

ALL WALES
NHS MANUAL
HANDLING
TRAINING
PASSPORT &
INFORMATION
SCHEME



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TRAINING PASSPORT &
INFORMATION SCHEME**



FOREWORD

The All Wales Manual Handling Training Passport and Information Scheme signifies the coming together of Trusts within Wales to work towards a shared vision. It is based on a partnership between the all-Wales Trust Manual Handling Advisers Group and the Health and Safety Executive.

It will, in time, lead to a more effective use of resource, consistency in manual handling provision and improvements in the health and wellbeing of staff.

Manual handling injuries amongst staff working within the healthcare sector are still a significant factor.

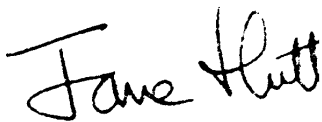
Trusts have been trying to meet the requirements of the Manual Handling Operations Regulations 1992 for 10 years and some are still facing the challenge of trying to deliver training and instruction to all those who need it. This initiative will help relieve this load, allowing for resource to be shared and staff to transfer their manual handling skills from employer to employer within the NHS.

The key to the success of this initiative is the involvement of all those who have an interest in preventing manual handling injuries in the workplace, this includes:-

- ❖ Trust Boards who should review their current manual handling provision and ensure that it meets the minimum standards laid out in this document
- ❖ Local managers who must ensure that they consider the welfare of their staff as an integral part of their management role
- ❖ Employees who must practice safely at all times and report any difficulties they may be having, and
- ❖ Advisors within Trusts who must ensure that they provide accurate and timely advice when required.

On behalf of the Welsh Assembly Government and the Health and Safety Executive we welcome this initiative as a signal of the good work and collaboration that can take place within the NHS in Wales and look forward monitoring its progress over the forthcoming years.

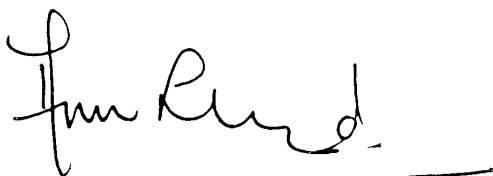
Signed



Jane Hutt
Minister for Health and Social Services,
Welsh Assembly Government



Terry Rose
Director Wales,
Health and Safety Executive



Ann Lloyd
Director, NHS Wales

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Address and contact details:

Melanie Westlake

Swansea NHS Trust, Singleton Hospital, Sketty Lane, Swansea SA2 8QA

Telephone: 01792 285398

e-mail: melanie.westlake@swansea-tr.wales.nhs.uk

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INTRODUCTION TO THE ALL WALES NHS MANUAL HANDLING TRAINING PASSPORT & INFORMATION SCHEME

What is the Passport scheme?

- 1 The first meeting of the All Wales NHS Manual Handling Group took place in June 2000. Its formation was prompted by a small number of Manual Handling/Health and Safety Professionals within NHS Trusts in Wales. Every Trust in Wales and the Health and Safety Executive was invited to join the Group.
- 2 The overall aim was to ensure the consistency of manual handling training within the NHS in Wales, thus allowing staff to transfer their skills when moving from Trust to Trust and ensuring that skills are consistent across Wales. This has become known as the 'Passport Scheme'.
- 3 Similar schemes are already well established in the Construction Industry where there is a core workforce moving from employer to employer.

Why is it necessary?

- 1 The Manual Handling Operations Regulations 1992 came into force on the 1st January 1993. However, when the group was formed the vast majority of NHS Trusts in Wales still appeared to be struggling to meet their training commitments.
- 2 In 1999 when there was a major re-configuration of Trusts in Wales it was necessary to review existing manual handling training programmes. The main findings were as follows:
 - ❖ Existing training programmes varied in duration and content; and
 - ❖ Each Trust used different assessment tools, it was therefore, not possible to transfer patient information. In some cases different Departments within the same Trust used different forms!
- 3 As the vast majority of staff leaving a Trust move to a neighbouring Trust within Wales it would be beneficial to allow them to transfer their training skills, minimising duplication and time lost to the service.

What are the aims and objectives of the Scheme?

- 1 The aims and objectives of the scheme are:
 - ❖ To ensure consistency in Manual Handling Training/assessment within participating Trusts.
 - ❖ To develop a mechanism whereby skills can be transferred between participating Trusts.
 - ❖ To ensure the sharing of resource to minimise duplication within participating Trusts.

Who will monitor the Scheme?

- 1 The All Wales NHS Manual Handling Group will continue to meet after the implementation of the Scheme to ensure its integrity.
- 2 Material provided will be constantly reviewed to ensure that it remains in line with legislation and best practice.
- 3 Material/information will be added as and when required by legislation and best practice.

- 4 It is important that managers in the workplace monitor the Scheme on a day-to-day basis by:
 - ❖ Asking staff about their work
 - ❖ Checking whether staff are following safer manual handling procedures
 - ❖ Observing their work.

What is the legal position?

- 1 The ultimate responsibility for the health and safety of staff rests with the employing Trust. This position is re-inforced in both criminal and civil law.
- 2 The participation in the Scheme, does however, signify a Trust's willingness to educate their staff to a consistent standard.
- 3 Participation in the Scheme sets a standard against which Trusts can be judged. This has been welcomed by the Health and Safety Executive and Trust legal advisors.

Note: The material contained within this pack was up-to-date at the time of going to press.

Can other organisations use the pack?

Whilst the Scheme was developed with the NHS in Wales in mind it represents best practice and could equally be applicable in other patient/client handling situations.

What does this pack contain?

Part 1: Manual Handling Management and Training Guidelines

- 1 It is important that Trusts recognise the need for training standards in manual handling. There is a legal requirement to ensure that those advising and training others in safer manual handling practice have the appropriate skills and knowledge.
- 2 This section outlines the skills required to perform the roles of Manual Handling Adviser (see *Figure 1*) and Trainer (see *Figures 2a* and *2b*). Participating Trusts should consider the current level of expertise of those providing advice and training and their subsequent professional development needs.
- 3 This section also outlines the standards for provision of adequate training. Current standards of training within participating Trusts should be reviewed to ensure that statutory obligations are being met.

Part 2: Safer Handling Course Aims and Objectives

- 1 This section outlines the aims and objectives of the Scheme's training programme.
- 2 The training programme is broken down into modular sections to allow for flexibility in its delivery.

Part 3: Records of Training

- 1 This section provides standard documents for recording training and achievements of course participants.
- 2 This information will pass with the employee if they move from Trust to Trust.

Part 4: Manual Handling Risk Assessment Forms

- 1 This section provides risk assessment forms for assessment of patients and objects that require manual handling.
- 2 The Patient Moving and Handling Risk Assessment Form is designed in such a way that information moves with the patient on transfer.

Part 5: Induction Checklist

- 1 This section provides an Induction Checklist for completion when employees join a Trust.
- 2 The Line/Departmental Managers should ensure that the checklist is completed when new employees join the organisation. This will assist in the identification of present knowledge and future training needs.

Future Additions

It is intended to add information to the Scheme as and when it becomes available. Amendments will be made available as appropriate.

PART 1: MANUAL HANDLING MANAGEMENT AND TRAINING GUIDELINES



Introduction

- 1 Trusts will recognise the need for standards in manual handling training and the provision of advice. There is a legal requirement to ensure that employees are competent to perform their tasks. Participation in the Scheme is a path to ensuring that Trusts meet the standards of training and advisory provision as set out in the guidelines detailed below and the Manual Handling Modules detailed in this package.

The guidelines offer the opportunity for current arrangements to be reviewed and practice benchmarked.

- 2 To ensure compliance with these standards Trusts will need a robust education programme for staff. Those involved in the provision of training and advice must have adequate time to perform their duties, protected time to provide training and adequate recognition and support.
- 3 The guidelines detailed below have been prepared to enable those responsible for the management of manual handling within a Trust to ensure that this is via an acknowledged and consistent standard. The All Wales NHS Manual Handling Group have considered the standards laid down by the National Back Exchange (NBE) and with a few minor amendments have incorporated them into the training standards required for full participation in the 'Passport' Scheme. They are not meant to be retrospective.
- 4 When the NBE was preparing the guidelines the legal requirements for training were identified, and guidance taken from other authoritative sources, such as:

The Health Services Advisory Committee, The Royal College of Nursing, The Chartered Society of Physiotherapists, The College of Occupational Therapists, any client-specific guidelines, such as those from the Royal College of Midwives, Inter-professional guidance from Essential Back Up and the Inter-professional Curriculum/Curriculum Framework for Back Care Advisers.

Why are standards needed?

- ❖ To ensure compliance with the law
- ❖ To reduce the risks to carers and clients from poor practices
- ❖ To provide protection for employers
- ❖ To meet best practice requirements
- ❖ To meet the trainer's own professional requirements
- ❖ To promote national consistency via the Passport Scheme
- ❖ To ensure the best utilisation of time/resource

What are the legal and professional requirements for training?

- 1 Health and Safety at Work etc Act 1974, Part 1, Section 2(2)c requires employers to provide:
 - ❖ Information
 - ❖ Instruction
 - ❖ Training
 - ❖ Supervision
- 2 Management of Health and Safety at Work Regulations 1999 (Regulation 13(2) and (3)) requires employers to provide health and safety training:

- ❖ On recruitment
 - ❖ When risks change
 - ❖ To be repeated periodically as appropriate
 - ❖ To take place during working hours
- 3 Manual Handling Operations Regulations 1992 (Regulation 4 (1)(b) (i), (ii), (iii), Regulation 5) do not specify training but this is implicit in some of its requirements. Employees should be given information on:
- ❖ Task, load, environment and individual capability
 - ❖ Recognition of risk
 - ❖ Safe working systems
 - ❖ Use of equipment
- 4 The Inter-professional Curriculum Framework for Back Care Advisers aims to promote best practice in load handling in health and social care organisations. It identifies the need for standards of competence for Back Care Advisers, including previous qualifications. These have been addressed in the National Back Exchange Standards for Trainers.

Guidance from the Royal College of Nursing, the Chartered Society of Physiotherapists and the Health and Safety Commission recommend that update training is required at least on an annual basis.

The above authoritative sources give the legal requirements and guidance on training in manual handling, and these have been condensed into the following:

What are the pre-training requisites?

The following are the 6 essential pre-training requisites:

- 1 There must be a training needs analysis to identify what is required. This may be informed by a health and safety audit process.
- 2 There must be adequate policies and procedures in place to promote best practice and staff fitness
- 3 There must be management commitment and support for the training strategy and service delivery.
- 4 There must be allocation of sufficient resources by management to implement, develop and deliver the service in accordance with policies and procedures.
- 5 There must be appropriate staff to take forward the initiative e.g. Back Care Advisers, Trainers (see *Figures 1, 2a* and *2b*). Trusts will recognise the role of a Back Care Adviser as a professional one and that individuals who are employed to perform this role must be competent.
- 6 It is essential that consideration is given to an individual's ability to perform safer manual handling techniques. This is supported by:
 - ❖ Adequate provision of Occupational Health support/advice.
 - ❖ Adequate advice to managers on an individual's capability to perform safer manual handling techniques following periods of prolonged absence/ill health.
 - ❖ The appreciation of employees that they must report any physical restrictions which may impact on their ability to practice safer manual handling techniques e.g. pregnancy, back problems, musculo-skeletal disorders.
 - ❖ Requiring employees to practice '24 hour' backcare.

Figure 1

The Person Specification for Back Care Adviser (Strategic Level) is as follows:

- Must have a recognised, relevant professional qualification e.g. nurse, physiotherapist, occupational therapist, ergonomist
- Must meet their own Professional Standards for Trainers in Moving and Handling
- Must have a working understanding of professional codes of ethics involved in Health/Social care work
- Must have attended relevant post graduate courses in Occupational Health/Ergonomics/Back Care Management course based on the IPC Framework etc. leading to an accredited award from a professional body or academic institution
- Should have a recognised teaching qualification/experience up to City and Guilds 730/NVQ equivalent/Cert Ed.
- Must 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
- Have a working knowledge of relevant literature, research in the field, and industry specific guidance issued
- Must have sufficient status and managerial skill to be able to influence organisational change
- Should have ability to work in a team, leadership and communication skills, ability to negotiate and act as an advocate at all levels.
- Should be able to co-ordinate staff from multidisciplinary backgrounds in order to promote safer handling practices aimed at facilitating rehabilitation
- Must be experienced in working in a healthcare/social care setting
- Must promote client independence, minimal lifting, use of equipment and ergonomic changes to minimise risks to staff
- Must demonstrate a practical problem solving approach to moving and handling issues
- Must be physically capable of demonstrating good practice
- Should be a member of National Back Exchange and be able demonstrate efforts to keep abreast of developments in the field, by attendance at meetings, conferences and seminars.

Figure 2a

The Person Specification for a Manual Handling Trainer in Client Handling (Foundation Level) is as follows:

- 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.

Figure 2b

The Person Specification for a Manual Handling Trainer in Inanimate Load Handling (Foundation Level) is as follows:

- 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.

Organisation and implementation of training

- 1 It should start with management and must include staff at all levels.
- 2 It must include risk management as appropriate.
- 3 Manual handling risk assessors must be trained to carry out and record suitable assessments for all appropriate clients/inanimate objects.
- 4 All staff must be able to recognise and report hazardous situations.
- 5 Practical training must be safe and sufficiently supervised. Consideration must be given to:
 - ❖ The baseline knowledge of the trainer(s);
 - ❖ The size and layout of the training venue;
 - ❖ The equipment available to facilitate practical training, and;
 - ❖ The manoeuvres to be performed.

Ideally there will be a maximum ratio of 6 trainees to 1 trainer when practical manoeuvres are being performed.

- 6 All Modules of the Passport Scheme must be delivered in a discreet, suitably equipped venue.

Training - planning and recording

- 1 Training must be specific to group needs, and be job specific according to level required.
- 2 Length of training must be sufficient to encourage and develop a change in knowledge, attitude and skills. Demonstrations alone are not sufficient. Staff must have sufficient time to practice and develop practical skills under close supervision.
- 3 Feedback must be provided to management on attendance and ability of delegates to participate and any ongoing training needs.
- 4 A strategy for recall and update training, on at least an annual basis, must be in place.

- 5 Full records of all training must be kept, including:
- ❖ Printed names/signatures of trainer/trainee
 - ❖ Participants job title/place of work
 - ❖ Participants date of birth
 - ❖ Date/place of training
 - ❖ Duration of session
 - ❖ Content
 - ❖ Handouts
 - ❖ Full/partial participation
 - ❖ Refusal/inability to attend
 - ❖ Equipment/aids used

What the standard elements of training should include

- ❖ Spinal mechanics and function
- ❖ Importance of back care and posture, risk factors for back pain
- ❖ Current relevant legislation and professional guidelines where relevant
- ❖ Assessment of risks addressing:
 - tasks (including unexpected)
 - the limits of individuals capability (their own and that of others)
 - loads (both inanimate and human)
 - environment and the importance of good housekeeping.
- ❖ Local policies
- ❖ Importance of ergonomic approach
- ❖ Principles of normal human movement and promotion of client independence
- ❖ Safe management of inanimate loads
- ❖ Handling strategies for clients with impaired mobility
- ❖ Dealing with unpredictable occurrences
- ❖ Use of equipment
- ❖ Problem solving

The importance of audit and review

- 1 A system must be implemented to audit and review the implementation of safer manual handling practice in the workplace.
- 2 Managers must realise the importance of monitoring practice in the workplace and correcting staff if they do not practice safely.
- 3 Accidents/incidents which result as a consequence of manual handling tasks or activities must be reviewed and appropriate action taken.
- 4 There must be a support network in the workplace for managers and staff to support the training that has been provided and to allow them to practice safely.



PART 2: SAFER HANDLING COURSE AIMS AND OBJECTIVES

- 1 The aim of the course is to reduce the risk of musculo-skeletal injuries caused by poor manual handling in the workplace and hence reduce sickness absence.
- 2 Trusts participating in the Passport Scheme must ensure that their training courses meet the aims and objectives specified within each training module.
- 3 The training programme is broken down into modular sections to allow for flexibility in its delivery. The modules cover the following topics:
 - ❖ **Module A - Introduction**
 - ❖ **Module B - Inanimate Load Handling**
 - ❖ **Module C - Sitting, standing, walking**
 - ❖ **Module D - Bed mobility**
 - ❖ **Module E - Lateral Transfers**
 - ❖ **Module F - Hoisting**

Module A - Introduction (Aims and Objectives)

The suggested time for this session is 2.5 - 3 hours.

Introduction

■ Aim

To introduce self (the trainer), the venue and Safer Handling training.

■ Objectives - at the end of the session the trainee should be able to:

- Name the person who delivered the session
- Outline basic housekeeping within the venue i.e. location of toilets, refreshment facilities, fire procedure and fire exits.
- Outline the content of the session
- Outline the modular training programme and which practical modules may be appropriate
- Define the term 'Manual Handling'.

Injuries

■ Aim

To raise awareness of the causative factors and types of musculo-skeletal injuries (particularly back injuries), and how such an injury can affect the individual, the employer and society.

■ Objectives - at the end of the session the trainee should be able to:

- Cite activities and causative factors associated with musculo-skeletal injuries.
- Identify how a musculo-skeletal injury can affect the individual in personal and financial terms.
- Identify how such injuries affect the employer and society.

Avoiding Musculo-skeletal Injuries

■ Aim

To provide basic information relating to prevention of musculo-skeletal injuries.

- **Objectives** - at the end of the session the trainee should be able to:
 - Describe the basic structure of the spine
 - Identify back saving tips, relating them to prevention of injury throughout 24 hours
 - Outline measures to prevent other musculo-skeletal disorders
 - Describe the management of injuries.

Legislation

- **Aim**

To raise awareness of current Health and Safety legislation which relates to manual handling and its implementation in the workplace.
- **Objectives** - at the end of the session the trainee should be able to:
 - Cite the relevant pieces of legislation relating to manual handling.
 - Outline employers and employees responsibilities according to the Manual Handling Operations Regulations 1992.
 - Outline the implications of the following pieces of legislation:
 - Health and Safety at Work etc Act 1974
 - Management of Health and Safety at Work Regulations 1999
 - Workplace (Health, Safety and Welfare) Regulations 1992
 - Provision and Use of Work Equipment Regulations (PUWER) 1998
 - Lifting Operations and Lifting Equipment Regulations (LOLER) 1998
 - Reporting of Injuries, Diseases and Dangerous Occurrence Regulations (RIDDOR) 1995.

Safer Handling within the Trust

This section will be Trust specific. However, it should aim to provide information relating to the Trust management arrangements including the role of safer handling personnel, their titles, incident reporting mechanisms and employee representation. It should also include information on the role of the Occupational Health Department.

Ergonomics and Risk Assessment

- **Aim**

To introduce the subject of ergonomics and risk assessment.
- **Objectives** - at the end of the session the trainee should be able to:
 - Define the term ergonomics and discuss its application in the workplace.
 - Define the words hazard and risk
 - Outline the differences between an informal (personal) and a formal (documented) risk assessment
 - Cite the 4 Key Areas (Task, Individual capability, Load, Environment) and other related factors to be considered when undertaking a manual handling risk assessment.

Principles of Safer Handling

- **Aim**

To highlight principles of Safer Handling which are applicable to all handling situations.
- **Objectives** - at the end of the session the trainee should be able to:
 - Cite the core principles of Safer Handling - i.e. stable base, spine in line and loads close to the body
 - Identify how these principles can be applied to various handling situations.

Team Handling

■ **Aim**

To create an awareness of factors to be considered when Team Handling

■ **Objectives** - at the end of the session the trainee should be able to:

- Cite the risks associated with Team Handling
- Identify the risk control measures to be associated with Team Handling situations.

Communication

■ **Aim**

To emphasise the importance of good communication in Safer Handling

■ **Objectives** - at the end of the session the trainee should be able to:

- Outline how Safer Handling is enhanced by good verbal communication skills
- Discuss the importance of written communication in relation to Safer Handling

Assessment

At the end of the session each person in attendance will be assessed with regard to knowledge gained, by completing a written assessment.

Evaluation

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

Record of Attendance

A record of attendance, signed and dated by the trainee and the trainer, giving details of the key topics covered in the session will be required for accreditation for the passport of training. One copy should be retained by the trainee with their training records, and another retained in accordance with Trust policy.

Handout

The handout will address the objectives of the core module.

Module B - Inanimate Load Handling & Practical Application of Ergonomics (Aims and Objectives)

The suggested time for this session is 1.5 - 2 hours.

If independently delivered Module A should be recapped.

■ **Aim**

To provide instruction and facilitate the application of inanimate load risk assessment, including the safer handling of inanimate loads and application of ergonomic principles, to ensure the health and safety of staff.

■ **Objectives** - at the end of the session the trainee should be able to:

- Cite the principles of safer handling of loads
- Identify the four key areas, and other related factors such as guideline weights, to be considered when undertaking a safer handling risk assessment

- ❑ Undertake a formal risk assessment of an inanimate load
- ❑ Demonstrate basic warm-up/stretching exercises as outlined in handout provided
- ❑ Identify how the principles of safer handling can be applied to the moving of large/awkward loads
- ❑ Outline the importance of good posture and the application of ergonomic principles, including whilst driving
- ❑ Safely demonstrate the following techniques:
 - Pushing and pulling
 - Lifting a load from the floor or low level
 - Appropriate position whilst seated at an office desk

(The trainer will have discussed, demonstrated, demonstrated with explanation and then given the trainee opportunity to practise the above manoeuvres during the training session)

Module C - Sitting, standing and walking (Aims and Objectives)

The suggested time for this session is 3 hours.

If independently delivered Module A should be recapped.

■ Aim

To provide instruction and facilitate the safer moving of the client using the manoeuvres described below, ensuring the health and safety of both staff and client.

■ Objectives - at the end of the session, the trainee should be able to

- ❑ Cite the principles of safer handling of people
- ❑ Identify the key areas of safer handling risk assessment
- ❑ Undertake a formal risk assessment of a person
- ❑ Discuss unsafe practices and identify rationale behind these
- ❑ Safely demonstrate the following manoeuvres, with the client moving independently, moving independently with instruction, being moved by one carer, and two carers, including where appropriate, the use of relevant handling aids:
 - Moving client forward in a chair
 - Moving client back in a chair
 - Sitting to standing from chair
 - Standing to sitting in chair
 - Sitting to standing from edge of bed
 - Standing to sitting on edge of bed
 - Assisted walking
 - The falling patient (whether trainees practice this is at the discretion of the trainer and the Trust)
 - Raising the fallen patient - instructing patient to raise him/herself (and use of emergency lifting cushion if available)

(The trainer will have discussed, demonstrated, demonstrated with explanation and then given the trainee the opportunity to practise the above manoeuvres during the training session)

■ Suggested Equipment - slide sheet, handling sling, handling belt, one-way glide.

Module D - Bed Mobility (Aims and Objectives)

The suggested time for this session is 2.5 hours

If independently delivered, the principles of safer handling of people, risk assessment of people etc. as detailed in Module C should be included, or recapped if previously covered.

■ Aim

To provide instruction and facilitate the safer moving of the client using the manoeuvres described below, ensuring the health and safety of both staff and client.

■ Objectives - by the end of the session the trainee should be able to:

- Outline the principles of using flat and/or tubular slide sheets
- Discuss unsafe practices and identify the rationale behind these
- Safely demonstrate the following manoeuvres, with the client moving independently, moving independently with instruction, being moved by one carer, and two carers, including where appropriate, the use of relevant handling aids:
 - Turning in bed
 - Getting in and out of bed
 - 30 degree tilt
 - 180 degree turn
 - Fitting and removing tubular and flat slide sheets
 - Sliding the supine client up/down the bed
 - Sliding the seated client up/down the bed
 - Sitting a client from lying
 - Sitting client up and onto edge of bed
 - Assisting client to lie down from sitting on edge of bed
 - Correct posture whilst feeding patient
 - Correct posture whilst examining patient

(The trainer will have discussed, demonstrated, demonstrated with explanation and then given the trainee the opportunity to practise the above manoeuvres during the training session)

■ Suggested Equipment - flat and/or tubular slide sheets, handling sling, turntable, bed ladder, hand blocks, leg raiser.

Module E - Lateral transfers (Aims and Objectives)

The suggested time for this session is 1.5 hours.

If independently delivered, the principles of safer handling of people, risk assessment of people etc as detailed in Module C, should be included, or recapped if previously covered.

■ Aim

To provide instruction and facilitate the safer moving of the client using the manoeuvres described below, ensuring the health and safety of both staff and client.

■ Objectives - by the end of the session the trainee should be able to:

- Outline methods of maintaining personal hygiene and alternative methods of toileting and clothing management.
- Discuss unsafe practices and identify the rationale behind these
- Safely demonstrate the following techniques, with the client moving independently, moving independently with instruction, being moved by one carer, and two carers, including where appropriate, the use of relevant handling aids:

- Lateral supine transfer from bed to trolley/trolley to bed
- Standing transfer from bed to chair/chair to bed
- Seated transfer from bed to chair/chair to bed
- Transfer from chair to chair/commode
- Transferring to toilet with minimal assistance
- Transferring to toilet using commode

(The trainer will have discussed, demonstrated, demonstrated with explanation and then given the trainee the opportunity to practise the above manoeuvres during the training session)

- **Suggested Equipment** - Full-length lateral transfer board, glide sheet, straight and curved transfer board, turntable, handling belt, stand & turn disc.

Module F - Hoisting (Aims and Objectives)

The suggested time for this session is 2.5 hours.

If independently delivered, the principles of safer handling of people, risk assessment of people etc as detailed in Module C, should be included, or recapped if previously covered.

■ Aim

To provide instruction and facilitate the safer moving of the client using the manoeuvres described below, ensuring the health and safety of both staff and client.

■ Objectives - by the end of the session the trainee should be able to:

- Describe the principles of hoist use, and the types of hoist available
- Outline the type, selection and use of slings
- Cite the main points of Lifting Operations and Lifting Equipment Regulations (LOLER) 1998.
- Discuss unsafe practices and identify the rationale behind these
- Safely demonstrate the following techniques:
 - Fitting a sling with client in bed
 - Fitting sling in bed using glide sheets
 - Fitting a sling with client in chair
 - Fitting sling in chair with glide sheets
 - Hoisting from bed to chair
 - Hoisting from chair to bed
 - Hoisting client from floor
 - Use of stand-aid hoist
 - Transferring to toilet using stand-aid hoist
 - Transferring to toilet using sling-lifting hoist

(The trainer will have discussed, demonstrated, demonstrated with explanation and then given the trainee the opportunity to practise the above manoeuvres during the training session)

- **Suggested Equipment** - Sling lifting hoist (capable of lifting from the floor), stand-aid hoist, flat and tubular slide sheets and a selection of appropriate slings.



PART 3: RECORDS OF TRAINING

- 1 It is important that adequate records of training are maintained. Trusts participating in the scheme must review their methods of record keeping.
- 2 Standards for maintaining records must be recorded in the Trust policy. This must state how long the records will be kept for and who will maintain records.
- 3 Each individual shall be given a copy of their own training record. This will transfer with them if they move to another employer.
- 4 Individual records of training are maintained in addition to lesson plans and teaching notes which will identify the actual material that was provided in any individual module.
- 5 An example of a record of attendance is provided together with an individual record of training for each module contained within the Passport Scheme.
- 6 Prior to any physical training taking place, an employee must complete a Health Questionnaire. Employees must also be aware that if they suffer any discomfort during training this must be reported immediately.

OTHER INFORMATION

SPECIFIC EQUIPMENT USED

MANUAL HANDLING TRAINING HEALTH QUESTIONNAIRE

During the training course you will be required to participate in client and/or object handling techniques. You will also carry out a number of practical exercises. In order for the trainer to train you safely and provide guidance pertinent to you personally they need to know about any pre-existing condition which you may have. The information given will be treated in confidence.

If you knowingly give incorrect information the Trust can bear no responsibility for any resultant pain or injury.

You are required therefore to place a tick in the box adjacent to any factor which could affect the way in which your training is provided and sign below.

- | | | |
|---|--|--------------------------|
| 1 | I suffer from back, neck or shoulder pain or injury | <input type="checkbox"/> |
| 2 | I am receiving treatment for a condition which may affect my ability to engage in physical activity without pain or injury | <input type="checkbox"/> |
| 3 | I am pregnant | <input type="checkbox"/> |
| 4 | I have given birth in the last six months | <input type="checkbox"/> |
| 5 | I am breast feeding | <input type="checkbox"/> |
| 6 | None of the above applies | <input type="checkbox"/> |

Signature

Date

- If you have answered 'yes' to any of the questions 1-5 the trainer may seek further information from you in confidence.
- If necessary advice will be sought from the Occupational Health Department.
- **Should you suffer any discomfort or injury during the training you must report this to the Trainer immediately.**

INDIVIDUAL TRAINING RECORD - MANUAL HANDLING**Module A - Introduction**

NAME (PLEASE PRINT)

Topic	Discussed <input checked="" type="checkbox"/>
Injuries	
Avoiding Musculo-skeletal injuries	
Legislation	
Safer Handling within the Trust	
Ergonomics and Risk Assessment	
Principles of Safer Handling	
Team Handling	
Communication	

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

I confirm that I have received all handouts.

Trainee's Signature:

Trainer's Name: Date:

Trainer's Title:

Trainer's Signature:

Module B - Inanimate Load Handling & Practical Application of Ergonomics

NAME (PLEASE PRINT)

Topic	Discussed <input type="checkbox"/>
Principles of safer handling of inanimate loads	
Safer handling inanimate load risk assessment	
Identifying how principles of safer handling can be applied to larger/awkward loads	
The importance of good posture and application of ergonomic principles in the workplace, including whilst driving	

Practical Skills

Manoeuvre	Discussed	Demo.	Practised	Comments
Pushing and Pulling				
Lifting a load from the floor or low level (insert techniques used) a) b) c)				
Appropriate position whilst sitting at desk				

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

I confirm that I have received all handouts. (Delete as appropriate).

Trainee's Signature:

Trainer's Name: Date:

Trainer's Title:

Trainer's Signature:

Module C - Sitting, standing and walking

NAME (PLEASE PRINT)

Topic	Discussed <input checked="" type="checkbox"/>
Principles of safer handling of people	
Unsafe practise	
Safer handling person risk assessment	

Practical Skills

Manoeuvre	Discussed	Demo.	Practised	Comments
Moving client forward in a chair				
Moving client back in a chair				
Sitting to standing from chair				
Sitting to standing from edge of bed				
Standing to sitting on chair				
Standing to sitting on edge of bed				
Assisted walking				
The falling patient				
Raising the fallen patient				

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

I confirm that I have received all handouts. (Delete as appropriate).

Trainee's Signature:

Trainer's Name: Date:

Trainer's Title:

Trainer's Signature:

Module D - Bed Mobility

NAME (PLEASE PRINT)

Topic	Discussed ✓
Principles of using flat slide sheets	
Principles of using tubular slide sheets	
Unsafe practise	

Practical Skills

Manoeuvre	Discussed	Demo.	Practised	Comments
Turning in bed				
Getting in and out of bed				
30 degree tilt				
180 degree turn				
Fitting and removing flat slide sheets				
Fitting and removing tubular sheets				
Sliding the supine client up/down the bed				
Sliding the seated client up/down bed				
Sitting a client from lying				
Sitting client up and onto edge of bed				
Assisting client to lie down from sitting on edge of bed				
Correct posture whilst feeding patient				
Correct posture whilst examining patient				

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

I confirm that I have received all handouts. (Delete as appropriate).

Trainee's Signature:

Trainer's Name: Date:

Trainer's Title:

Trainer's Signature:

Module E - Lateral Transfers

NAME (PLEASE PRINT)

Topic	Discussed <input checked="" type="checkbox"/>
Methods of maintaining personal hygiene and alternative methods of toileting and clothing management	
Unsafe practise	

Practical Skills

Manoeuvre	Discussed	Demo.	Practised	Comments
Lateral supine transfer from bed to trolley/ trolley to bed				
Standing transfer bed to chair/ chair to bed				
Seated transfer from bed to chair/ chair to bed				
Transfer from chair to chair/ commode				
Transferring to toilet with minimal assistance				
Transferring to toilet using commode				

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

I confirm that I have received all handouts. (Delete as appropriate).

Trainee's Signature:

Trainer's Name: Date:

Trainer's Title:

Trainer's Signature:

Module F - Hoisting

NAME (PLEASE PRINT)

Topic	Discussed ✓
Principles of hoist use, and the types of hoists available	
Type, selection and use of slings	
Main points of LOLER 1998	
Unsafe practise	

Practical Skills

Manoeuvre	Discussed	Demo.	Practised	Comments
Fitting a sling with client in bed				
Fitting sling in bed using slide sheets				
Fitting a sling with client in chair				
Fitting sling in chair with slide sheets				
Hoisting from bed to chair				
Hoisting from chair to bed				
Hoisting client from floor				
Use of stand-aid hoist				
Transferring to toilet using stand-aid hoist				
Transferring to toilet using sling-lifting hoist				

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

I confirm that I have received all handouts. (Delete as appropriate).

Trainee's Signature:

Trainer's Name: Date:

Trainer's Title:

Trainer's Signature:



PART 4: MANUAL HANDLING RISK ASSESSMENT FORMS

- 1 It is a requirement of the Manual Handling Operations Regulations 1992 that manual handling tasks which involve risk should be eliminated. Where this is not reasonably practicable a Risk Assessment should be undertaken and action taken to reduce the risk associated with the task.
- 2 The Regulations do not set specific requirements such as weight limits. The ergonomic approach shows that such requirements are based on too simple a view of the problem and are likely to lead to erroneous conclusions. Instead, an ergonomic assessment based on a range of factors is to be used to determine the risk of injury and point the way to remedial action.
- 3 A Manual Handling Risk Assessment Form is provided for inanimate load (non-patient) handling tasks and generic patient handling tasks. A separate Patient Moving and Handling Risk Assessment Form is provided for named/individual patient handling tasks.
- 4 It is intended that the Patient Moving and Handling Risk Assessment Form can move with the patient and assist in the communication between different departments and agencies.
- 5 In addition to formal documented risk assessments every member of staff will be aware that they must conduct a Personal Risk Assessment before they perform a task. This is an assessment carried out by a person to examine the risk to themselves and others who may be affected by an action. If necessary they must communicate their findings to others.

ALL WALES NHS MANUAL HANDLING RISK ASSESSMENT FORM

Guidelines for Use

*This form can be used for assessing inanimate load handling tasks or generic patient tasks.
There is a separate Risk Assessment Form for individual/named patient handling tasks.*

The Manual Handling Operations Regulations 1992, require that tasks that involve risk should be eliminated. Only when this is not possible should an assessment be carried out to reduce the risks associated with that task to the lowest level that is reasonably practicable.

HAZARD

Source of potential harm or damage or a situation with potential for harm or damage

RISK

Is a combination of the likelihood and severity of a specified hazard occurring

The Manual Handling Operations Regulations 1992 support the Health & Safety at Work etc Act 1974. **A breach of these statutory requirements is a criminal offence.**

Accountability

- lies with the head of services/designated director/manager

Responsibility

- day to day responsibility of managing risk lies with departmental/ward managers

The person carrying out a manual handling assessment (*assessor*) should be a competent member of staff who has undertaken the appropriate training in Manual Handling Risk Assessment. The assessment should be reviewed in accordance with the specified review period, whenever there is any change or following a manual handling incident.

The objective of risk management is to identify and reduce the **LIKELIHOOD** of incidents occurring that could have significant consequences for staff, patients or the Trust, as far as is reasonably practicable.

There are no absolute values for incidents, but effective risk assessment, applying appropriate control measures and monitoring those measures, together with training, can help minimise the potential for injury and/or other losses. The Risk Matrix will help with this process.

The completed form must be accessible at all times

Filling in the form:

SECTION A:

- Primary Location, e.g. hospital/premises/community
- Secondary Location, e.g. ward/department, clinic, residential/care facility
- Precise Location, e.g. side room, store-cupboard, corridor

SECTION B: Description of Manual Handling Task

Write down the step by step details of the task for which the assessment applies, e.g. moving people, heavy equipment etc.

Personnel Involved:

Identify the staff that are likely to be involved in the task, remember to consider students and other personnel e.g. porters, storemen, nurses, care workers etc.

SECTION C: Current Risk Control Measures

List control measures currently in use e.g. staff training, written information/protocols. List any equipment in use in the appropriate column.

SECTION D: Assessment of Risk

Consider the headings *Task*, *Patient/Load*, *Individual Capability* and *Environment*. Tick the appropriate box that reflects most accurately what is involved in the manual handling task.

SECTION E: Frequency of the task

Record the estimated number of times the task takes place during any one working shift. The frequency of task may identify the need for additional control measures, e.g. more than one hoist to be accessible, more appropriate equipment required etc. Make reference to the number of staff involved in the task.

SECTION F: Initial Risk Rating Figure

Refer to the risk matrix.

SECTION G: Additional Risk Control Measures Required

This part of the form is used to determine and justify the need for additional risk control measures. There will be occasions when the additional control measures required may take some time to implement. The request for these controls should form part of the **Action Plan** (agreed with the manager). The new *Risk Rating Number* will quantify the projected reduction in risk.

SECTION H: Action Plan Agreed with the Manager

The Action Plan is documented confirmation that the additional risk control measures have been identified and agreed with the manager. This should identify the expected completion date and confirm when controls have been implemented. *A final Risk Rating Number should then be calculated.*

ALL WALES NHS MANUAL HANDLING ASSESSMENT FORM

SECTION A: Administration Details

Primary Location: Secondary Location: Precise Location:	Date of Review: Signature of Assessor: Date of Review: Signature of Assessor:
Name of Assessor: Designation: Date of Initial Assessment:	Date of Review: Signature of Assessor: Date of Review: Signature of Assessor:

SECTION B: Manual Handling Task

Description of task:

Personnel Involved (e.g. carer, nurse, health visitor, community staff, contractor, off site worker etc):

SECTION C: Current Risk Control Measures

Control measures currently in use:

Equipment currently in use:

MANUAL HANDLING RISK LEVEL

In each of the sections, *Task, Load, Individual Capability, Environment* - tick the appropriate box (Yes or No).
A "Yes" tick indicates that further action is required to reduce the risk.

SECTION D: Assessment of Risk

<p>INITIAL ASSESSMENT</p> <p>Does the task involve:</p> <p>Holding load away from trunk <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Twisting <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Stooping <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Reaching upwards <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Large vertical movements from floor <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Long carrying distances <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Strenuous pushing/pulling <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>TASK</p> <p>Yes No</p>	<p>INITIAL ASSESSMENT</p> <p>Is the load:</p> <p>Heavy? Indicate weight () <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Bulky/unwieldy - one side heavier > 75cm in diameter <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Difficult to grasp - no conventional hand holds <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Unsteady/Unpredictable <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Harmful, e.g. sharp, hot, contaminated, patient behaviour <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>PATIENT/LOAD</p> <p>Yes No</p>
<p>INITIAL ASSESSMENT</p> <p>Does the task:</p> <p>Require unusual capabilities, i.e. strength, height, age <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Constitute a hazard to those with health problems <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Constitute a hazard to those who are pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Require special information and/or training <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Require Personal Protective Clothing <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>INDIVIDUAL CAPABILITY</p> <p>Yes No</p>	<p>INITIAL ASSESSMENT</p> <p>Does the environment have:</p> <p>Constraints on posture, i.e. restricted space, low work surface <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Poor floors, e.g. uneven, slippery unstable <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Variations in levels, e.g. steps <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Strong air movements <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Poor lighting conditions <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Hot, Cold, Humid conditions <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>ENVIRONMENT</p> <p>Yes No</p>
<p>Other Factors:</p>			

SECTION E: Frequency of task

Record the number of times the task takes place during one working shift. The frequency could require additional control measures.

Frequency of task:

Number of staff involved in the task:

SECTION F: Initial Risk Rating Figure

Initial Risk Rating Figure: (to calculate see Risk Matrix)

Probable likelihood rating x Potential Severity Rating = **Risk Rating Figure:**

SECTION G: Additional Risk Control Measures Required

Additional control measures to be recorded within this box. The request for these measures should be subjected to a risk priority along with other risks within the location and will form part of a prioritised risk register.

No.	Risk Reduction Measures

If the above control measures are implemented, calculate the **New Risk Rating Figure**:

Probable likelihood rating x Potential Severity Rating = **Risk Rating Figure:**

SECTION H: Action Plan Agreed with Manager

No.	Action Plan	Responsible Person	Projected Completion Date	Date Completed/ Signature

Once the above action has been implemented, calculate the **final Risk Rating Figure**

Probable likelihood rating x Potential Severity Rating = **Risk Rating Figure:**

Additional Comments

RISK MATRIX

Note: You must assess each risk against the likelihood of an incident occurring and should it happen the severity of the consequences.

Review of Risk Assessments - you must review your risk assessments in the following three circumstances:

- in accordance with the specified review period and/or
- as a result of change, and/or
- following an incident

LIKELIHOOD:

Taking into account the controls in place and their adequacy, how likely is it that such an incident could occur? Apply a score according to the following scale:

Level	Descriptor	Description
5	Almost Certain	Likely to occur on many occasions, a persistent issue
4	Likely	Will probably occur but it is not a persistent issue
3	Possible	May occur occasionally
2	Unlikely	Do not expect it to happen but it is possible
1	Rare	Can't believe that this will ever happen

SEVERITY:

Taking into account the controls in place and their adequacy, how severe would the consequences be of such an incident? Apply a score according to the following scale.

Level	Descriptor	Actual or Potential Impact on Individual(s)	Actual or Potential Impact on Trust
5	Catastrophic	DEATH	National adverse publicity. WAG Investigation Litigation expected/certain
4	Major	PERMANENT INJURY: e.g. RIDDOR reportable injury/ ill health retirement/redeployment	RIDDOR reportable Long term sickness Litigation expected/certain
3	Moderate	SEMI-PERMANENT INJURY/DAMAGE e.g. injury that takes up to 1 year to resolve or requires Occupational Health involvement/rehabilitation	RIDDOR reportable/MDA reportable Long term sickness Litigation possible but not certain High potential for complaint
2	Minor	SHORT TERM INJURY/DAMAGE e.g. injury that has been resolved within one month	Minimal risk to Trust Short term sickness Litigation unlikely Complaint possible
1	Insignificant	NO INJURY OR ADVERSE OUTCOME	No risk at all to Trust Unlikely to cause complaint Litigation risk remote

RISK SCORE/ACTION TO BE TAKEN:

LIKELIHOOD	SEVERITY					
	1 Insignificant	2 Minor	3 Moderate	4 Major	5 Catastrophic	
1 - Rare	1	2	3	4	5	No immediate Action
2 - Unlikely	2	4	6	8	10	Action within 12 months
3 - Possible	3	6	9	12	15	
4 - Likely	4	8	12	16	20	Urgent Action
5 - Almost certain	5	10	15	20	25	

ALL WALES NHS

PATIENT MOVING & HANDLING RISK ASSESSMENT FORM

Guidelines for Use

This form must be completed for patients who are considered at risk

The patient must be fully assessed, and details of the assessment recorded by a qualified member of staff. The Moving and Handling Assessment should be made available to any person involved in moving and handling the patient and should accompany the patient at all times.

SECTION A: Essential Information:

- Patient's name, address, date of birth, NHS Number
- Ward/Department/Other
- Patient's weight (please refer to your Trusts' Heavy Patient Protocols/Guidelines when applicable)
- Stature
- If patient is independent and no further action is required please tick the box and go directly to SECTION F.

SECTION B: Assessment

Consider all factors that could affect the patient's mobility including:

1. *Relevant medical history* e.g. CVA, arthritis, amputation, Parkinson's Disease, osteoporosis etc.
2. *Physical disabilities*, e.g. eye sight, hearing, speech
3. *Psychological* e.g. confused, aggression etc
 - Fully co-operative - able to conform and maintain mobility
 - Comatosed - completely unable to comprehend any verbal commands and unable to conform
 - Confused and unable to understand - patients who cannot comprehend what is expected of them and unable to determine how they can help
 - Agitated - disturbed or excitable. State of mind which may make manual handling difficult
 - Aggressive - the patient may have unprovoked hostility and the intention to harm others
4. *Pain Status*
5. *Tissue Viability*
6. *History of fall(s)* - does the patient have any previous history of falling to the ground, past or present:
 - History of vertigo - does the patient have a feeling of themselves or the surroundings rotating, spinning or have they any balance problems?
 - Low haemoglobin - to the best of your knowledge does the patient have a low haemoglobin, which may precipitate fainting or falling?
 - Spasm/Epilepsy - does the person have uncontrolled limb jerks and involuntary muscle contraction and rigidity they may or may not be aware of?
 - Other - please highlight any other medical history which may predetermine manual handling problems i.e. dizziness, faintness
7. • Cultural/religious considerations
8. • Day/Night Variations (*does the patients physical/mental capabilities fluctuate during the day necessitating differing levels of assistance or equipment?*)
9. • Attachments, e.g. IV lines, catheter, oxygen therapy etc.

SECTION C: For use in Community and Exceptional Circumstances

Assess the environment in which the patient is being cared for, identifying any hazards involved and the actions to be taken to reduce risk,

SECTION D: Safer Handling Plan

Consider the patient's ability with regard to each task, and identify appropriate equipment and the number of staff required to safely move the patient. Then identify the method in which the patient should be moved.

SECTION E: Additional Measures Required

Indicate any additional measures required for the safer handling of the patient. Where the additional measures cannot be implemented/achieved, please inform your line manager.

SECTION F: Signature

The assessor must ensure that they print, sign and date this section on completion of the assessment.

Frequency of Assessment

Each patient who presents a manual handling risk must be fully assessed on admission or at first point of contact.

If there is a change in his/her condition or any change that may affect the moving and handling needs, a reassessment must be completed.

ALL WALES NHS PATIENT MOVING & HANDLING ASSESSMENT FORM

SECTION A: Patient Details

Patients Name:	Ward/Dept/Other:
Address:	NHS No:
Date of Birth:	Weight: (kgs)
Independent - no further action required: <input type="checkbox"/>	Stature: <input type="checkbox"/> Tall <input type="checkbox"/> Medium <input type="checkbox"/> Short

SECTION B: Assessment

	COMMENTS
1 Relevant Medical History	
2 Physical Disability	
3 Psychological	
4 Pain Status	
5 Tissue Viability	
6 History of Fall(s)	
7 Cultural/religious considerations	
8 Day/Night Variation	
9 Attachments	

**If the patient's condition changes and/or if environment/location changes
the assessment needs to be reviewed.**

SECTION C: Use in Community and Exceptional Circumstances

	Hazards identified	Actions to be taken
Space constraints on movement of handler/equipment		
Access e.g. bed/bath/WC/ passageways		
Steps/Stairs/Access		
Flooring		
Slip/Trip Hazards		
Furniture - bed height/moveable/ condition		
Temperature/Humidity/Lighting		
Equipment Power Supply		
Other		

NAME PATIENT NO.

SECTION D: Safer Handling Plan

Please specify appropriate handling aid/method and the number of staff required

TASK	No of Staff	Equipment used	Method
Turning in bed			
Moving up/down bed			
Sitting up in bed			
In and out of bed			
Transfer bed to trolley			
Transferring bed to chair			
Chair to chair			
Repositioning in chair			
Transferring chair to bed			
Standing			
Mobilising			
Toileting			
Bathing/washing			
Other			
For minor changes: delete (and initial) the task that is to be changed in SECTION D document the change in SECTION G			

SECTION E: Additional Measures Required

Are additional control measures required? Yes No
 If yes, give details of additional control measures and inform your manager.

Manager informed: Yes No

SECTION F: Signature

Name of Assessor (Please print)

Signature of Assessor

Designation Date:



PART 5: INDUCTION RECORD AND CHECKLIST

- 1 When an employee joins a new organisation it is necessary to establish their level of manual handling skill. This will partly be achieved by considering their Record of Training.
- 2 It will also be necessary to undertake an induction/orientation programme. The Induction Record and Checklist will assist with this.
- 3 An Induction Record and Checklist must be completed by the Line/Departmental Manager or their representative, for all new employees to the organisation.
- 4 This information should then be used to identify the future training needs of the employee.
- 5 A copy of the Induction Record and Checklist should be kept in accordance with Trust Policy.

WARD/DEPARTMENT INDUCTION RECORD AND CHECKLIST

(MANUAL HANDLING)

GUIDELINES FOR USE

Induction of new staff to the work area should be provided in addition to the Trust Orientation/Induction Programme. Although this document has been developed to support the All Wales NHS Manual Handling Passport (subsequently referred to as Passport), it should be completed for every new employee, regardless of whether they have a Passport or not.

The checklist should:

- be completed by the manager/deputy and employee
- serve as an aide-memoir, as well as an induction record
- be completed at earliest opportunity after commencement of employment.

The Manual Handling Passport must be requested by the manager on commencement of employment for previous training to be acknowledged.

The employee **must** be referred to the relevant trainer if:

- no Passport has been presented, or
- 1 year or more has lapsed since last recorded training (whether initial or update training) and commencement of this employment, or
- previous training did not include particular module(s) required for this employment, or
- during the course of induction the manager considers that update training would be beneficial to the employee, or
- additional training is requested by the employee

The employee should receive instruction in the use, care, decontamination and storage of all moving and handling equipment used in the work place, including, where relevant, beds and variable height baths. Each specific item should be listed, giving details of type of equipment, manufacturer and model name/number (see appropriate page).

Record other relevant information given, or comments relating to training, in the appropriate sections of the form.

When completed, the employee should be provided with a copy for his/her own training records, and another copy retained in accordance with Trust Policy.

ALL WALES NHS WARD/DEPARTMENTAL INDUCTION RECORD AND CHECKLIST (MANUAL HANDLING)

Full Name (please print):

Position/Grade: Commencement date:

Directorate: Ward/Dept:

Date attended Trust Induction/Orientation:

Does s/he have an All Wales Manual Handling Passport? Yes No

If **YES**, complete the following:

Name of previous Trust

Initial training - insert date Module completed

A B C D E F

Date of last update

Date update required

If **NO**, or **additional modules required** complete the following:

Referred to (name) for training

Modules required (tick) A B C D E F

Comments

Personal Responsibilities - aware of need to:	Date Achieved
Take reasonable care of own and others health and safety	
Work within own capabilities	
Report ill health, injury and pregnancy	
Report hazards/incidents/near-misses	
Wear appropriate clothing	
Use equipment as instructed	
Use safe systems of work/working procedures	
Attend training as directed	
Apply ergonomic and safer handling principles in workplace	
Documentation - has knowledge of:	
Safer/Manual Handling Policy (Trust and local)	
Manual handling risk assessment forms	
Patient handling risk assessment forms	
Accident/incident forms	
Current edition of NBPA/RCN Guide to the Handling of Patients (GHoP)	
Departmental and generic assessments	
Ward/departmental specific information, including contact numbers for Manual Handling Advisor, relevant trainer etc.	
Safe systems of work/working procedures	
Documentation - knows how to complete:	
Manual and patient handling risk assessment forms (relevant staff)	
Accident/incident forms (all staff)	
Unacceptable Practice - is aware of the consequences of:	
Unsafe/inappropriate techniques	
Physical abuse i.e. rough handling/poor application of handling techniques	
Hoists - is aware of:	
Checking procedure	
How to report failures - procedure and contact number	
Charging/changing/storage and care of batteries - if applicable	

REFERENCES

Health and Safety at Work etc Act 1974. S.I. 1974 c. 37.

Manual Handling Operations Regulations 1992. S.I. 1992, No 2793.

Lifting Operations and Lifting Equipment Regulations 1998. S.I. 1998, No 2307.

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