is a comprehensive, consistent, and managed approach to the provision of mandatory training across the organisation. The L&D department are responsible for ensuring there is a central programme of training, generic patient handling and patient handling (bed & hoist work) through Induction, refresher sessions that are run throughout the year that are available for staff to attend.

5.3.3 The Learning and Development Department will determine what level of manual handling training is required. Once identified they are to advertise the training and take responsibility for booking venues across Solent NHS Trust, taking into account any specific training

requirements (e.g., training equipment; room layout; syndicate rooms).

5.3.4 The precise content of the training will vary but will be reflective to cover the manual handling activities undertaken by employees, their previous experience and level of understanding.

5.3.5 Additionally training will be mapped against: CQC Essential Standards, Relevant clinical guidelines, NHS Knowledge and Skills Framework (all core and health and wellbeing specific dimensions), Manual Handling Operations Regulations Manual Handling Regulations, The Guide to the Handling of People 6th edition.

5.3.6 Whilst the detailed content of the training will vary training for those handling patients/service users will include, but may not be limited to:

‘Definition of Manual Handling, Legislation and any update, how to avoid manual handling and reduce risk factors, Brief Anatomy and Physiology of spine and how posture will affect the spine with different movements, Scenario for carrying out Risk Assessment using ATILEO, fallen patient policy and demonstrations of what to do in this event and the equipment used appropriately. Demonstrate and Practice: The correct transfer techniques identified in the Guide to the Handling of People 7th Edition

5.3.7 The Manual Handling responsibilities provided through the Learning and Development team are:

- To ensure Staff training needs are met in terms of providing access to appropriate training either by e-learning or face to face
- To ensure appropriate and accurate records of all moving and handling training undertaken are managed by Learning & Development and recorded on the central training management system – Learning Management System (LMS) and view via power BI management system
- The Chief Nurse Directorate Manual Handling trainers are responsible of the content and training provision that is appropriate for clinical and non-clinical staff groups
- Reinforcing good manual handling techniques and practice.
- To support the development of corporate strategy and policy for the effective lifting, lowering, carrying, pushing, pulling, or supporting of any load by hand, or bodily force, including the movement of patient.
- Attend the quarterly health and safety meeting to discuss any problems / situations that arise from ward / departments, patients, staff, Clinical Advisory Team or Learning and Development as required in liaison with the Health and Safety team.
- Liaise with managers, clinical advisors and provide support and advice to all staff with any problems related to moving and handling operations.
- Offer upon request, bespoke training sessions to address any specific training requirements for a particular group in liaison with Clinical Advisory Team.
- Follow up actual and near miss incidents relating to moving and handling as requested by the Quality and Safety Team and service managers, making recommendations to prevent the event reoccurring.

5.3.8 The manual handling trainers are also responsible for ensuring there is training available for staff to become link trainers. Link trainers are key to delivering moving and handling training across the Trust, in the workplace. Link trainer training will be provided by the manual handling trainers or through an external provider.

5.3.9 Manual handling trainers will also facilitate network meetings for the local trainers to discuss best practice, problems, and issues. This will be done in conjunction with the Moving and Handling Trainers and the Clinical Advisory Teams at NRS.

5.4 Clinical advisory Team linked to the Southampton and Portsmouth Community Equipment Stores the Clinical Advisors for Manual handling are part of the Clinical Advisory Team linked to the Southampton and Portsmouth Community Equipment Stores. All prescribers using the Community Equipment stores can contact the Clinical Advisors who have the following responsibilities:

- Ensure own training needs are met in terms of keeping up to date with new developments national guidelines in relation to manual handling and ensuring these are communicated to the line manager and incorporated into the training programmes.
- Reinforce good manual handling techniques and practice.
- Provide advice and support with complex manual handling assessments in the community.
- Provide advice regarding standard manual handling equipment from the stores and advice regarding the clinical reasoning necessary to seek funding for alternative manual handling equipment.
- Provide updates in training in manual handling techniques when linked with the community stores equipment for prescribers.
- Provide support for complex cases where an integrated team approach from other specialists from within the team, such as posture management advice and pressure care management, are needed.

5.5 Employees In particular are responsible for:

Prior to commencing any manual handling activity, they are to refer to the manual handling risk assessment and follow the appropriate risk avoidance with the task. If a risk assessment has not been carried out, or that the assessment is out of date, they undertake a dynamic (visual/real time) risk assessment following the key Task Individual, Load, Environment, Others (TILEO) approach. On completion of task a more detailed manual handling risk assessment must be completed and documented as soon as possible.

They apply handling techniques demonstrated during patient handling training, that are included in 'The Guide to the Handling of People 7th Edition' published by Back Care (National Back Pain Association in collaboration with the Royal College of Nursing). For inanimate objects apply "kinetic lifting" Appendix 3: Guidance on Weights and Manual Handling Techniques (kinetic lifting).

They do not undertake condemned techniques as defined by the Guide to the Handling of People 7th Edition. Controversial techniques are only to be completed if detailed risk assessment (TILEO) has been undertaken and patient care plans demonstrate there is no other reasonably practicable method of moving the patient.

Faulty equipment is taken out of service, isolated, clearly marked that is not to be used and report made to their line manager.

Following any incident, the employee in charge of the particular work area should ensure the incident is reported, following Solent's reporting of adverse events policy, by completing and submitting an Incident Report via the web-based Online Reporting System (Ulysses).

5.6 Occupational Health and Wellbeing Department will as part of their role assess health, fitness, and capability throughout all stages of employment and facilitate phased rehabilitation programmes following ill health and injury. These assessments can be either self-referrals by the employee or arranged through their direct management. The assessments will provide advice to employees and managers on how to prevent musculoskeletal injuries and specifically back problems to prevent work related ill health. Offer advice/support to employees who have sustained musculoskeletal injury including

referral to physiotherapy treatment (as appropriate). Provide ergonomic work-place assessments and promoting health, fitness, and mental wellbeing in the workplace.

6. TRAINING

6.1 The Solent NHS Trust has a statutory duty to provide training for all employees, as clearly laid down in the Health and Safety legislation. The Learning and Development Team and Chief Nurse directorate Education Team have created a Moving & Handling Training Strategy that assists the Trust to engender a culture of best practice, provide a safer working environment and meet Solent's NHS trust legal obligations. Moving and handling training contributes to the overall prevention of injuries to staff and thereby our patients. Given the range of handling activities undertaken through the Solent NHS Trust, it is unlikely that any single centrally provided course would be able to cover all aspects of manual handling.

6.2 For the purposes of moving and handling training, there are 2 key groups of staff:

- Staff who move and handle patients
- Staff non-moving and handling of patients

Training for 2 key groups will be as follows:

- **All staff** – Upon joining the Trust all new staff will have access to Moving and Handling theory and movement of inanimate loads training (level 1) via the LMS team
- **Clinical** – (Level 2) staff who move and handle patients must attend a People Moving and Handling Session within 2 months of joining the Trust. This will include practical generic patient handling practice.
- staff who have attended a Manual handling F2F L2 induction or refresher course are then only required to complete an e-learning program incorporating theory and video simulations with Q&A summative assessment two years after before returning to the classroom for a F2F practical update therefore on a four-year rolling program
- **Face to Face Refresher** training will be provided on a three-yearly basis, (unless an assessment shows it is required earlier) through attending a study day on generic patient handling provided centrally or through online refresher.
- **Non-Clinical staff** will need to access refresher training on a three-yearly basis via e-learning or if there is an indication that it will be necessary to deliver bespoke face to face refresher training.

6.3 **Bespoke Training:** For all groups of staff bespoke training via the Learning and Development team can be arranged for teams of staff following a training needs analysis. For example, dentist, podiatrist, porters etc. can request bespoke training for their teams on their premises. Before a bespoke course can be developed, a training need analysis needs to be conducted to ensure the correct skills and techniques are included. Learning and Development Team can deliver training locally on area specific equipment and manual handling issues.

6.4 Whilst the Learning and Development Department is responsible for running Essential Training Update and the Corporate Training Needs Analysis (TNA) managers must identify what type and level of training their staff require and communicate this to L&D and ensure that such training is undertaken within specified time frames. Where any confusion exists, for further advice and support should be sought from the Solent NHS Trust Manual Handling Trainer.

- 6.5 Staff and their Managers are notified when their level one and level two training is due by competencies assigned to the training matrix. Staff who fails to attend relevant moving and handling training will be followed up in accordance with the Learning & Development Policy.

7. MANUAL HANDLING EQUIPMENT

- 7.1 Lifting equipment and associated ancillaries, i.e., slings, spreader bars, etc. used for lifting people must be on a maintenance schedule for inspection and testing by appropriately qualified engineers at appropriate periods. All lifting equipment and accessories are serviced through the Medical devices policy arrangements.

8. EQUALITY IMPACT ASSESSMENT AND MENTAL CAPACITY

- 8.1. A thorough and systematic assessment of this policy has been undertaken in accordance with the Trust's Policy on Equality and Human Rights.
- 8.2. The assessment found that the implementation of and compliance with this policy has no impact on any Trust employee on the grounds of age, registered disability, gender, race, faith, or sexual orientation. Refer to Appendix 2 Equality Impact Assessment.

9. SUCCESS CRITERIA / MONITORING EFFECTIVENESS

- 9.1 The effectiveness of this policy will be determined by the analysis of adverse incident reports raised in response to injuries sustained during incidents at work, staff complaints and management requests. The health and safety manager will review all manual handling and report any significant trends at the health and safety group
- 9.2 On an annual basis Learning and Development will be responsible for reporting that staff training requirements are kept up to date.

10. REVIEW

- 10.1 This document may be reviewed at any time at the request of either staff side or management but will automatically be reviewed 3 years from initial approval and thereafter on a triennial basis unless organisational changes, legislation, guidance, or non-compliance prompt an earlier review.

11. REFERENCES AND LINKS TO OTHER DOCUMENTS

- Policy for the Prevention and Management of Patient Slips, Trips and Falls
- Learning and Development Policy
- Incident Reporting, Investigation and Learning Policy
- Health Safety Policy
- Risk Management Framework
- Medical Devices Policy
- Management of Health and safety at Work Regulations
- Manual Handling Operations Regulations, Guidance on Regulations (L23), Health and Safety Executive, 2009.
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
- Lifting Operation and Lifting Equipment Regulations
- Provisions of Use of Work Equipment Regulations
- Manual Handling in the Health Services, health & Safety Commission
- Moving & Handling in the Community and Residential Care (2015) National Back Exchange

- Resuscitation Council (UK) Guidance for safer handling during resuscitation in healthcare settings (Nov 2009) <http://www.resus.org.uk/pages/safehand.pdf>
- National Back Exchange (2002) Training Guidelines, Towcester; NBE
- Royal College of Nursing. (1999), RCN Code of practice for patient handling London
- The Guide to the Handling of People 6th edition

12. GLOSSARY AND DEFINITIONS

Definitions

Manual handling: any transporting or supporting of a load (including the lifting, putting down, pushing, pulling, carrying, or moving thereof) by hand or by bodily force.

Load: Includes any person, patient, or client, who requires physical assistance with movement or any piece of equipment that is moved.

Reasonably Practicable: The level of risk is balanced against any potential resource input that is required to remove or reduce the risk.

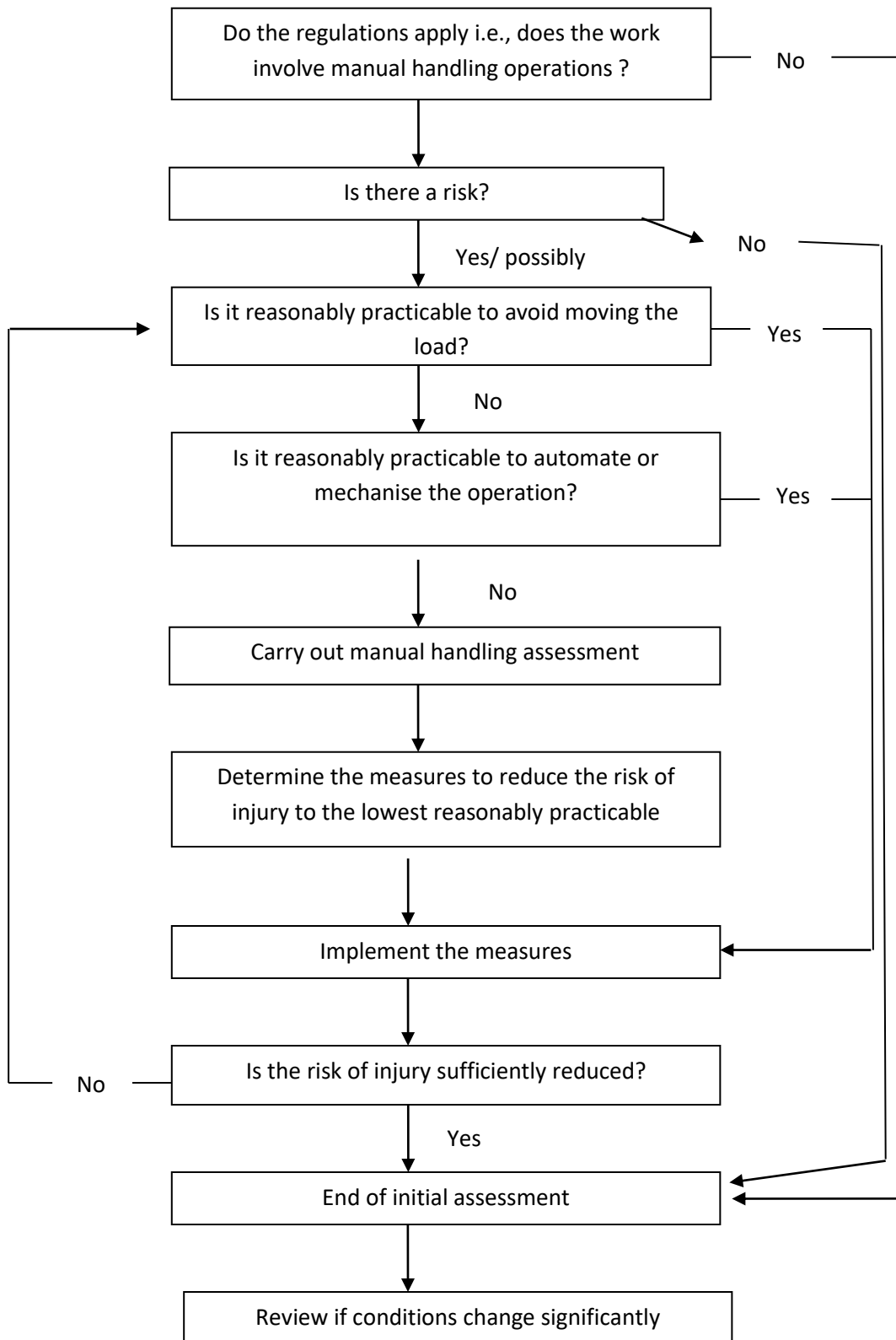
Risk Assessment: This may be generic completed for an area or department or, individual completed as an assessment of any manual handling risks in providing care or rehabilitation for a patient/client.

Ergonomics: Designing the task, workplace, and equipment to fit the individual and reduce the risk of strain and injuries.

Controversial: A manual handling technique where there is a potential of harm, but the likelihood is low. A controversial technique will require an individualised risk assessment.

Condemned: A manual handling technique that will cause moderate to high risk of harm to the patient and/or staff member such as Underarm drag, Australian/Cradle lift, Bearhug or Pole and Stretcher.

Manual Handling Operations Regulations



Equality Analysis and Equality Impact Assessment

Equality Analysis is a way of considering the potential impact on different groups protected from discrimination by the Equality Act 2010. It is a legal requirement that places a duty on public sector organisations (The Public Sector Equality Duty) to integrate consideration of Equality, Diversity, and Inclusion into their day-to-day business. The Equality Duty has 3 aims, it requires public bodies to have due regard to the need to:

- **eliminate unlawful discrimination**, harassment, victimisation, and other conduct prohibited by the Equality Act of 2010.
- **advance equality of opportunity** between people who share a protected characteristic and people who do not.
- **foster good relations** between people who share a protected characteristic and people who do not.

Equality Impact Assessment (EIA) is a tool for examining the main functions and policies of an organisation to see whether they have the potential to affect people differently. Their purpose is to identify and address existing or potential inequalities, resulting from policy and practice development. Ideally, EIAs should cover all the strands of diversity and Inclusion. It will help us better understand its functions and the way decisions are made by:

- **considering the current situation**
- **deciding the aims and intended outcomes of a function or policy**
- **considering what evidence there is to support the decision and identifying any gaps**
- **ensuring it is an informed decision**

Equality Impact Assessment (EIA)

Step 1: Scoping and Identifying the Aims

Service Line / Department	All NHS Trust staff	
Title of Change:		
What are you completing this EIA for? (Please select):	Please select	<i>(If other please specify here)</i>
What are the main aims / objectives of the changes	To inform all staff, particularly those who handle loads and patients, of the arrangements that are in place for assessments and remedial actions for compliance with the manual handling regulations, as amended.	

Step 2: Assessing the Impact

Please use the drop-down feature to detail any positive or negative impacts of this document /policy on patients in the drop-down box below. If there is no impact, please select "not applicable":

Protected Characteristic	Positive Impact(s)	Negative Impact(s)	Not applicable	Action to address negative impact: <i>(e.g., adjustment to the policy)</i>
Sex			X	
Gender reassignment			X	
Disability			X	
Age			X	
Sexual Orientation			X	
Pregnancy and maternity			X	
Marriage and civil partnership			X	
Religion or belief			X	

Race			X	
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If you answer yes to any of the following, you MUST complete the evidence column explaining what information you have considered which has led you to reach this decision.


Assessment Questions	Yes / No	Please document evidence / any mitigations
In consideration of your document development, did you consult with others, for example, external organisations, service users, carers, or other voluntary sector groups?)	Yes	There has been regular consultation with occupational health and wellbeing team, Learning and development, Manual Handling Trainers and the health and safety group members
Have you taken into consideration any regulations, professional standards?	Yes	Health and safety, executive regulative requirements

Step 3: Review, Risk and Action Plans

How would you rate the overall level of impact / risk to the organisation if no action taken?	Low <input checked="" type="checkbox"/>	Medium <input type="checkbox"/>	High <input type="checkbox"/>
What action needs to be taken to reduce or eliminate the negative impact?	N/A		
Who will be responsible for monitoring and regular review of the document / policy?	The Review of this policy and EIA will be conducted by the H&S manager and chair of the health and safety group		

Step 4: Authorisation and sign off

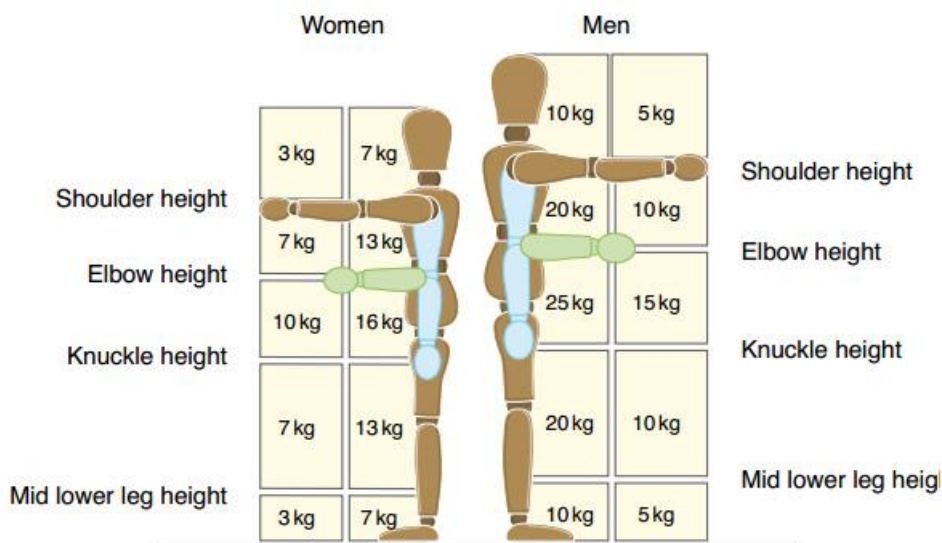
I am satisfied that all available evidence has been accurately assessed for any potential impact on patients and groups with protected characteristics in the scope of this project / change / policy / procedure / practice / activity. Mitigation, where appropriate has been identified and dealt with accordingly.

Equality Assessor:		Date:	01/04/2022
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Guidance on weights and manual handling technique (KINETIC lifting)

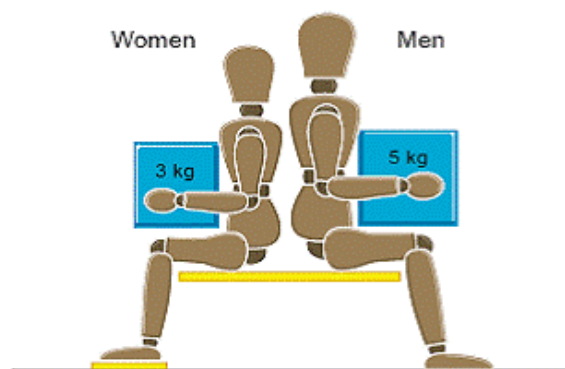
The guidance contained within the Manual Handling Operations Regulations recommends assessment weights for manual handling activities for both men and women to help identify activities that could present a significant risk and avoid the need for a more detailed assessment for those that don't. Whilst handling loads in excess of these weights is not illegal, it does represent an activity that has a higher potential to cause injury and consideration must consider identifying the risks associated with the activity and determine the most appropriate and safest method of handling possible

Guidance weights only



Guidelines for handling while seated the basic guideline figure for handling operations carried out while seated, shown below is 5 kg for men and 3 kg for women. These guidelines only apply when the hands are within the box zone indicated. If handling beyond the box zone is unavoidable, a more detailed assessment should be made.

Guidelines for handling while seated



KINETIC LIFTING



Think before handling/lifting. Plan the lift/handling activity. Where is the load going to be placed? Use appropriate handling aids where possible. Will help be needed with the load? Remove obstructions, such as discarded wrapping materials. For long lifts, such as from floor to shoulder height, consider resting the load mid-way on a table or bench to change grip.



Keep the load close to the waist. Keep the load close to the waist for as long as possible while lifting. The distance of the load from the spine at waist height is an important factor in the overall load on the spine and back muscles. Keep the heaviest side of the load next to the body. If a close approach to the load is not possible, try to slide it towards the body before attempting to lift it.

Adopt a stable position. The feet should be apart with one leg slightly forward to maintain balance (Alongside the load if it is on the ground). The worker should be prepared to move their feet during the lift to maintain a stable posture. Wearing over-tight clothing or unsuitable footwear may make this difficult.

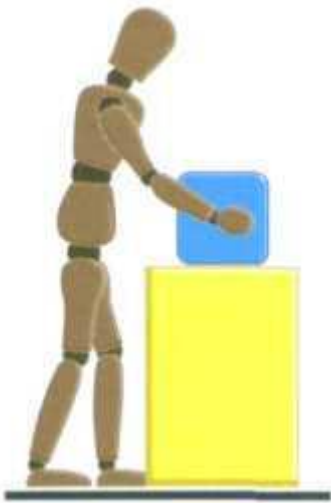
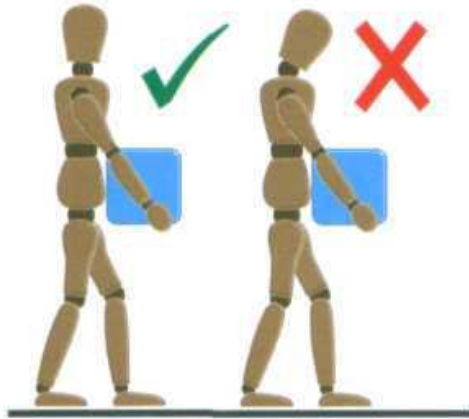


Ensure a good hold on the load. Where possible hug the load as close as possible to the body. This may be better than gripping it tightly only with the hands.



Moderate flexion (slight bending) of the back, hips and knees at the start of the lift is preferable to either fully flexing the back (stooping) or fully flexing the hips and knees (full/deep squatting).
(f) **Don't flex the back any further while lifting.** This can happen if the legs begin to straighten before starting to raise the load.

Avoid twisting the back or leaning sideways especially while the back is bent. Keep shoulders level and facing in the same direction as the hips. Turning by moving the feet is better than twisting and lifting at the same time.



Keep the head up when handling. Look ahead, not down at the load once it has been held securely.

Move smoothly. Do not jerk or snatch the load as this can make it harder to keep control and can increase the risk of injury.

Don't lift or handle more than can be easily managed. There is a difference between what people can lift and what they can safely lift. If in doubt, seek advice or get help.

Put down, then adjust. If precise positioning of the load is necessary, put it down first, then slide it into the desired position.

ATILEO Assessment Guidance**Avoidance**

Consider if you can avoid hazardous manual handling operations by redesigning the task to avoid moving the load, automating, or mechanising the process

Task

What posture does the employee adopt in order to complete the task of moving the load? Does it involve holding loads away from the body, twisting, stooping, or reaching upwards, large vertical movement, long carrying distances, strenuous pushing or pulling, repetitive handling, insufficient rest or recovery time or a work rate imposed by a process?

Individual Capability

Consider the requirements of the person to complete the task. Are there any issues that need to be considered e.g., recent illness, disability, or old back injuries, is the person physically able to undertake the task, do they require unusual capability, i.e. above-average strength or agility, would it endanger those with a health problem or learning/physical disability, would it endanger pregnant women, is there a need for special information or training?

Load

Is it an object or person to be handled e.g., weight, shape, unpredictable movements, size, ability to assist in the technique? Is the load heavy, bulky, or unwieldy, difficult to grasp, unstable or likely to move unpredictably, harmful, i.e., sharp, or hot, awkward to stack, or too large for the handler to see over?

Environment

The area in which the manual handling activity is taking place e.g., is there sufficient room to manoeuvre, constraints on posture, bumpy, obstructed, or slippery floors, variations in levels, hot/cold/humid conditions, gusts of wind or other strong air movements, poor lighting conditions, restrictions on movements or posture from clothes or personal protective equipment?

Others are:**Handling Aids and Equipment**

Is the device the correct type for the job, is it well maintained, are the wheels on the device suited to the floor surface, do the wheels run freely, is the handle height between the waist and shoulders, are the handle grips in good order and comfortable. Are there any brakes and if so, do they work?

Work Organisation Factors

Consider whether the work is repetitive or boring, is it equipment or system paced, do employees feel the demands of the activities excessive, have employees' little control of the activity or method of work, is there poor communication between managers and employees?

APPENDIX 5

Inanimate Object Manual Handling Risk Assessment Form

Location			Activities being assessed	
Date			Assessor	
Questions to consider:			If "Yes" – what are the circumstances	Possible remedial action: (Make rough notes in this column in preparation for completing Action Plan)
The Tasks – do they involve:	Yes	No		
Holding away from the body?				
Twisting?				
Stooping?				
Reaching upwards?				
Large vertical movement?				
Long carrying distances.				
Strenuous pushing/pulling?				
Repetitive handling?				
Insufficient rest or recovery from muscle fatigue?				

Insufficient time to complete task comfortably?				
Changes of balance?				
Impeded vision?				
Manual handling with more than 1 service user?				
The loads – are they?				
Heavy? Weight if known ?				
Bulky/unwieldy?				
Difficult to grasp?				
Unsteady/unpredictable?				
Intrinsically harmful? (e.g., sharp/hot)				
The working environment – are there:	Yes	No	If “Yes” – what are the circumstances	Possible remedial action: (Make rough notes in this column in preparation for completing Action Plan)
Space constraints?				
Poor floors/surface(e.g., tripping or slipping hazards?)				
Variations in working levels?				

Hot/cold/humid conditions?				
Poor weather conditions? (e.g., wind/rain?)				
Poor lighting conditions?				
Individual capability – does the job:				
Require unusual capability? (e.g., size, strength?)				
Create problems for staff with an existing health problem?				
Create a hazard for those who are pregnant?				
Call for special information/training? (e.g., use of equipment?)				
Other factors:				
If manual handling devices are provided do, they create additional handling problems?				

Is movement or posture hindered by clothing or personal protective equipment?				
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Action plan to reduce the risks identified		
Action required	Person responsible	Target date

Date of assessment:

Name:

Signature

