

Manual Handling Policy

Author:	Tracy Scott – Manual Handling Advisor
Owner:	Peta Hayward, Director of Human Resources
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Relevant Regulations and Standards	Manual Handling Operations Regulation(as amended) 1992 NHSLA Standards

Executive Summary

This policy sets out the systems for managing the risks associated with manual handling activities (objects and patients), ensuring the delivery of effective manual handling training and reducing the incidence of musculoskeletal injury/accidents to employees.

Version History Log

This area should detail the version history for this document. It should detail the key elements of the changes to the versions.

Version	Date Approved	Version Author	Status & location	Details of significant changes
5	March 2007	Celia Greetham		Into Trust Template
6	June 2008	Celia Greetham	Horizon: Corporate Policies	New Trust template. Additions of sections identifying relating to process and pathways for training and risk assessment (3.9) Addition of systems for monitoring and central audit of risk assessments for manual handling tasks (10)
7	March 2010	Celia Greetham	Horizon: Corporate Policies	New Trust template. Changes to training: E-learning theory for all staff and new HCA's must attend initial training with Clinical Ergonomics. Updated flow charts to allow east access to information. Section 12. For example; pathways to training: systems for recording non attendance of training.

8	March 24 th 2010	Celia Greetham	Horizon: Corporate Policies	New Trust Template
9	April 2012	PA to HR director	Horizon corporate policies	Review date extended to September 2012 – approved by JMSC and JLNC chairs
10	March 30 th 2012	Tracy Scott	Horizon: Corporate policies	New Trust Template Staff group descriptors for training Updated flow charts/pathways for accessing training and managing non attendees Training frequency for theory and practical skills training Roles and Responsibilities of the Link Worker
11	October 2012	Tracy Scott	Horizon: Corporate Policies	Rewrite and early review as requested by JNCC

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1 Introduction & Scope

According to the NHS Litigation Authority manual handling accounts for 40% of absence from work through sickness in healthcare services. This represents a significant financial cost to the organisation but the consequences for the employee can be wide ranging and substantial. (NHSLA, 2012)

This policy sets out the Trust's approach to managing the risks associated with the manual handling of loads (patients and inanimate objects) and the process for ensuring the delivery of effective manual handling training.

The aim is promote a corporate system which will reduce the incidence of musculo skeletal disorders in the work place, ensure the safe handling of patients and demonstrate compliance with the current legislation and the regulatory bodies.

This policy covers all Trust employees working in all localities, whether permanent, temporary, locum or agency in both clinical and non clinical environments.

This policy also applies to students, volunteers, and those on honorary contracts whilst they are on Trust property.

This policy has been prepared in accordance with the requirements of the Health and Safety at Work etc Act 1974, The Manual Handling Operations Regulations (as amended) 1992 , the Management of Health and Safety at Work Regulations 1999, NHSLA standards

Standard 3 : Competent & Capable Workforce

Standard 4 : Safer Environment

Standard 5 : Medical Devices

2 Definitions / Terms used in policy

2.1 MHT – Manual Handling Team

2.2 OHWS – Occupational Health and Wellbeing Service

2.3 "Load" - an animal, person or object to be moved or transported.

- 2.4 "Lifting equipment" - equipment designed to raise and lower loads, e.g. a forklift or a patient mobile hoist or sling.
- 2.5 "Manual handling operation" - the transporting or supporting of a load, including the lifting, putting down, dropping, throwing, welding, pushing, pulling, carrying or moving thereof, by hand or by bodily force.
- 2.6 "Hazard" - something with the potential to cause harm.
- 2.7 "Risk" - the likelihood of harm being realised. Risk reflects the likelihood of the harm and its severity.
- 2.8 "Special or exceptional circumstances" - a situation which could not be foreseen. (Cardiac Arrest is foreseeable, not exceptional, as is fire and there must be a safe system of work to deal with such events.)
- 2.9 SOP – Standard Operating Procedure
- 2.10 "Safe systems of work" - a procedure which will allow a specific task to be carried out safely, after systematic examination of that task has identified and eliminated all the associated hazards or at least minimised the risk.

3 Policy Statement

- 3.1 The Trust recognises and accepts its responsibilities as an employer to provide a safe and healthy working environment for all its employees under section 2 of the Health and Safety at Work etc Act 1974.

Failure to follow this Trust policy could result in disciplinary action being taken, up to and including dismissal.

This Manual Handling Policy statement supports the Trust's Health and Safety at Work Policy

Contributors to this Policy include Mark Newton, Business Manager (OHWS), Peter Venus, Manual Handling Advisor, and Stephen Trafford, Manual Handling Advisor.

- 3.2 The Organisation's Process for managing the risks associated with the manual handling of loads.

The Manual Handling Operations Regulations 1992 (Revised 2004) together with the L23 Guidance 3rd Edition (2004) outlines the specific responsibilities for both the employer

and employee. The objective is to reduce the risk of injury from manual handling activities to the lowest level that is reasonably practicable.

The employer must, so far as is reasonably practicable, **avoid** the need for employees to undertake manual handling operations involving risk of injury. Where manual handling cannot be reasonably avoided, the employer will make a written **assessment** of the risks which must be capable of being reviewed. The regulations do not set specific requirements but suggest an ergonomic approach that considers the Task, the Individual, the Load and the Environment (T.I.L.E.). The employer will then use the information arising out of the assessment to take the necessary steps to **reduce** the risk of injury to the lowest level reasonably practicable. A robust system will be employed to **review** risk reduction strategies as and when or in the event of any changes.

3.3 Object Handling

The handling of inanimate objects should be carried out using a minimal handling approach. Where a risk of potential injury from load handling is identified, a task based risk assessment should be carried out and appropriate equipment used as indicated by the outcomes of this risk assessment. Factors such as the weight and dimensions of the load, the frequency and duration of handling activities etc. should be taken into account.

3.4 Patient Handling

Patients who require assistance from staff to move will be assessed by a competent member of staff. This assessment will take into account the needs, wishes, capabilities and circumstances of the person and will constitute a balanced approach which will also take into account the patient's personal preferences, developmental and rehabilitation needs as well as the need to ensure staff safety. Patients identified as having complex handling needs due to their body habitus, weight, functional independence measure, physical or mental condition should have a Patient Handling Care Plan developed which clearly identifies the techniques to be used, the equipment needed and the number of staff required. Where appropriate the patient and their advocates

will be involved in the assessment and decision making process. Staff undertaking the assessment will adopt a problem solving approach which will consider a range of techniques and types of equipment. Where different departments or agencies are working with the same patient then manual handling risk assessment information will be shared to promote a consistent approach which reflects quality patient care and staff safety.

Manual lifting of adult patients will be avoided other than in life threatening circumstances. Lifting equipment such as full body hoists, standing hoists or other transfer aids should be used as an alternative.

The manual lifting of children will be determined by the outcomes of the risk assessment process with staff adopting safer handling activities including the use of equipment.

3.4.1 Special or Exceptional Circumstances

Due to the diverse work places within the Trust it may be necessary for managers to identify risks, conduct risk assessments and identify a contingency plan to manage these special or exceptional circumstances. Contingency plans should be recorded in the department risk assessment and where appropriate entered onto the departmental risk register.

Special or Exceptional Circumstance may include

- Manual handling of patients during resuscitation
- Evacuation of patients in the event of a fire or other emergency evacuation
- Bariatric / Heavier Patients (BMI>40) or a larger body habitus
- Falling or fallen patients

The consideration of manual handling in special or exceptional circumstances is addressed at manual handling training sessions and staff are trained to be aware of the risks involved. It is recognised however, that in certain emergency situations, actions will depend on the circumstances and environment at the time.

3.5 Risk Assessment

Risk assessments relating to manual handling activities will be undertaken by competent staff responsible for:

- Manual handling activities with individual patients, either adult or paediatric.
- Manual handling activities with inanimate loads e.g. task based risk assessment.
- Departments and service areas

The objective of the risk assessment process is to:

- Assess and plan the safe handling of individual patients and objects.
- Assess and plan the working environment to ensure a safe working environment for staff and identify any equipment that is needed.
- Identify and highlight specific or generic risks relating to manual handling of patients and objects in departmental risk registers and therefore into the risk management process.

The Health and Safety at Work Policy clarifies the duties of personnel within the Trust to complete and implement Generic Risk Assessments, Workplace Risk Assessments, Manual Handling Check Lists and Patient Manual Handling Risk Assessments.

3.5.1 Departmental Risk Assessment

Managers should ensure that department risk assessments are carried out by a competent person and any identified risk is managed in accordance with the Risk Management Policy. Department risk assessments should be kept updated and service investment prioritised accordingly in order to control the risks identified.

3.5.2 Individual Risk Assessment

An Individual Employee Manual Handling Risk Assessment may be required where an employee is considered to be at increased risk of musculoskeletal injury. The purpose of this

risk assessment is intended to assist the employee's manager to make informed decisions regarding the reasonable adjustments that can (or cannot) be made to the employee's environment, work routine, equipment or shift pattern etc. to support them on a temporary or permanent basis. The manager should ensure any adjustments so decided upon are implemented. The assessment can be repeated as required to ensure effective reduction in risk. The responsibility for the initial assessment should lie with the Manager but may be delegated to the Link Worker, where one exists.

Support from OHWS and/or the MHT can be sought where this initial assessment indicates the need for further assessment.

3.5.3 New and Expectant Mothers

When an employee has informed their line manager that they are pregnant, a risk assessment of the effect of manual handling activities on them should be carried out by their line manager. This should be completed using the New and Expectant Mothers' Risk Assessment Form (Maternity & Adoption Leave Policy). The outcomes of this assessment should be implemented as appropriate.

Line managers will also carry out reviews of assessments periodically or in the event of any changes affecting the work to be undertaken, the loads to be handled or the health and wellbeing of the staff member and also during the first three months following a return to work.

3.6 Escalation of Risk and Reviews

Organisational review and action plans can be initiated by adding identified manual handling risks to the Directorate Risk Register via the local Risk Reviewer and/or the IOSH Manager for action by the Directorate Manager.

Trust wide manual handling risks are considered for inclusion on the Corporate Risk Register by the Risk Register Sub Committee. Any immediate or urgent issues can be raised at the Risk Register Sub Committee Meeting, where they can be addressed and discussed.

The Adverse Incident Reporting System (AIRS) Policy states that any untoward incidents should be reported including those relating to manual handling. These reports are monitored by Risk and Legal Services and the Health and Safety Manager. Identified issues, trends and common themes can then be analysed by the main and sub Health and Safety Committees and reported back to the Directorate Managers for incorporation into the Directorate Risk Registers.

Any immediate or urgent issues can be raised with the Health and Safety Department or the MHT.

3.7 Provision of Manual Handling Equipment

Manual handling equipment shall be provided by the Trust in response to the needs of staff to provide safe and efficient means of handling and transporting both patients and objects. Equipment can be funded from a variety of funding streams. It is the responsibility of the manager for that area to take reasonable steps to secure funding and detail this on the department risk assessment.

Specialist equipment, e.g. paediatric or bariatric, that is not necessarily available on a day to day basis would be provided on rental terms when required.

Lists of equipment available to staff working on all Trust sites and the access arrangements can be accessed on the MHT web pages on the Trust intranet.

3.8 Using a Patient's Own Equipment

Community based staff using equipment that has been provided by and belongs to the patient should ensure that it is safe to use and has been regularly maintained by the patient.

Where concerns are raised around the safety and suitability of such equipment staff must decline to use this equipment and may need to modify their manual handling activities until the equipment can be repaired or replaced. Advice can be sought from the MHT where adjustments to manual handling activities are required as a result.

3.9 Access to Specialist Advice

Specialist advice regarding manual handling issues / activities will be provided by

- The Manual Handling Team as part of OHWS
- Departmental Manual Handling Link Workers

Contact Details for the Manual Handling Team are as follows

Tracy Scott 01904 724224 or 07415 220567

tracy.scott@york.nhs.uk

Peter Venus 07786 437285

peter.venus@york.nhs.uk

Steve Trafford 01723 385174 or 07824 623800

Steve.trafford@york.nhs.uk

A list of Manual Handling Link Workers can be found on the Manual Handling Team web page on the Trust intranet.

4 Equality Impact Assessment

The Trust's statement on Equality is available in the Policy for Development and Management of Policies at Section 3.3.4.

A copy of the Equality Impact Assessment for this policy is at Appendix B.

5 Accountability

Corporate accountabilities are detailed in the **Policy for Development and Management of Policies** at section 5. Operational implementation, delivery and monitoring of the policy resides with:

5.1 The Trust Board:

The Trust Board are responsible for ensuring that there is a robust system of Corporate Governance within the

organisation. This includes having a systematic process for the development, authorisation and management of policies.

5.2 The Chief Executive:

The Chief Executive is ultimately responsible for implementing the statutory and regulatory requirements; however responsibility for the operational implementation of this policy has been devolved as described below.

5.3 Heads of Service/Clinical Leads/Chief Nurse:

Heads of Service/ Clinical Leads and Chief Nurse are responsible for overseeing the implementation of this policy within their services and ensuring that all staff have adequate resources to fulfil their duties and responsibilities.

5.4 Directorate Managers (assisted by Directorate Matrons) will:

- 5.4.1 Ensure the contents of this policy document are brought to the attention of the employees they are responsible for.
- 5.4.2 Make available appropriate resources to facilitate practical implementation of manual handling risk assessments within their areas and implement any reasonable remedial measures identified as a result. This may include the allocation of funds to purchase equipment, arranging the lease hire of equipment or making changes to working practices to reduce the risk of injury or ill health.
- 5.4.3 Ensure that manual handling risk assessments including action plans will be managed and monitored within the Directorate and added to the Directorate Risk Register where necessary.
- 5.4.4 Consult with the MHT regarding any directorate specific manual handling plans.
- 5.4.5 Consult with the MHT prior to rebuild, redesign and departmental refurbishment.
- 5.4.6 Consult with the MHT before purchasing manual handling lifting equipment and their accessories.

5.5 Ward/ Departmental/Clinical Managers will:

- 5.5.1 Ensure the contents of this policy document are brought to the attention of the employees they are responsible for.

- 5.5.2 Carry out departmental risk assessments and bring any results to the attention of their manager and employees, implement and remedial action within their remit and monitor the effectiveness.
- 5.5.3 Devise and implement safe systems of work and ensure compliance through the provision of information, instruction, training and supervision.
- 5.5.4 Ensure that departmental manual handling procedures are implemented which encourage best practice in manual handling activities and deter unsafe handling practices.
- 5.5.5 Maintain adequate volumes of manual handling equipment/handling aids, replenishing stock, replacing damaged or lost items and highlighting any lack of essential equipment on the directorate risk register.
- 5.5.6 Ensure that mechanical lifting aids and ancillary equipment are only used for their intended purpose and are available to the Estates Department and the contracted inspectors both for maintenance and mandatory certification where appropriate.
- 5.5.7 Ensure that employees are released to attend manual handling training and that records of all training are maintained, including medical devices such as profiling beds, hoisting equipment etc.
- 5.5.8 Ensure that non attendees at training are followed up and alternative training events are made available to achieve statutory and mandatory training compliance.
- 5.5.9 Nominate and support suitable members of staff to become Link Workers to provide local expertise and support in the department – the recommended ratios are
- 1 Link Worker to 15 employees in Clinical Environments
 - 1 Link Worker to 30 employees in Non Clinical Environments
- 5.5.10 Support Link Workers, affording them sufficient time to prepare and deliver teaching sessions.
- 5.5.11 Report all accidents and near misses relating to manual handling activities, carry out investigations as per the AIRS Policy collaborating with the MHT where further evaluation / investigation is considered appropriate.
- 5.5.12 Seek advice from OHWS and the MHT where an employees fitness to undertake manual handling activities may be in question.

- 5.5.13 Carry out an individual risk assessment for pregnant workers to determine their capabilities and identify risk reduction measures.
- 5.5.14 Co-operate with the MHT in the course of any site audits.
- 5.6 Occupational Health and Wellbeing Service (OHWS) will
 - 5.6.1 Undertake appropriate pre-employment screening and advise managers accordingly.
 - 5.6.2 Provide early assessment, advice and support to employees who have suffered musculoskeletal injuries (not restricted to work related injuries) and provide advice to managers regarding the employees fitness to work.
 - 5.6.3 Liaise with the MHT and responsible managers to monitor the success of the Trust's manual handling strategy in terms of the incidence of back pain and the prevention of musculoskeletal injury.
- 5.7 As part of the OHWS, the MHT will:
 - 5.7.1 Use judgement to analyse and interpret complex manual handling data to develop and implement a comprehensive strategy on safe manual handling.
 - 5.7.2 Initiate and implement changes which are indicated by the results of audit activities.
 - 5.7.3 Provide information and contribute to the development of related health, safety and risk management policies.
 - 5.7.4 Provide advice to managers on the development of safe systems of work to resolve identified complex manual handling issues.
 - 5.7.5 Support and assist managers in the investigation of accidents, untoward incidents and near misses related to manual handling activities as required.
 - 5.7.6 Support and assist staff in the construction of risk assessments based on current research where complex care issues prevail.
 - 5.7.7 Provide advice to employees who have affected by musculoskeletal injury within the scope of their practice.
 - 5.7.8 Work in collaboration with other disciplines within OHWS and where necessary with the wider non clinical teams.
 - 5.7.9 Develop and deliver a range of manual handling education / training programmes which reflect current best practice guidelines and evidence based research. Within this

training provision will be made to comply with the Equalities Act 2012

5.7.10 Support, audit, monitor and evaluate Link Worker activities in the workplace.

5.7.11 Facilitate formal evaluations of manual handling equipment as required to support procurement process'

5.8 Manual Handling Link Workers will:

5.8.1 Attend and complete the appropriate Link Worker course and thereafter attend an annual update course to develop and maintain their level of expertise to act as a local resource for the implementation of safer handling interventions.

5.8.2 Act as a role model for best practice.

5.8.3 Provide supervision, instruction, training, coaching to mentor and support colleagues as required to promote safer handling activities within the workplace.

5.8.4 Support local induction processes, ensuring new employees are familiar with the policy, local procedure and any manual handling equipment or handling techniques they will be required to use.

5.8.5 Ensure all new employees attend appropriate induction programmes facilitated by the MHT where this is a requirement.

5.8.6 Document all training activities and return copies to the MHT and their manager.

5.8.7 Assist line managers in completing the manual handling risk assessments when required to do so.

5.8.8 Provide a link between the MHT and the workplace by participating in audit activities, reporting the outcomes to both their manager and the MHT.

5.9 Estates & Facilities Department will:

5.9.1 Hold and maintain a schedule of all patient lifting equipment located Trust wide.

5.9.2 Be responsible for ensuring the appropriate service and inspection contracts are in place to ensure compliance with the relevant legislation

- Provision and Use of Work Equipment Regulations 1998
- Lifting Operations and Lifting Equipment Regulations 1998

5.9.3 Maintain records of all inspections, repairs or services of lifting equipment and liaise with managers and the MHT where equipment is found to be faulty or below acceptable standards.

5.10 Employees

Health & Safety at Work Etc. Act 1974 (7) places a duty on every employee:

"....to take reasonable care of the health and safety of themselves and of other persons who may be affected by their acts or omissions at work...". Therefore employees will:

- 5.10.1 Familiarise themselves with this Policy and its contents
- 5.10.2 Ensure they receive information, instruction and training before utilising any unfamiliar manual handling equipment or attempting any unfamiliar manual handling techniques.
- 5.10.3 Inform their manager of any manual handling problems including incidents, accidents and near misses and complete a DATIX / AIRS notification
- 5.10.4 Make full and proper use of available equipment, employ any standard operating procedures, protocols etc. and not move any load beyond their individual capacity, training or expertise
- 5.10.5 Withdraw, label and report defective equipment and notify their manager of such.
- 5.10.6 Report pregnancy or any medical condition that may affect their ability to perform handling tasks safely.
- 5.10.7 Use the techniques taught during training and challenge the use of controversial techniques in the workplace e.g.
 - The Drag Lift
 - The Orthodox Lift
 - Bear Hug Transfers / Pivot Transfers
 - Cradle Lift
 - Australian Lift / Slide

5.11 Therapists

Physiotherapists and Occupational Therapists in the pursuit of rehabilitation goals may undertake handling activities which may involve the taking of considered risks. This is appropriate and essential if patients are to achieve their full potential. This type of therapeutic handling should be distinguished from the need to handle patients in order to provide hygiene or medical care, which is termed care handling.

(Ref: Association of Chartered Physiotherapists in Neurology.)

Therapies Directorate will:

5.11.1 Develop systems to ensure consistent, accurate recording of risk assessments for handling of patients as part of a treatment /rehabilitation programme

5.11.2 Ensure the delegation of therapeutic handling activities to support assists will follow the inter collegiate advice contained within the

Supervision, accountability and delegation of activities to support workers - a guide for registered practitioners and support workers (2006) RCN/COT/CSP

6 Consultation, Assurance and Approval Process

Consultation, assurance and approval process is detailed in section 6 of the **Policy for the Development and Management of Policies**.

A list of consulted stakeholders are:

Risk & Legal, Health & Safety, Nursing Directorate, Staff Side, HR, JMSC, Sickness Strategy Group, Infection Prevention & Control and JLNC.

7 Review and Revision Arrangements

The date of review is given on the front coversheet.

Persons or group responsible for review are:

- Manual Handling Team

The Compliance Unit will notify the author of the policy of the need for its review six months before the date of expiry.

On reviewing this policy, all stakeholders identified in section 6 will be consulted as per the Trust's Stakeholder policy. Subsequent changes to this policy will be detailed on the version control sheet at the front of the policy and a new version number will be applied.

Subsequent reviews of this policy will continue to require the approval of the appropriate committee as determined by the **Policy for Development and Management of Policies**.

8 Dissemination and Implementation

8.1 Dissemination

Once approved, this policy will be brought to the attention of relevant staff as per the **Policy for Development and Management of Policies**, section 8 and Appendix C Plan for Dissemination .

This policy is available in alternative formats, such as Braille or large font, on request to the author of the policy.

8.2 Implementation of Policies

8.2.1 It is the responsibility of senior managers within the organisation to ensure that all staff are aware of this policy, have the means to access, read and understand it.

The policy will be published on the Trust intranet and highlighted in Team Brief.

9 Document Control including Archiving

The register and archiving arrangements for policies will be managed by the Compliance Unit. To retrieve a former version of this policy the Compliance Unit should be contacted.

10 Monitoring Compliance and Effectiveness

This policy will be monitored for compliance with the minimum requirements outlined below.

10.1 Process for Monitoring Compliance and Effectiveness

In order to fully monitor compliance with this policy and to ensure that the minimum requirements are met, you will need to consider how you will evidence compliance with the policy. The Compliance Unit will be able to assist with this, however it should include

WHO: Monitors

HOW: What are they monitoring

WHEN: Frequency of monitoring

TO WHOM: Who will the outcomes of monitoring be reported to?

Evidence	Monitoring /Who by	Frequency
NHSLA Standard 3 Competent and Capable Workforce a) Duties	The duties are laid out within Section 5 - Accountability and Section 11 - Training Compliance will be monitored by audit activities undertaken by the MHT.	A random selection of clinical and non-clinical areas will be chosen for audit each year. Minimally six clinical and areas and three non-clinical areas each year. Audit reports/outcomes will be sent to ward/department managers, matrons (where applicable) and Directorate Managers by the MHT within one month of completing the audit.

		Any necessary action plans will be developed by those managers.
b) Recording	<p>The MHT and its administrative support will ensure/monitor the recording of all manual handling training undertaken by the MHT or by Link Workers on behalf of the MHT. Training will be recorded on a Trust training attendance document containing the trainee's name, unique identifier and signature, including the date, type of training and the trainer's details.</p> <p>All paper copies will be maintained and archived for six years as requested by the Compliance Unit.</p>	<p>Quarterly and annual reports containing data obtained from the Trust's electronic database by the MHT which informs the OHWS Head of Department, Human Resources Directorate, Corporate Learning and Development, Risk and Legal Services and Health & Safety.</p> <p>(Referred to as relevant bodies.)</p>
c) Non-attendance at manual handling training	<p>The MHT trainer will complete a formal Did Not Attend (DNA) notification where staff fail to attend a training event.</p> <p>All issued DNA notifications will also be</p>	<p>DNA notifications completed following each training event as part of the trainer's post-course actions. This notification will inform the employee's line management in the first instance.</p> <p>Data will be included within the quarterly and</p>

	<p>recorded on a database maintained by the MHT and the Trust's electronic training database.</p> <p>Monitor and inform managers where site audits have revealed non-attendance at training events facilitated by Link Workers.</p>	<p>annual reports by the MHT which informs the relevant bodies.</p> <p>See above.</p> <p>Audit reports/outcomes will be sent to ward/department managers, matrons (where applicable) and Directorate Managers.</p> <p>Any necessary action plans will be developed by those managers.</p>
d) Action to be taken on persistent non-attendance	<p>The MHT monitors persistent non-attendance by maintaining a record/database of all DNA notifications issued by the team. Persistent non-attendance will be defined as two occasions of "failure to attend" which have resulted in two DNA notifications. Managers will be required to comply with the requirements of the Training Identification Policy.</p>	<p>Annual review of the database reports will be sent to identified employees' line managers and Department/Directorate managers/Directorate matrons for clinical staff and relevant bodies.</p>
NHSLA Standard 4 Safe Environment	<p>The duties are laid out in Section 3 - The Process for Managing Risk, Section 5 -</p>	<p>A random selection of clinical and non-clinical areas will be chosen</p>

<p>a) Duties</p>	<p>Accountability and Section 11 - Training.</p> <p>Compliance will be monitored by audit activities undertaken by the MHT to evaluate the completion and implementation of the Trust's risk assessment processes and associated documents.</p>	<p>for audit each year.</p> <p>Minimally six clinical areas and three non-clinical areas each year.</p> <p>Audit reports/outcomes will be sent to ward/department managers, matrons (where applicable) and Directorate Managers by the MHT within one month of completing the audit.</p> <p>Any necessary action plans will be developed by those managers.</p>
<p>b) Techniques to be used, including the use of appropriate equipment</p>	<p>The MHT will review, revise and update the content of all manual handling courses to reflect best practice and evidence based research.</p> <p>The use of safer handling techniques and equipment in the work place will be monitored by the MHT as part of the audit process.</p> <p>The MHT will, via the Link Workers, monitor</p>	<p>Annually with any changes/amendments being incorporated into the training packages with a review and revision date being added to the documents to verify monitoring has taken place.</p> <p>Audit reports/outcomes will be sent to ward/department managers, matrons (where applicable) and Directorate Managers by the MHT within one month of completing the audit.</p> <p>Any necessary action plans will be developed</p>

	<p>the availability and suitability of all patient lifting equipment across the Trust by conducting a survey.</p> <p>The MHT will monitor the content of the Trust Manual Handling Resource Pack where necessary ensuring the information contained within reflects statutory and regulatory requirements, best practice guidance and research based evidence as it relates to the techniques to be used in the moving and handling of patients and objects, including use of appropriate equipment.</p> <p>Monitor the availability of current editions of the Manual Handling Resource Pack as part of any site audits.</p> <p>Monitor and evaluate AIRS/DATIX reports which have been coded as manual handling in order to identify emerging trends.</p>	<p>by those managers.</p> <p>Annually via audit process with the collated data being disseminated to all relevant bodies.</p> <p>Any revisions will be publicised via the MHT intranet web page and replacement copies of the information will be disseminated by the MHT via the Link Worker system. Each revision will be clearly marked with a version number review and revision date to verify the monitoring process.</p> <p>Audit reports/outcomes will be sent to ward/department managers, matrons (where applicable) and Directorate Managers by the MHT within one month of completing the audit.</p> <p>Any necessary action plans will be developed by those managers.</p> <p>An annual report will be constructed using</p>
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		this collated data and disseminated to the relevant bodies.
c) Arrangements for access to specialist advice	<p>The MHT will record and monitor all requests for specialist advice, including outcomes using a dedicated database.</p> <p>Monitor, review and maintain an accurate database of Manual Handling Link Workers who have enhanced knowledge and skills in risk assessment and safer manual handling activities.</p>	<p>Annually using Cohort database and the MHT intranet web pages.</p> <p>Annually - Link Worker list to be updated and published on the MHT intranet web page.</p>
d) How the organisation risk assesses the manual handling of patients and objects	<p>The MHT will monitor and audit the process for risk assessment by examining the following documents during audits:</p> <ul style="list-style-type: none"> - Patient handling assessments at the bedside - Department Standard Operating Procedures/Protocols filed within the Departmental Health & Safety file or within the Manual Handling Resource Pack - Trust Manual Handling Checklists 	<p>Audit reports/outcomes will be sent to ward/department managers, matrons (where applicable) and Directorate Managers by the MHT within one month of completing the audit.</p> <p>Any necessary action plans will be developed by those managers.</p> <p>Quarterly and annual reports containing data obtained from this monitoring process which informs the Relevant Bodies.</p> <p>Minimally six clinical areas and three non-</p>

	- Trust Workplace Risk Assessment documents	clinical areas will be audited each year.
e) How action plans are developed as a result of risk assessment	<p>Managers will develop action plans arising from risk assessment. Managers will be required to enter these details on to the appropriate departmental/directorate risk register.</p> <p>The MHT will monitor all requests for assistance and support from managers to develop action plans.</p>	Quarterly and annual reports containing data obtained from this monitoring process which informs the Relevant Bodies.
f) How action plans are followed up	The Health & Safety Manager will monitor, via the health and safety profiling tool return, as part of the Risk Management Policy.	Annually via the health and safety profiling return.
<p>NHSLA Standard 5 Medical devices training Refer to the Medical Devices Policy for a) to e)</p> <p>f) How the organisation records that all permanent staff complete training</p>	The MHT will record and inform all managers of staff who complete medical device training during the course of a training event.	Notifications will be sent to all managers following a training event facilitated by the MHT.

	Managers will transfer this information to the Medical Devices Training Matrix for monitoring purposes.	
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10.2 Standards/Key Performance Indicators

Include here any relevant standards the policy underpins (ie CQC standards, HSE standards, professional body standards)

The implementation of the requirements of this policy whose aim is to reduce the risk of musculo skeletal injury/disorders will lead to a reduction in the following:-

- AIRS/ DATIX incidents which are coded as "manual handling"
- RIDDOR reportable manual handling related accidents/incidents
- The number of working days lost due to sickness absence due to musculo skeletal injuries/disorders
- The financial cost arising out of claims for personal injury

The Manual Handling Team will monitor and audit the effectiveness of this policy by monitoring, evaluating and analysing information / data from a range of sources including AIRS/DATIX data base, information from the Risk and Legal Department, OHWS and the Trust Health and Safety Manager.

The roles and responsibilities outlined in Section 5

Enable the Trust to demonstrate compliance with:

CQC Outcome 14 A & C (Regulation 23) – Supporting Workers

CQC Outcome 11 A B C (Regulation 16) Safe, availability and suitability of equipment

11 Training

See section 11 of the **Policy for Development and Management of Policies** for details of the statutory and mandatory training arrangements.

The Trust has a duty to provide suitable and sufficient training for all employees. The MHT has undertaken a training needs analysis to identify the manual handling training needs for all staff groups including the frequency, duration and content. Manual handling training is a statutory and mandatory obligation for all employees on induction and thereafter via update training.

11.1 Content of Training

Manual handling training events will follow the following curricular requirements:

- Anatomy and physiology
- Principles of safer handling
- Manual handling risk assessment
- Relevant legislation relating to manual handling, professional duties, including condemned/controversial techniques
- Inanimate load/object handling
- Patient handling

11.2 Staff Groups to Attend Training

All staff must attend manual handling training that is relevant to their job role, responsibility and exposure to manual handling activities and in accordance with the Trusts Training Needs Analysis.

The Trust will provide appropriate training for all employees on commencing work and a programme of updates/refresher training. Until new staff have completed appropriate training, their duties will be commensurate with their current skill level or circumstances. This training will be organised by their manager as part of their local induction programme.

All new staff will complete an induction programme containing the theory of manual handling via:

- OLM e learning for staff with IT access
- Corporate Manual Handling Induction Booklet – available to download from the MHT pages on the Trust Intranet – for staff with no IT access
- Training Tracker – for Medical Staff

Staff groups identified within the statutory and mandatory training profile will also be provided with practical manual handling training as soon as reasonably practicable.

See Appendix A for the staff groups descriptor.

11.3 Practical Skills Training

Training involving a physical element may necessitate special consideration for anyone with health needs. Advice can be sought from OHWS or the MHT prior to booking a place. This also includes the assessment of staff members with physical difficulties who may require modified training or guidance on safer moving and handling techniques. Managers should undertake a risk assessment prior to sending pregnant staff to attend any practical skills training.

Details of employees who fail to attend manual handling training without prior notification will be provided to their manager via DNA notification completed by the MHT.

11.4 Timings & Frequency of Training

The timings and frequency of initial and update training is determined by a training needs analysis and is outlined by the statutory and mandatory training profile and also on the MHT web pages on the Trust intranet.

See appendix A for staff training frequencies

11.5 The Link Worker Programme

The Trust has adopted and endorsed a "Train the Trainer" programme known as the "Link Worker" programme to ensure all employees are able to achieve compliance with the statutory and mandatory manual handling training requirements. Link Workers receive enhanced training provided by the MHT to enable them to support both their colleagues and their managers in the work area. The training

received by the Link Workers reflects the competencies within three domains.

- Management of risk
- Creating Safe Systems of Work
- Professional Effectiveness and Maintaining Standards

The role of the Link Worker is pivotal to promoting "best practice" and facilitating change within the workplace by bridging the gap between theory and practice, reinforcing safer handling activities and supporting this policy.

Exceptions to the Link Worker Programme have been identified within the Community Directorates. These groups of staff would make the implementation of the Link Worker Programme impossible due to their geographical locations, team numbers or working patterns. These groups of staff are as follows:

- Virtual Ward Teams

These excepted groups will receive their induction and update training via the Manual handling Team.

11.6 The Porters have been identified as a group of staff who undertake inanimate load handling, use of manual handling equipment and patient handling activities. As such they are unique and a bespoke package has been devised and will be delivered on behalf of the MHT by their Link Workers.

11.7 Health Care Assistants, Occupational Therapy Assistants and Physiotherapy Assistants working within the York Hospital Site will continue to receive their manual handling induction as part of their 2 week Corporate Induction Programme. This training will be facilitated by the MHT with the Link Workers monitoring their progress and skill acquisition in the workplace by completing a HCA Induction competency sheet.

12 Trust Associated Documentation

YHFT [number] Policy for the Development and Management of Policies

Airs Policy

Health and Safety at Work Policy

Medical Devices Policy

Risk Management Policy

Slips Trips and Falls – Patients

Maternity and Adoption Leave Policy

Sickness Absence Policy – Supporting and Managing the Wellbeing of Staff

1. Combined Assessment Chart
2. Patient Handling Care Plan
3. Manual Handling Checklist (Lifting and Lowering of Loads)
4. Manual Handling Checklist (Pulling and Pushing)
5. Work Place Risk Assessment

13 External References

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United Kingdom Government, Health and Safety at Work etc Act, (1974) HMSO: London

14 Appendices

APPENDIX A - Staff Group Descriptors & Training Frequencies

Level 1 Patient Handlers are defined as:

Staff who routinely assist and handle patients who may have low Functional Independence Measures (FIM) of 4 - 1 (Granger et al 1993) as part of their roles and responsibilities

e.g. – Nurses, Physiotherapists, Occupational Therapists, Health Care Assistants, Physiotherapy Assistants, Occupational Therapy Assistants etc.

Level 2 Patient Handlers are defined as:

Staff who may occasionally assist and handle patients with higher FIM's of 4-7 as part of their roles and responsibilities. These staff would not be expected to use patient lifting equipment or take the lead in complex handling activities.

e.g. – Medical Staff, Specialist Nurses, Occupational Health Advisors, Matrons, Speech and Language Therapists, Phlebotomists, etc.

Level 1 Load Handlers are defined as:

Staff who undertake inanimate load handling activities both with and without equipment where the characteristics of the load and the frequency and duration of the activity represents a significant risk of musculo skeletal disorders

e.g. – Estates and Facilities, EME, Domestic staff, Catering staff, Clinical Coders, Medical Records staff, Transport staff, etc.

Level 2 Load Handlers are defined as :

Staff who undertake inanimate load handling which providing the principles of safer handling are applied the loads would not represent a risk of musculo skeletal disorder. These staff are likely to be sedentary workers.

e.g. - – Receptionists, clerical support workers, ward clerks, medical secretaries etc.

Porters have been identified as a unique group of staff who fall between the categories of Level 2 Patient Handlers and Level 1 Load Handlers and as such will have their own bespoke training course/package for their Link Workers to deliver.

Staff Category	Induction Training	Module A- theoretical learning	Update training/assessment of competence in practical skills
Level 1 Patient Handlers – qualified staff Nurses, physio, OT's	1.5 hour training session delivered by MHT One off	Via e-learning or training booklet Every 3 years	Via Link Worker system Every 2 years
Level 1 Patient Handlers – non qualified HCA,PTA,OTA	6 hour training session delivered by the MHT on behalf of Cathy Skilbeck – Workforce Development One off	Via e-learning or training booklet Every 3 years	Via Link Worker system Every 2 years
Level 2 Patient Handlers- Qualified and non qualified	1 hour session delivered by the MHT One off	Via e-learning or training booklet Every 3 years	Via Link Worker system Every 2 years
Level 1 Load Handlers –	1 hour session delivered by the MHT Frequency One off	Via e-learning or training booklet Every 3 years	Via Link Worker system Every 3 years
Level 2 Load Handlers –	Via LW or Manager using Information booklet Frequency One off	Via e-learning or training booklet Every 3 years	Via Link Worker system Every 3 years

Appendix B: Equality Impact Assessment Tool

To be completed when submitted to the appropriate committee for consideration and approval.

Name of Policy:	Manual Handling Policy
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1.	What are the intended outcomes of this work?	
	Develop and implement a clear and coherent policy to minimise risk associated with manual handling activities	
2	Who will be affected? <i>e.g. staff, patients, service users etc</i>	
	All Trust staff, patients and members of the public	
3	What evidence have you considered?	
	The analysis of AIRS, RIDDOR (2004) and DATIX information collated by Risk & Legal Department. Also evidence based research and information as per External Reference List –section 13	
a	Disability in accordance with Equality Act (2010)	
b	Sex in accordance with Sex Discrimination Act (1975)	
c	Race in accordance with Equality Act (2010)	
d	Age . in accordance with Equality Act (2010)	
e	Gender Reassignment in accordance with Equality Act (2010)	
f	Sexual Orientation in accordance with Equality Act (2010) in accordance with Equality Act (2010)	

g	Religion or Belief in accordance with Equality Act (2010)	
h	Pregnancy and Maternity <i>In accordance with Equality Act (2010) and internal Policy</i>	
i	Carers <i>In accordance with Equality Act (2010) and internal Policy</i>	
j	Other Identified Groups <i>In accordance with Equality Act (2010) and internal Policy</i>	
4.	Engagement and Involvement First Draft, yet to involve Health & Safety , Infection Control, Directorate of Nursing, OD, Risk & Legal, Staff side and HR	
a.	Was this work subject to consultation?	
b.	How have you engaged stakeholders in constructing the policy	
c.	If so, how have you engaged stakeholders in constructing the policy	
d.	For each engagement activity, please state who was involved, how they were engaged and key outputs	
5.	Consultation Outcome	
	<i>Now consider and detail below how the proposals impact on elimination of discrimination, harassment and victimisation, advance the equality of opportunity and promote good relations between groups</i>	
a	Eliminate discrimination, harassment	

	and victimisation	
b	Advance Equality of Opportunity	
c	Promote Good Relations Between Groups	
d	What is the overall impact?	
	Name of the Person who carried out this assessment:	
	Date Assessment Completed	
	Name of responsible Director	

If you have identified a potential discriminatory impact of this procedural document, please refer it to the Equality and Diversity Committee, together with any suggestions as to the action required to avoid/reduce this impact.

Appendix C Checklist for the Review and Approval

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

	Title of document being reviewed:	Yes/No/Unsure	Comments
1	Development and Management of Policies		
	Is the title clear and unambiguous?	YES	
	Is it clear whether the document is a guideline, policy, protocol or procedures?	YES	
2	Rationale		
	Are reasons for development of the document stated?	YES	
3	Development Process		
	Is the method described in brief?	YES	
	Are individuals involved in the development identified?	YES	
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?	YES	
	Is there evidence of consultation with stakeholders and users?		
	Has an operational, manpower and financial resource assessment been undertaken?		
4	Content		
	Is the document linked to a strategy?	YES	
	Is the objective of the document clear?	YES	
	Is the target population clear and unambiguous?	YES	
	Are the intended outcomes described?	YES	

	Title of document being reviewed:	Yes/No/Unsure	Comments
	Are the statements clear and unambiguous?	YES	
5	Evidence Base		
	Is the type of evidence to support the document identified explicitly?	YES	
	Are key references cited?	YES	
	Are the references cited in full?	YES	
	Are local/organisational supporting documents referenced?	YES	
5a	Quality Assurance		
	Has the standard the policy been written to address the issues identified?	YES	
	Has QA been completed and approved?		
6	Approval		
	Does the document identify which committee/group will approve it?	YES	
	If appropriate, have the staff side committee (or equivalent) approved the document?		
7	Dissemination and Implementation		
	Is there an outline/plan to identify how this will be done?	YES	
	Does the plan include the necessary training/support to ensure compliance?	YES	
8	Document Control		
	Does the document identify where it will be held?	YES	
	Have archiving arrangements for superseded documents been addressed?	YES	

	Title of document being reviewed:	Yes/No/Unsure	Comments
9	Process for Monitoring Compliance		
	Are there measurable standards or KPIs to support monitoring compliance of the document?	YES	
	Is there a plan to review or audit compliance with the document?	YES	
10	Review Date		
	Is the review date identified?		
	Is the frequency of review identified? If so, is it acceptable?		
11	Overall Responsibility for the Document		
	Is it clear who will be responsible for coordinating the dissemination, implementation and review of the documentation?	YES	

Individual Approval			
If you are happy to approve this document, please sign and date it and forward to the chair of the committee/group where it will receive final approval.			
Name		Date	
Signature			
Committee Approval			
If the committee is happy to approve this document, please sign and date it and forward copies to the person with responsibility for disseminating and implementing the document and the person who is responsible for maintaining the organisation's database of approved documents.			
Name		Date	
Signature			

Appendix D Plan for dissemination of policy

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

Title of document:	Manual Handling Policy version 11
Date finalised:	15/05/12
Previous document in use?	Manual Handling Policy version 10
Dissemination lead	
Which Strategy does it relate to?	
If yes, in what format and where?	
Proposed action to retrieve out of date copies of the document:	Compliance Unit will hold archive

Dissemination Grid

To be disseminated to:	1)	2)
Method of dissemination		
who will do it?		
and when?		
Format (i.e. paper or electronic)	Electronic	

Dissemination Record

Date put on register / library	
Review date	
Disseminated to	
Format (i.e. paper or electronic)	
Date Disseminated	
No. of Copies Sent	
Contact Details / Comments	