



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

**Author/Reviewer:** Safety & Risk Advisor (Manual Handling). To be reviewed by Nov 2011.

**Document Status:** Final

<b>Amendment History</b>			
Date	*Version	Author/Contributor	Amendment Details
08/05/09	1.3	Training Officer	Minor- amended 5.2
14/11/08	1.2	Head of Governance	Minor - Appendix 3, 5.0, 5.1, 5.2, 5.3
15/09/08	1.1	Snr. Health & Safety Advisor	Minor – monitoring
01/10/06	1.0		

**\*Version Control Note:** All documents in development are indicated by minor versions i.e. 0.1; 0.2 etc. The first version of a document to be approved for release is given major version 1.0. Upon review the first version of a revised document is given the designation 1.1, the second 1.2 etc. until the revised version is approved, whereupon it becomes version 2.0. The system continues in numerical order each time a document is reviewed and approved.

<b>For Approval By:</b>	<b>Date Approved</b>	<b>Version</b>
SMG Diary meeting	17/11/08	1.2
<b>Ratified by:</b>		

<b>Published on:</b>	<b>Date</b>	<b>By</b>	<b>Dept</b>
The Pulse	29/09/08	Records Manager	GDU

<b>Links to Related documents or references providing additional information</b>		
<b>Ref. No.</b>	<b>Title</b>	<b>Version</b>
	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	
<b>HS/002</b>	Health, Safety and Risk Training and Provision of H&S Information	

Document Status: This is a controlled record as are the document(s) to which it relates. Whilst all or any part of it may be printed, the electronic version maintained in P&P-File remains the controlled master copy. Any printed copies are not controlled nor substantive.

## **Introduction**

The LAS Trust Board is committed to the principle that no one should be made ill by their work.

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

London Ambulance Service NHS Trust (LAS) has statutory duties under the Health and Safety at Work etc Act 1974 to provide a safe working environment not only for its staff, but also for all other individuals who are affected by the work of the organisation.

Manual handling is frequently carried out in the LAS by both clinical and non-clinical staff. There is a known risk of musculoskeletal and other injury and ill health from these activities.

This policy has been developed to:

- supersede all previous policies;
- replace the existing policy (October 2001) currently in use within the LAS;
- provide consistency of practice across the LAS in the control of manual handling risks;
- comply with Health & Safety Management HSG (65) Systems;
- promote the LAS Vision and Values.

This policy was commissioned by the Senior Management Group/Risk Management Group and has been developed in consultation with Senior Operational Training Manager, Safety & Risk Advisor's, Occupational Health, and staff side representatives.

## **Objectives**

LAS will comply with the legal requirements as stated in:

- The Health and Safety at Work Act etc 1974
- The Management of Health and Safety at Work Regulations 1999
- The Manual Handling Operations Regulations 1992
- All other legislation or parts thereof pertaining to manual handling and the provision, use and maintenance of relevant equipment

## Policy

### 1.0 General

- 1.1 LAS will 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.
- 1.2 A management system will be applied across the LAS for the assessment and reduction of manual handling risk to achieve:
- Safe working environment for staff, patients, colleagues from other emergency services and NHS Trusts, the public and contractors.
  - Work equipment that is better by design to reduce accidents and injuries.
  - Improved shared working areas and equipment through joint working with other agencies
  - Suitable and sufficient manual handling equipment to reduce the risk of moving and handling both inanimate loads and people. With the latter to ensure that associated risks such as that of cross infection are also managed.
  - Well-trained staff who take care of their own health and safety and that of others.
  - A system to provide occupational health management, treatment and rehabilitation for staff who suffer musculoskeletal injuries (whatever their cause) to ensure a fast recovery to full health.
- 1.3 The system will include measurable standards that can be audited to monitor its effectiveness. This data will be used to influence future strategy, training, occupational health provision, risk management, ergonomics and other relevant programmes.

## **2.0 Manual Handling Risk Management System**

### **2.1 Measurement of the health of staff**

2.1.1 The LAS will set up systems to monitor the musculoskeletal health and well-being of its staff and 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.
- Analysis of all incidents occurring at work that result in musculoskeletal injury.
- Monitoring all ill health early retirements
- Monitoring civil claims against the Trust for musculoskeletal injuries

2.1.2 This information will be regularly reviewed at the LAS Trust Board.

### **2.2 Avoidance of Risk**

2.2.1 The LAS will design working systems to avoid, so far as is reasonably practicable, the need for its staff to undertake manual handling tasks that involve a risk of injury.

### **2.3 Assessment of Risk**

2.3.1 Where manual handling operations cannot be avoided the risk to staff will be assessed and documented on LA124 and LA125. The manual handling risk assessment will consider:

- Task
- Load
- Individual
- Environment
- Other factors (Such as organisational factors e.g. service level agreement, contracts etc)

### **2.4 Reduction of Risk**

Following the 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 require:

- 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 fit and trained in moving and handling skills.

The risk assessment, action plan and safe system of work will be reviewed on a regular basis to ensure effective control of the risk.

## **2.5 Review**

The LAS will monitor its compliance with current standards of best practice, the Manual Handling Operations Regulations and this procedure by carrying out an annual audit.

## **3.0 Risk Assessment Process**

All manual handling tasks that pose a risk of injury will be assessed, and suitable and sufficient risk management strategy implemented using the LA 124 and LA 125 in appendix 4.

### **3.1 Responsibilities for Assessment**

Ambulance Operations Managers/Patient Transport Service (PTS) Site Managers/Line Managers have the responsibility to ensure that suitable and sufficient assessments of manual handling tasks are undertaken in their area of responsibility where generic assessments do not address these. Based upon this, an action plan and safe system of work will be formulated, implemented and monitored.

### **3.2 Competent person**

Ambulance Operations Managers/ Patient Transport Service Site Managers/Line Manager shall nominate suitable person/s to be trained and regularly 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.

The competent persons are staff who have undertaken and passed the externally accredited Manual Handling Advisor Course (can be management or staff), or the LAS Safety & Risk Advisor (Manual Handling) (see training, section 5). It is mandatory that Manual Handling Advisors 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.

### **3.3 Assessments to be undertaken**

These are all detailed in the Manual Handling Risk Assessment procedure.

#### **3.3.1 Manual Handling Risk Assessments (Inanimate)**

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 - see appendix 4 remedial action plan should be drawn up following the assessment and a review date set.

#### **3.3.2 Manual Handling Risk Assessment (Clinical)**

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 - see appendix 4. The purpose is to ensure there are safe systems of work for commonly encountered manual handling situations. Remedial plans will be drawn up following the clinical 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.

Any new vehicle or equipment procurement will include an ergonomic evaluation to include 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).

#### **3.3.3 Patient Manual Handling Risk Assessment**

On each patient, a dynamic (on site at time of attendance) manual handling risk assessment will be undertaken and a safe system of work will be followed in accordance with the generic risk assessments.

#### **3.3.4 Post Incident Manual Handling Risk Assessment**

Where it is not possible to follow a safe system of work in accordance with the generic risk assessments 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 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.

#### **4.0 Reducing the Risk**

Responsibilities of staff for implementing this policy and reducing the risk of injury through manual handling operations are clearly defined in appendix 2, a summary flow chart in appendix 1 is also provided.

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.

The LAS will ensure that ergonomics and manual handling issues will be considered at the design stage of vehicle procurement via the Vehicle Equipment 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.

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.

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.

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. .

## **5.0 Information and training**

The LAS will ensure 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 their 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

The line manager is responsible for ensuring all relevant staff attend manual handling induction and refresher training.

This will be achieved by:

- Confirmation of corporate induction training (including moving and handling) within 3 months of start date by the conferences, induction and awards team.
- Clinical Operational Staff who are required to have evidence of training in their portfolio within a one month period from the due date, or next rostered training day whichever is sooner.
- All other staff will have mandatory training (including manual handling) updates checked as part of the annual Performance Development Review process.
- Non-attendance will be reported to the line manager who will ensure attendance at the next available session.

### **5.1 Induction Training – for all staff**

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 for all staff.

Operational staff will receive training by the nominated moving and handling advisor as part of their local induction.

- Basic back care and inanimate load handling for all staff
- Plus 3 hours for all fleet/maintenance staff

- Plus 6 hours patient handling instruction for all direct entry operational staff.
- For operational staff induction on their station by the nominated Manual Handling Advisor as part of implementation of the LAS Induction Policy
- LAS students, technicians and PTS staff will receive 30 hours of manual handling training in a controlled training environment and supervision throughout their initial course and operational training period part of their operational course

## **5.2 Update Training – for all staff**

All staff will be required to attend refresher/update training in an appropriate training environment. This training will include:

- Assessment of the knowledge and skills of staff to undertake manual handling tasks.
- Specialist training to meet the needs of specific employee groups and individuals will be arranged by the line manager (e.g. introduction of new equipment).
- Operational staff may meet this requirement through annual inclusion on the Continuous Professional Development programme.

And will comprise a minimum of:

- 6 hours annually for all clinical staff.
- 3 hours annually for engineering, maintenance and other staff whose job includes regular manual handling of inanimate loads.
- 1.5 hours every 3 years for all non-clinical staff (e.g. admin).
- Specialist training to meet the needs of specific employee groups and individuals will be arranged by the line manager (e.g. introduction of new equipment).
- Trainers receive updates every 2 years.

### **5.3 Competent Person Training (Nominated Manual-Handling Advisors/Trainers for clinical and non-clinical areas)**

Manual Handling Advisors are staff nominated and supported by their line manager to attend the initial training, complete course assignments, carry out the role and attend updates twice a year. They must be willing to undertake the role of local manual handling advisors. Likewise Manual Handling Trainers will undertake similar training to provide training locally. This will comprise a minimum of:

- 30 hours for Local Manual Handling Advisors/Trainers (clinical) and for Manual Handling Trainers in LAS training centres
- 20 hours for Local Manual Handling Risk Advisors (non-clinical)
- 6 hours update every year

(A summary of the training requirements and the number of competent staff requiring training is provided in appendix 3.)

### **5.4 Training records**

The Department of Education and Development will ensure that comprehensive central and local training records are maintained.

### **6.0 Management of Staff Health**

The Trust will jointly monitor and review its absence management procedures and will ensure that the provisions and requirements of this policy are fully incorporated. Specific guidance on the management of musculo-skeletal injuries will be included in these procedures.

The Trust will work with its Occupational Health Advisors and other appropriate agencies with a view to identifying and implementing measures to support staff who are injured or develop musculo-skeletal ill health. The aim of such rehabilitation programmes will be to return the staff member to a level of fitness and skills to undertake manual handling tasks required by their work.

## 6.1 Occupational Health Advisors

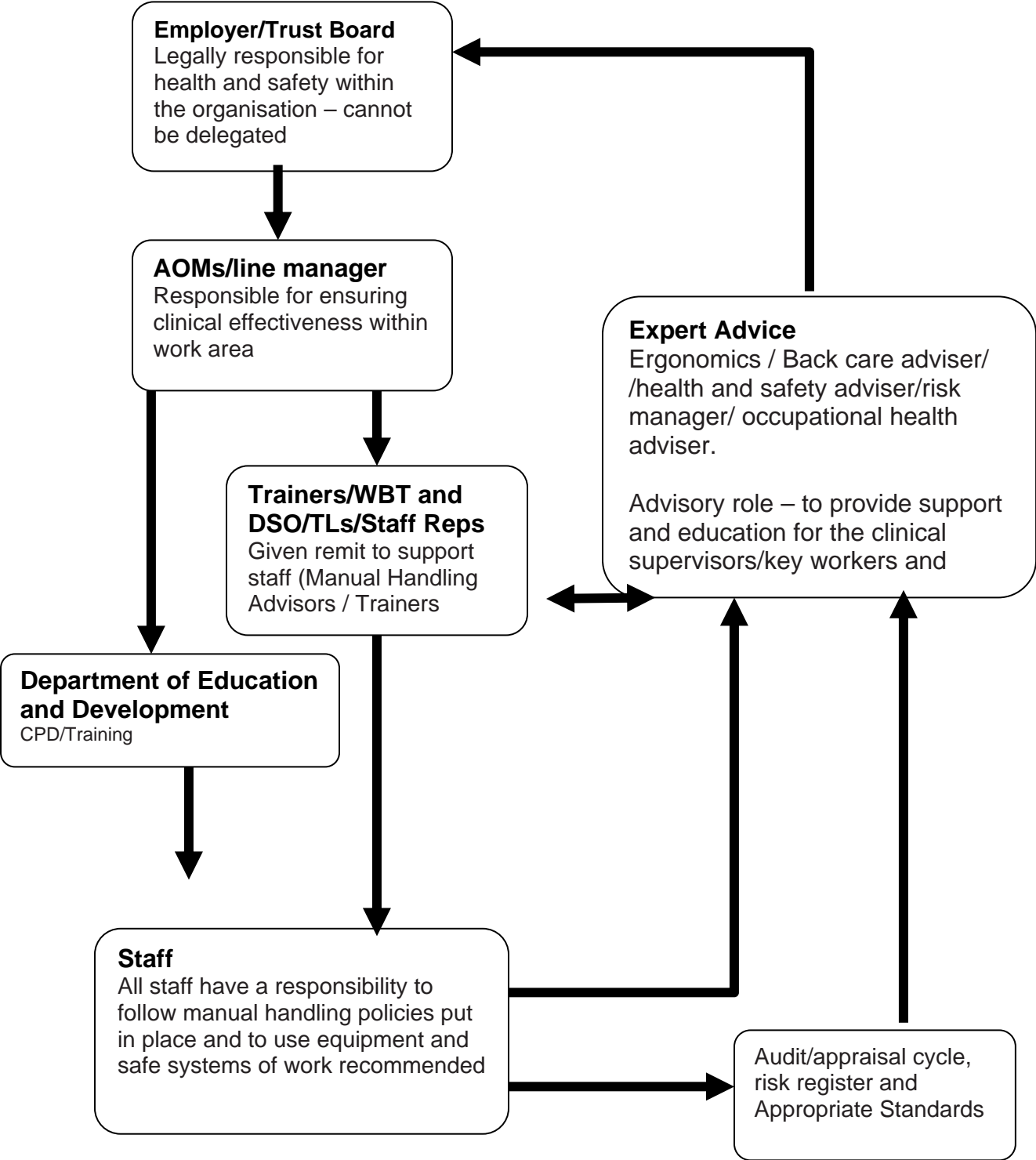
The Trust's Occupational Health Advisors will:

- 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.

The LAS undertakes that:

- Physiotherapy services will be available from the Trust's Occupational Health Advisors, and by onward referral to other providers for manual handling and musculoskeletal injuries. (A 9% reduction in sickness absence has been demonstrated by provision of on site physiotherapy - Rennie 2000).
- In addition, it 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).

<b>IMPLEMENTATION PLAN</b>	
<b>Intended Audience</b>	For all LAS
<b>Dissemination</b>	Available to all staff on the Pulse
<b>Communications</b>	Revised Procedure to be announced in the RIB and a link provided to the document
<b>Training</b>	See training section of appendix 2 and appendix 3 section13.0
<b>Monitoring</b>	<p>An audit system will be set up to monitor the compliance of each area with the Manual Handling Operations Regulations 1992 and this policy. All the work areas (offices, stations, areas, complexes, workshops etc) will be audited annually. Manual Handling Steering Committee will review the results of all manual handling audits and their dissemination to the SMG/Trust Board/Risk Management committee.</p> <p>This policy will be monitored in line with NHS and industry best practice guidance. The Trust will undertake specific monitoring by reviewing: -</p> <p>LA 52 incident reports -- Incident Reporting Data is tabled at the Corporate Health and Safety Meeting, which are held on a quarterly basis, chaired by the Director of HR</p> <p>Feedback from RIDDOR – learning and obtaining guidance on risk management within the workplace, from reported incidents related to injuries, disease and dangerous occurrences</p> <p>OHD referrals - Occupational Health referrals made by line managers or individuals</p> <p>Industrial sickness trends – reporting of work incident statistics to Corporate Health and Safety Committee on a quarterly basis.</p> <p>Compliance with training attendance will be monitored and addressed by line managers on a quarterly basis.</p>



**Ambulance Operations Managers/Patient Transport Services Site  
Manager/Line Manager**

**To manage risk**

- To ensure that clinical and inanimate loads and patient manual handling risk assessments have been carried out in their areas of responsibility and are updated at timely intervals.
- To ensure that, following risk assessment, a remedial action plan is documented, actioned and completed.
- To ensure that a patient risk assessment is carried out and a generic safe system of work is followed for frequently undertaken manual handling tasks.
- To monitor staff to check that safe systems of work are followed.
- To liaise with the Trusts Safety & Risk Advisor (Manual Handling) where competent advice is required and special patient assessments need to be undertaken or moves need to be planned.
- To ensure that a post incident manual handling risk assessment is carried out where the generic safe system of work was not applicable.
- To ensure that generic assessment are reviewed and updated regularly.

**To manage staff health**

- To ensure that new staff are screened by Occupational Health (OH) before employment.
- To support and assist staff with musculoskeletal problems to get appropriate treatment and referral to OH and or Rehabilitation Advisor.
- To work with Occupational Health and or Rehabilitation Advisor to provide reduced, restricted or alternative duties to assist staff who are ill or injured to remain at work or return to work.
- To report the nature of ill health and injury to HR for monitoring of musculoskeletal health.
- Ensure accurate recording of all musculo skeletal injuries.

## **Training**

- To ensure that new staff have attended manual handling induction training and receive local manual handling induction before they undertake manual handling tasks on their unit.
- To ensure that all staff attend a manual handling update training programme appropriate to their needs and job.
- To keep up-to-date records of staff manual handling training.
- To liaise with the training department and the trainers to ensure that all staff receive appropriate manual handling of patients, inanimate objects and use of relevant equipment to their level of responsibility. Note this training is MANDATORY.

## **Audit**

- To assist the Trust's Safety and Risk Adviser (Manual Handling) to carry out an annual internal audit to check systems outlined in this procedure are in place.
- To ensure that manual handling risk assessments are completed and a risk register maintained on risk identified, controls measures implemented and outstanding.
- To investigate manual-handling incidents, and report findings to the Trust Ergonomics advisor.
- To liaise with the LAS Safety and Risk Adviser (Manual Handling) regarding incidents and training needs for their unit.
- Ensure that issues relating to the prevention of musculoskeletal disorders (MSDs) are taken into account in procurement of goods/services.
- To ensure that where standards and guidelines are included in contracts that these are enforced locally. For example seeking evidence of compliance from supplier.

### **Manual Handling Advisor - Clinical**

A competent person who has been nominated and will be supported in the role by the Ambulance Operations Manager/ Patient Transport Service Site Manager.

Following training, the Manual Handling Advisor will:

- Compile a risk register of both patient and non patient handling tasks, in consultation with staff and assist with the carrying out of generic/ clinical risk assessments.

- Advise on safe systems of work for tasks covered by generic risk assessments.
- Problem solve, where appropriate in conjunction with the Safety and Risk Adviser (Manual Handling), difficult patient moves.
- Assist line managers in writing post incident manual handling risk assessments.
- Provide support and training to staff on the unit on a one-to-one basis.
- Provide local manual handling induction training.
- Carry out an annual internal audit.
- Attend update training annually and demonstrate their competence in practical manual handling skills.
- Provide a annual summary of audit and actions carried out to the Trusts Safety and Risk Adviser (Manual Handling) for audit purposes.
- Ensure that significant risk that cannot be managed locally is, in consultation with the Trusts Safety and Risk Adviser (Manual Handling), forwarded for inclusion in the Risk Register.

### **Manual Handling Advisor non-clinical**

A competent person who has been nominated and will be supported in the role by the line manager

Following training, the Manual Handling Advisor will:

- Compile a risk register of manual handling tasks that require a risk assessment.
- Carry out inanimate load risk assessments and write a remedial action plan and safe system of work in consultation with staff.
- Problem solve in difficult situations.
- Provide support training on the unit on a one-to-one basis.
- Carry out an annual internal audit of risk assessment carried out, actions completed and outstanding.
- Attend update training every two years and demonstrate their competence in practical manual handling skills.
- Provide an annual summary of audit and actions carried out to the Trusts Safety and Risk Adviser (Manual Handling).

- Ensure that significant risk that cannot be managed locally is in consultation with the Trusts Safety and Risk Adviser (Manual Handling) forwarded for inclusion in the Risk Register.

### **Manual Handling Trainers**

These are competent staff whose responsibility is to deliver training to all operational and non operational staff. They will have had the additional competency based training to deliver this training.

- They will act as local work place trainers and or Trainers based in Department of Education.
- They will ensure that all frontline staff are supported in training
  - Local Induction
  - Update Training
  - Troubleshooting
- They will ensure that training records are well maintained, documented and stored in line with the Trusts Policy.
- They will provide local support in trouble shooting, and training staff who require additional on site training/support, in conjunction with the Safety and Risk Adviser (Manual Handling).
- Monitor and ensure that staff requiring update training or training associated with roll out of new manual handling aids or systems of work is implemented and carried out in a timely manner.
- Monitor training provided is put into practice locally and that safe systems are followed.
- Monitor staff training requirements, including update/refresher training, and ensure that these needs are met.
- They will provide the Trusts Safety and Risk Adviser (Manual Handling) with quarterly statistics on all their activities.

### **Risk Management (Via Manual Handling Steering Group)**

Monitor the costs of musculoskeletal injury and provide regular reports to managers covering:

- the cost of sickness absence.
- the frequency and nature of accidents and incidents.
- impact of sickness, accidents and incidents on performance.
- the level and cost of ill health early retirement.

- the number of risk assessment action points outstanding and completed.
  - a breakdown of the nature and type of injuries sustained by staff.
- Set up a system to monitor and review risk assessment action plans and follow up if actions are not carried out in a reasonable time.
  - Review post incident manual handling risk assessments and plan for improvement.
  - Ensure that the measures identified in the policy and procedures are implemented and supported by the SMG.
  - Review accident and incident trends to enable and guide informed decision making at SMG level and at all operational level.
  - Ensure that potentially serious incidents and accidents (including near misses) particularly where it may result in an injury claim are followed through.
  - Ensure that a quality assurance framework is in place to enable the monitoring of the trends in accidents, injuries and musculoskeletal health.
  - Ensure that initiatives related to the policy are coordinated and project managed strategically.

### **Safety and Risk Adviser (Manual Handling)**

Via the Manual Handling Steering Group provide strategic lead in implementing the Manual Handling Policy and Procedure throughout the Trust.

- To provide expert advice on ergonomics and back care in procurement and manage:
  - Workplace evaluation
  - Equipment evaluation
  - Research in improving musculoskeletal health
  - Evaluation of working practices (systems of work etc)
- To provide expert advice on ergonomics/manual handling risk assessment and safe systems of work.
- To advise on suitability of manual handling equipment.
- To advise on procurement of new vehicles and equipment to ensure musculoskeletal health.

- To assist in the investigation of manual handling accidents and incidents.
- To ensure that operational trainers and advisors are trained, supported and kept updated in manual handling practice and safe systems of work.
- To develop and implement ergonomics programme that assist and support all staff and managers to proactively contribute in improving musculoskeletal health.
- To communicate with Manual Handling Advisors/trainers, team leaders and line managers on current issues in manual handling practice.
- To be available to support staff in planned, and unplanned complex patient moves.
- To produce quarterly reports to quality assure the implementation of the manual handling procedure.
- To carry out an annual audit on manual handling systems and provide a report for the Risk Management team via MH Steering group on the performance and compliance with the procedure.
- To review LAS manual handling procedure annually.
- To produce working procedures including specific advice for:
  - Bariatrics (very heavy patients)
  - Specifications for manual handling equipment in conjunction with procurement, projects and operational support
  - Emergency handling and unexpected situations

### **All LAS Employees**

- To be aware of their responsibilities under the Health and Safety at Work Etc Act 1974 and Manual Handling Operation Regulations 1992.
- To know who their Manual Handling Advisor / Trainer is.
- Carry out dynamic patient/client manual handling risk assessments and follow safe systems of work.
- Where staff have to deviate from a generic safe system of work following an on site (dynamic) manual handling assessment to assist local advisor, and or the Trusts Safety & Risk Advisor (Manual Handling) to carry out a post incident manual handling risk assessment that details the problem/difficulties encountered.
- To attend manual handling training sessions provided by the LAS.

- To seek assistance and extra training if their level of knowledge is insufficient for a new situation.
- To report all manual handling incidents and near misses to the line manager using the Trust's incident reporting system.
- To follow safe systems of work as laid down by the Safety and Risk Adviser (Manual Handling).
- To use equipment provided to undertake patient handling tasks in a safe, and efficient manner.
- To seek guidance from senior line managers, in conjunction with the local advisor, in regard to complex moves.
- To seek support to ensure that complex moves are carried out in a safe and timely manner and taking into account the patients clinical needs.

## Training Programme Details

Detailed programmes should be based around the *Inter Professional Curriculum* and based on both the Royal College of Nursing *Competency Framework* and using the National Back Exchange Guidelines:

### Induction programmes

- ❑ Basic back care and inanimate load handling for all non operational staff
- ❑ Plus 3 hours for all fleet/maintenance staff.
- ❑ Plus 6 hour patient handling instruction for all direct entry operational staff.
- ❑ For operational staff induction on their station by the nominated Manual Handling Advisor as part of implementation of the LAS Induction Policy.
- ❑ LAS students, technicians and PTS staff will receive 30 hours of manual handling training in a controlled training environment and supervision throughout their initial course and operational training period part of their operational course.

### Update programmes

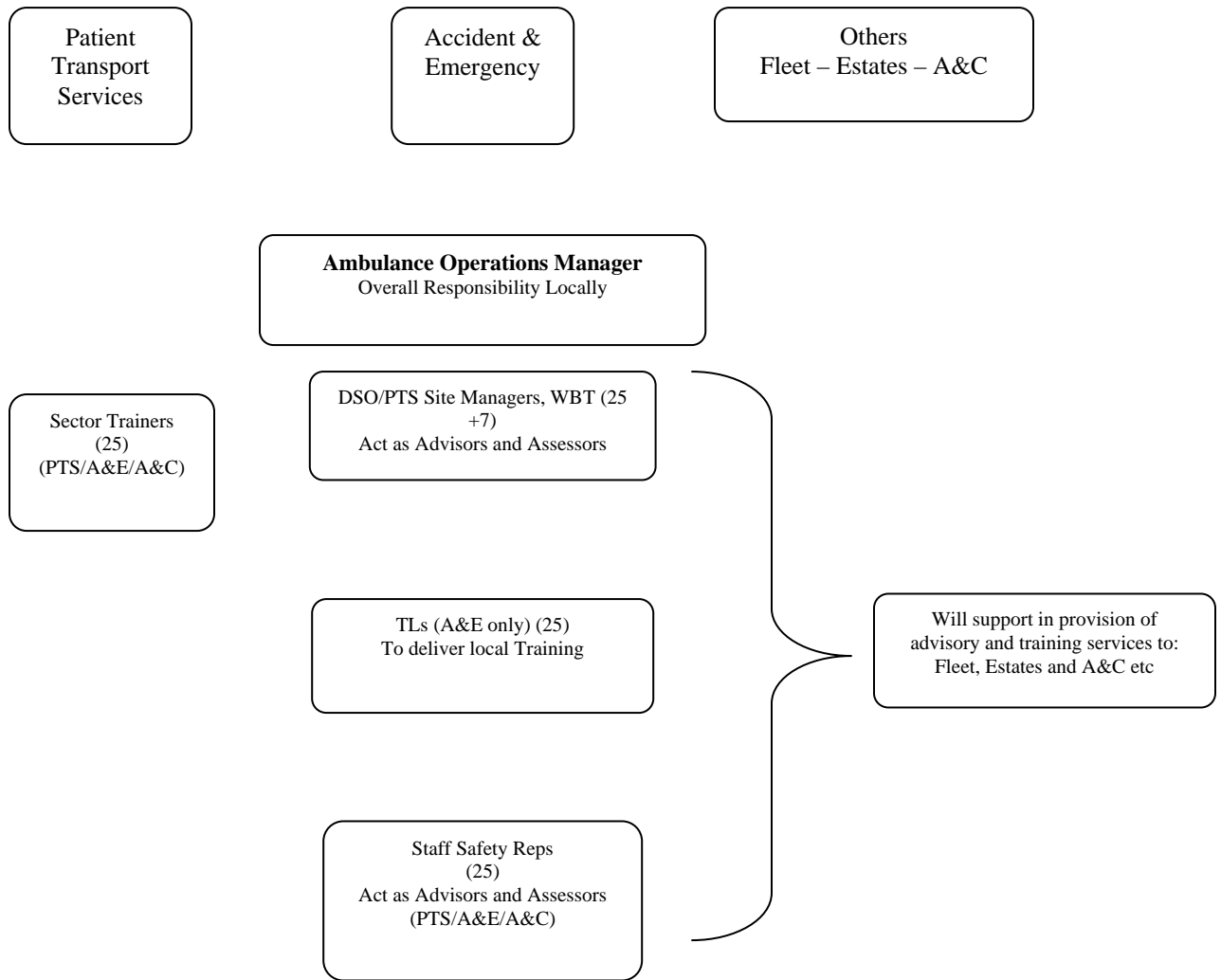
- ❑ 6 hours annually for all clinical staff.
- ❑ 3 hours annually for engineering, maintenance and other staff whose job includes regular manual handling of inanimate loads.
- ❑ 1.5 hours every 3 years for all non-clinical staff (e.g. admin).
- ❑ Specialist training to meet the needs of specific employee groups and individuals will be arranged by the line manager (e.g. introduction of new equipment).
- ❑ Trainers receive updates every 2 years

### Competent person training programmes

- ❑ 30 hours for manual handling trainers and advisors (clinical) in LAS Department of Education and Development.
- ❑ 20 hours for Local manual handling advisors (non-clinical).
- ❑ 6 hours update every 12 months.

<b>Training Hours</b>	Corporate Induction	Additional Training for Operational / Training staff	Annual Update	3 yearly Refresher Training
<b>Role</b>				
CEO & Executive Team (inc Assistant Directors)	Basic back care and inanimate load handling (all staff)			1.5
Senior Managers & Heads of Department				1.5
Supervisors, Team Leaders & Officers		6 Patient Handling	6 (clinical)	1.5 (non clinical)
Trainers / Practice Learning Managers			6	Annual Updates
Ambulance Persons (PTS)			6	
Direct entry clinical staff A&E Support /EMT/ & Paramedic			6	
Clinical staff in training A&E, PTS, Student Paramedic			30	
EMD				1.5
Non clinical band 1-5				1.5
Maintenance		3	3	Annual Updates
Fleet		3	3	
Moving & Handling Advisors / Trainers - <b>Clinical</b>		30	6 (every 6 months)	60 hours every 2 years
Moving & Handling Risk Advisors / Trainers – <b>Non-clinical</b>		20	6 (every 6 months)	60 hours every 2 years

## Training Structure for Local Advisors/Trainers



All the above staff will receive a Competency based training programme to be able to undertake these duties except workshop advisors who will undertake a 20hrs training program.

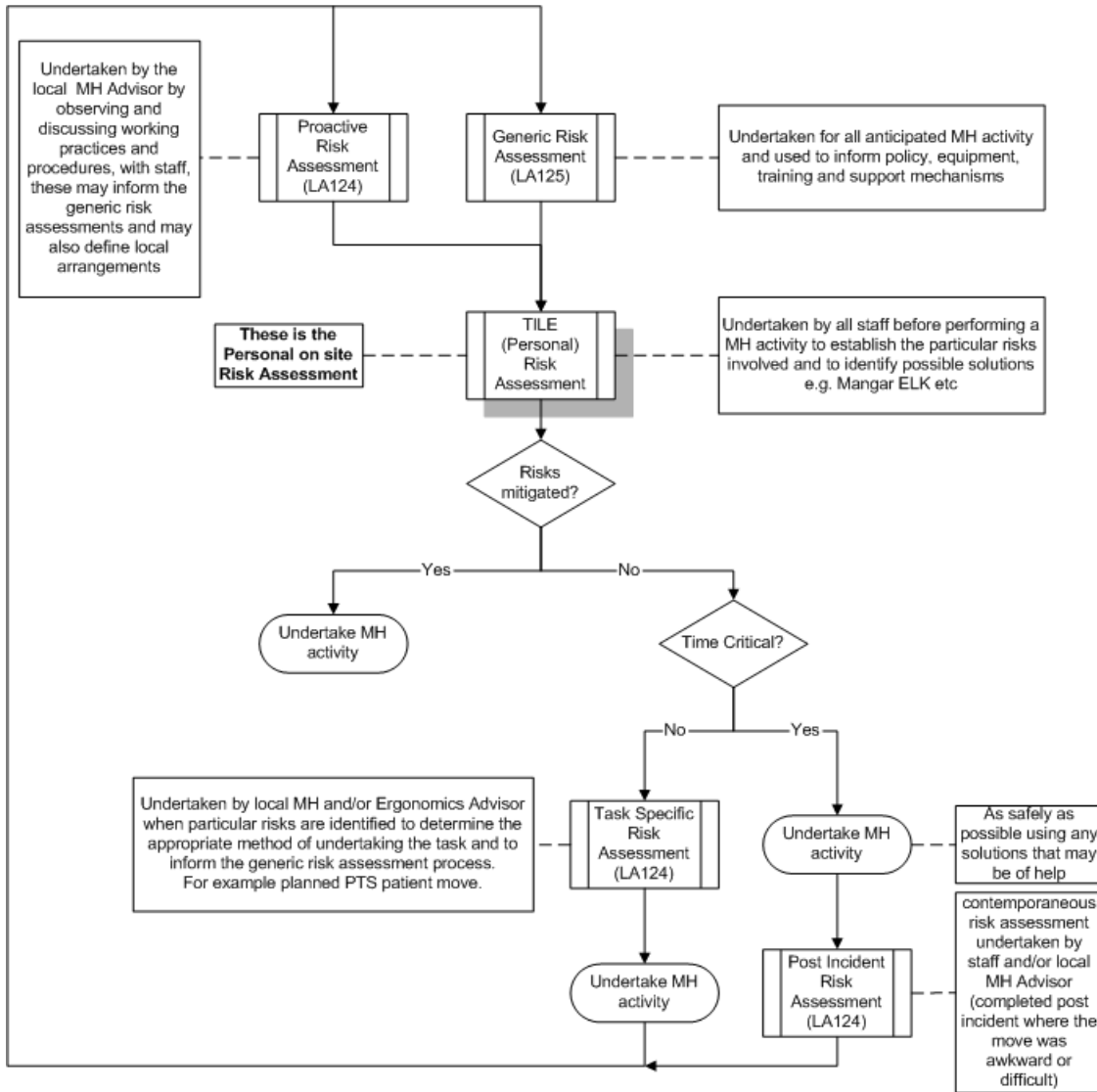
These staff will be supported by the Trust's Ergonomist on complex handling situations or other ergonomic related issues identified that they feel require expert input.

**Attached Separately and available in Word format**

**LA124 is for undertaking detailed risk assessments both proactively, and also for post incident report.**

**LA125 this is a generic tool which will be populated with Trust wide Risk assessments based on generic assessments and also from findings from local assessments identified using LA 124.**

## Manual Handling (MH) Risk Assessment Flowchart





**MOVING & HANDLING RISK ASSESSMENT FORM**

<b>Task Details</b>	<b>Operator Details</b>
Patient name/CAD number:	Name:
Location:	Strn/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			
<b>TASK</b>						
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)						
<b>INANIMATE LOAD</b>						
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)						
<b>PATIENT LOAD</b>						
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)						
<b>ENVIRONMENT</b>						
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**

<b>INDIVIDUAL CAPABILITY</b>			
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:**

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

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**



Handling Aids				Examples of Handling Aids				
List handling aids used or available at your station or site, whether your own or regularly borrowed. If possible use their brand name.				Mangar Cushion      Hoist      Bariatric Hoist Small Handling Aids      Trolley Bed (bariatric)      Stand Aid Pat slide/ or similar etc (this list will contain items we have and will be populated with new items as acquired)				
Name of Handling Aid	Quantity	Is it station or vehicle based (note fleet number)	If it is borrowed where from?	Is it in good working condition, with attachments/parts in place?	Is it suitable. If not why?	Note slings and other attachments available? E.g. quantity, type etc	Are changes, repairs or additional attachments needed?	Date of last safety check (Serial No)

**OTHER AREAS OF CONCERN**

Describe the handling and movement issue	Are there any manual handling problems?	Additional Measure to consider for the future
<p><b>For example:</b></p> <ul style="list-style-type: none"> <li>&gt; Uniform/footwear adequate?</li> <li>&gt; Remaining in awkward postures</li> <li>&gt; Supporting patients limbs</li> <li>&gt; Handling laundry</li> <li>&gt; Handling food containers</li> <li>&gt; Heavy/awkward objects placed too high, too low, too far</li> <li>&gt; Carrying equipment</li> <li>&gt; Difficulties with other depts /services</li> <li>&gt; Fitness/skill/number of staff</li> </ul>		

Name of Equipment/furniture e.g. Wheelchair/ carry chair,		
System of work: List methods used for patients of various degrees of dependency. Which methods are used most frequently; which are used only occasionally?	Are there any manual handling problems with assisting patients?	Additional Measure to consider for the future
Sit to stand/stand to sit – Repositioning in seat – etc – vehicle type, location, method etc		
<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> <p>This is a sample form. The actual document will be populated with current and new assessments as they are identified.</p> </div>		

From the above possible measures, write any needs in the summary at the end

**OTHER AREAS OF CONCERN**

Describe the handling and movement issue	Are there any manual handling problems?	Additional Measure to consider for the future
<p><b>For example:</b></p> <ul style="list-style-type: none"> <li>&gt; Uniform/footwear adequate?</li> <li>&gt; Remaining in awkward postures</li> <li>&gt; Supporting patients limbs</li> <li>&gt; Handling laundry</li> <li>&gt; Handling food containers</li> <li>&gt; Heavy/awkward objects placed too high, too low, too far</li> <li>&gt; Carrying equipment</li> <li>&gt; Difficulties with other depts /services</li> <li>&gt; Fitness/skill/number of staff</li> </ul>		