

CEL 14 (2011)

18 March 2011

Dear Colleague

NHS SCOTLAND MANUAL HANDLING PASSPORT & INFORMATION SCHEME

The NHS Scotland Manual Handling Passport has been created by the Scottish Government, the Health and Safety Executive and the manual handling representatives from each of the NHSScotland Boards. The Passport aims to ensure consistency of manual handling education across NHSScotland, which will allow staff to transfer these skills when moving between boards.

Background

Manual handling injuries amongst staff working within the healthcare sector are still a significant occupational health problem which needs to be addressed. Health Boards have been trying to meet the requirements of the Manual Handling Operations Regulations 1992 (as amended 2002) for more than 15 years and some boards are still facing the challenge of trying to deliver training and instruction to all those who need it.

By clarifying the standards of training and information delivered, the Manual Handling Passport will help relieve the workload, by allowing resources to be shared and therefore enabling employees to transfer their manual handling skills from employer to employer.

Action

All NHSScotland boards are strongly encouraged to participate in the Passport Scheme in order to (i) ensure the consistency of manual handling education across NHSScotland; (ii) enable staff to transfer their skills without the need for additional training when moving from board to board; and (iii) assist in the further standardisation of skills and knowledge throughout NHSScotland.

Addresses

For action

HR Directors of all Boards

For information

Chairs of all Boards
Chief Executives of all Boards
Employee Directors of all Boards

Enquiries to:

John Davidson
Head of Staff Governance,
Health Workforce
Directorate,
St Andrew's House,
Regent Road,
Edinburgh, EH1 3DG

Tel: 0131-244 3204

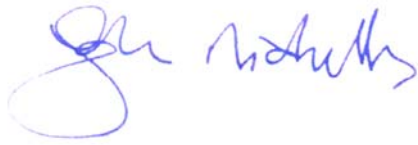
Fax: 0131-244 2837

John.davidson4@scotland.gsi.gov.uk

<http://www.scotland.gov.uk>

In time, it is hoped that other healthcare providers, such as Local Authorities and the private and voluntary sectors will be encouraged to participate in the Passport Scheme to extend the consistency of manual handling skills and knowledge across Scotland and outwith the NHS.

Yours sincerely



John Nicholls
Directorate for Health Workforce

The NHS Scotland Manual Handling Passport



The Scottish
Government



NHS Alba Clàr-trèanaidh Làimhseachaidh

FOREWORD

The NHS Manual Handling Training Passport and Information Scheme signifies the coming together of Health Boards within NHS Scotland to work towards a shared vision. It is based on a partnership initially formed between the All Wales NHS Manual Handling Steering 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. Health Boards have been trying to meet the requirements of the Manual Handling Operations Regulations 1992 (as amended 2002) for more than 15 years and some are still facing the challenge of trying to deliver training and instruction to all those who need it. In clarifying the standards of training and information delivered, this Scheme will help relieve the workload, allow for resources to be shared and allow employees to transfer their manual handling skills from employer to employer.

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:-

- Health 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;
- Manual Handling Practitioners within Health Boards who must ensure that they provide accurate and timely advice when required.

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



Shona Robison
Minister for Public Health and Sport



Paul Stollard
HSE Director Scotland

NHS Scotland Manual Handling Passport

Document preparation

This document used the All Wales NHS Manual Handling Training Passport and Information Scheme, Version 2, December 2007, as a basis for discussion and subsequent revision. A working group was formed at the request of the Scottish Government to produce a document similar to the Welsh scheme with a Scottish context. The NHS Scotland Manual Handling Steering Group consists of a lead manual handling representative from each of the Scottish Health Boards as identified below and for the purpose of developing this document, a representative from the Health and Safety Executive agreed to join the group. A series of meetings of the group were held during 2009 and consensus agreement was reached regarding this final document in September. These meetings were chaired by Cameron Raeburn (contact details below)

| Health Boards | Name | Title |
|---|------------------------------------|---|
| NHS Ayrshire & Arran | Gary Caldwell | Senior Moving and Handling Advisor |
| NHS Borders | Carole Brotherston | Senior Moving and Handling Advisor |
| NHS Dumfries & Galloway | Pippa Stark | Manual Handling Advisor/Trainer |
| NHS Fife & Tayside | Alix Mitchell | Musculoskeletal Team Leader |
| NHS Forth Valley | Belinda Thomson | Manual Handling Adviser |
| NHS Grampian | Jason Nicol | Risk Management Advisor (Moving and Handling) |
| NHS Greater Glasgow & Clyde | Cameron Raeburn | Moving and Handling Service Lead |
| NHS Highland | Kerrie MacLean | Moving and Handling Manager |
| NHS Lothian | Penny Docherty | Head of Manual Handling |
| NHS Lanarkshire | Joe McAdam | Moving and Handling Advisor |
| NHS Orkney | Lesley Platford | Moving and Handling Advisor |
| NHS Shetland | Elizabeth Eastham | Moving and Handling Trainer |
| NHS Western Isles | Jane Bain | Moving and Handling and V&A Training Co-ordinator |
| State Hospital Board for Scotland | Kelly Watson | Manual Handling Advisor |
| The National Waiting Times Centre Board | Joe Porter | Moving and Handling Co-ordinator |
| Scottish Ambulance Service | Graham Forman | Ergonomic Advisor |
| Health & Safety Executive | Karin Killington | HM Inspector of Health & Safety |

NB The material contained within this pack was up-to-date at the time of publication.

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1. Introduction

The overall aim of the NHS Scotland Manual Handling Passport is to ensure consistency of manual handling education across NHS Scotland, thus allowing staff to transfer their skills when moving from Health Board to Health Board and assisting in standardising skills and knowledge throughout NHS Scotland. The Scottish Ambulance Service has specific additional manual handling needs to the other Health Boards, however fully supports the aims and objectives of the passport and wherever possible will ensure consistency with the other healthcare providers. This document has been developed by the NHS Scotland Manual Handling Steering Group and is referred to as the 'Manual Handling Passport'.

Other healthcare providers, such as Local Authorities and the private and voluntary sectors are encouraged to participate in the Passport Scheme to extend the consistency of manual handling skills and knowledge across Scotland.

1.1. Acknowledgement

This document has been developed largely based on the 'All Wales Manual Handling Training Passport and Information Scheme' [1]. Agreement was sought and received from the Welsh steering group to use their work as a starting point for the development of the Scottish version. The thanks of the Scottish Steering Group are extended to our colleagues in Wales for kindly granting this permission.

1.2. Aims

The aims of the Passport Scheme are:

- To ensure consistency in manual handling education / assessment within participating organisations;
- To develop a mechanism whereby skills can be transferred between participating organisations;
- To minimise duplication within participating organisations.

1.3. Monitoring of the Manual Handling Passport

The NHS Scotland Manual Handling Steering Group will continue to meet after the implementation of the Manual Handling Passport to ensure its integrity.

The content of the Manual Handling Passport will be periodically reviewed by the NHS Scotland Manual Handling Steering Group to ensure that it remains in line with legislation and best practice; material / information will be added as and when required.

It is important that managers in the workplace monitor practice in accordance with the Manual Handling Passport by:-

- ensuring staff are trained, and / or assessed and / or updated as appropriate;
- keeping accurate training records;

- assessing whether staff are applying safe systems of work for manual handling and taking appropriate action where not;
- ensuring manual handling risk assessments are in place and are implemented.

1.4. Legal Framework

The ultimate responsibility for the health and safety of staff and patients rests with the employer. This position is re-enforced in both criminal and civil law. The passport will provide a framework to demonstrate compliance with the relevant legislation relating to manual handling.

Participation in the Manual Handling Passport sets a **Minimum** standard against which organisations can be measured. Participation in the Manual Handling Passport, signifies the employer's commitment to educate their staff to a consistent standard. This has been welcomed by the Health and Safety Executive, the Scottish Government and the Central Legal Office.

1.5. Other Organisations

Whilst the Manual Handling Passport was developed with NHS Scotland in mind, it represents a peer reviewed consensus opinion of the current minimum standard, which could equally be applicable in other organisations such as Local Authorities and the private and voluntary sectors.

1.6. Definitions of Terms used within this Document

Manual Handling: Refers to any transporting or supporting of a load (including the lifting, putting down, pushing, pulling, carrying or moving thereof) by hand or by bodily force as well as postural loading from fixed working postures.

Patient: Relates to patients, clients and service users.

Competence: "The ability to do something well, measured against a standard, especially ability acquired through experience or training."
http://encarta.msn.com/dictionary_1861599121/competence.html

Education: The imparting and acquiring of knowledge through teaching and learning.

Training: The process of teaching or learning a skill or job.

2. Standards

The pack contains 3 main standards.

Standard 1: Management of Manual Handling Education and Training

- It is important that employers recognise the need for training standards in manual handling. There is a requirement to ensure that those advising and educating others in manual handling practice have the appropriate skills and knowledge.
- This section outlines the skills required to perform the roles of Manual Handling Lead, and Manual Handling Practitioner (see Section 3.6). Participating organisations should consider the current level of expertise of those providing advice and training and their subsequent professional development needs.
- This section also outlines standards for the provision of adequate training.

Standard 2: Manual Handling Foundation Education and Training Curriculum

- This section outlines the aims and objectives of the Manual Handling Passport's foundation education and training curriculum.
- The training programme comprises of a series of modules to allow for flexibility in its delivery. The modules provided should meet the training needs of the individual.

Standard 3: Manual Handling Documentation

- It is recommended that organisations use documentation that meets the minimum criteria identified in the appendices. To assist with this, example documentation is provided.

3. Standard 1: Management of Manual Handling Education and Training

3.1. Introduction

Organisations 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 Manual Handling Passport is a path to ensuring that organisations meet the minimum requirement for training and advisory provision as set out in the standards detailed below and the manual handling training modules detailed in this document.

The standard offers the opportunity for current arrangements to be reviewed and practice benchmarked. Organisations must have a Manual Handling Policy, which endorses and supports the principles and minimum standards of the Manual Handling Passport.

To ensure compliance with the standards, organisations will need a robust education programme for staff. Those involved in the provision of education and advice must have adequate time to perform their duties, protected time to provide training and adequate recognition and support.

The standards detailed below have been prepared to enable those responsible for the management of manual handling within an organisation, to ensure that training is provided to an acknowledged and consistent standard. The NHS Scotland Manual Handling Steering Group have considered the standards laid down by the National Back Exchange (NBE) Training Guidelines (2002) [2], and with a few minor amendments have incorporated them into the training standards required for full participation in the Manual Handling Passport. They are not meant to be retrospective.

When the NBE prepared the guidelines the legal requirements for training were identified, and guidance was taken from other authoritative sources, such as: The Royal College of Nursing, The Chartered Society of Physiotherapy, The College of Occupational Therapy, 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 Advisors.

3.2 Aims of the standards

- To assist with compliance with the law;
- To reduce the risks to staff, patients and others resulting from poor practice;
- To reduce the likelihood of litigation / complaints;
- To implement and maintain person specifications for manual handling professionals;
- To promote national consistency via the Manual Handling Passport;
- To promote the best utilisation of time / resources.

3.3 Legal Requirements

Health and Safety at Work etc Act 1974, Part 1, Section 2(2)c requires employers to provide [3];

“.....such *information, instruction, training and supervision* as is *necessary* to ensure, so far as is reasonably practicable, the health and safety at work of his employees.”

Management of Health and Safety at Work Regulations 1999, Regulation 5 requires that [4];

“Every employer shall make... arrangements as are appropriate...for the effective planning, organisation, control, monitoring and review of the preventative and protective measures.”

Regulation 13 (2) and (3) requires employers to provide health and safety training:

- On recruitment;
- When risks change;
- To be repeated periodically where appropriate.

Manual Handling Operations Regulations 1992 (as amended 2002), Regulation 4(1)(b)(i), (ii), (iii) and Regulation 5 [5] do not specify training but this is implicit in some of its requirements. Guidance on these Regulations has been updated by the Health & Safety Executive (2004). Employees should be given information on:

- Recognition of risk;
- Risk assessment including consideration of the following factors; task, individual capability, load, environment and other factors;
- Safe working systems;
- Use of equipment.

3.4. Continuing Education and / or Assessment

The organisation must implement one of the following systems of work:

i. Refresher / Update Education

Regular update education must be provided (and influenced by the individual undertaking a self assessment of training needs), unless the organisation has an effective system in place for assessing the competence of staff in the workplace. The frequency of update education should be on an **annual basis** in conjunction with the Knowledge and Skills Framework.

ii. Competence Assessment

An effective system for assessing workplace competence must include the individual undertaking a self assessment of training needs, along with a formal competence assessment by a manual handling assessor on an **annual basis**, which should be appraised through annual PDPR in conjunction with the Knowledge and Skills Framework.

Exceptions to education and / or assessments occurring annually must be risk assessed and evidence based e.g. risk assessment, competency assessments, injury data, occurrence recording data. RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) data, occupational health data, local sickness absence, etc.

Update education will occur if:

- there is NOT an effective system of assessing workplace competence;
- the individual staff member has identified training needs;
- the individual staff member is not working competently;
- there is a change in legislation or professional guidance;
- there is a change in working procedures;
- equipment is introduced;
- it is indicated following an incident.

3.5. Pre-training Requisites

The following 6 pre-training requisites are essential for the success of the Manual Handling Passport:

- i. A training needs analysis to identify the level and extent of training required.

- ii. Adequate policies and procedures to promote best practice and staff health.
- iii. Management commitment and support for the manual handling strategy and service delivery.
- iv. Allocation of sufficient resources by management to implement, develop and deliver the service in accordance with suitable and sufficient policies and procedures. (The National Back Exchange recommends the “*minimum ratio 1 manual handling advisor per 1000 employees*”, Manual Handling Standard 2004) [6].
- v. Organisations will recognise the provision of a Manual Handling service as a professional one and that individuals who are employed to perform this role must be competent (see Section 3.6).
- vi. It is essential that consideration is given to an individual’s ability to perform manual handling activities / operations safely. This is supported by:-
 - Adequate provision of Occupational Health support / advice;
 - Adequate advice to managers on an individual’s capability to undertake manual handling activities safely as a result of a current, or following on from, musculoskeletal disorder;
 - The acknowledgement by employees that they must report any restrictions which may impact on their ability to practice / undertake manual handling activities safely e.g. pregnancy, back problems, musculo-skeletal disorders or other psycho-social factors;
 - Promoting that musculo-skeletal health requires “24 hour care”.

3.6. Personal Specifications for Manual Handling Staff (Adapted from NBE Trainers Guidelines, 2002)

The Person Specification for the **Manual Handling Lead** (Strategic Level) is as follows:

- ❑ Must have a recognised, relevant healthcare professional qualification e.g. nurse, physiotherapist, occupational therapist.
- ❑ Must meet their own professional code of practice.
- ❑ 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 Interprofessional Framework for Back Care Advisors etc. leading to an accredited award from a professional body or academic institution.
- ❑ Should have a recognised teaching qualification / experience.
- ❑ 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.
- ❑ Must 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.
- ❑ Must be physically capable of demonstrating good practice.
- ❑ Must demonstrate efforts to keep abreast of developments in the field, by attendance at meetings, conferences and seminars, and ideally be a member of National Back Exchange and Scottish Manual Handling Forum.
- ❑ Must maintain a Continuing Professional Development (CPD) portfolio as evidence of up to date knowledge of manual handling practice.
- ❑ 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 patient independence, use of equipment and ergonomic changes to minimise risks to staff, patients and others.
- ❑ Must demonstrate a practical problem solving approach to manual handling issues.

The Person Specification for a **Manual Handling Practitioner in Patient and Inanimate Load Handling** (Foundation Level) is as follows:

- ❑ Must have a recognised, relevant healthcare professional qualification, e.g. nurse, physiotherapist, occupational therapist.
- ❑ Must have attended a patient manual handling course.
- ❑ Must have experience in working 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 manual handling issues.
- ❑ Must be physically capable of demonstrating good practice.
- ❑ Must promote patient independence, use of equipment and ergonomic changes to minimize risks to staff, patients and others.
- ❑ Must demonstrate efforts to keep abreast of developments in the field, by attendance at meetings, conferences and seminars, and ideally be a member of National Back Exchange and Scottish Manual Handling Forum.
- ❑ Must maintain a Continuing Professional Development (CPD) portfolio as evidence of up to date knowledge of manual handling practice.

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

- ❑ Must have attended a course in Manual Handling.
- ❑ Must be able to demonstrate knowledge of relevant legal influences in the field of manual handling, an understanding of the ergonomic principles involved, and of the risk assessment processes required.
- ❑ Must demonstrate a practical problem solving approach to manual handling issues.
- ❑ Must be physically capable of demonstrating good practice.
- ❑ Must promote use of equipment and ergonomic changes to minimise risks to staff, patients and others.
- ❑ Should demonstrate efforts to keep abreast of developments in the field, by attendance at meetings, conferences and seminars, and ideally be a member of National Back Exchange and Scottish Manual Handling Forum.

- Must maintain a Continuing Professional Development (CPD) portfolio as evidence of up to date knowledge of manual handling practice.

NB These person specifications are the minimum requirements for applicants. However, in the case of recruitment pool weaknesses the employer may relax some of these requirements within professionally tolerable limits.

3.7. Education and Training – Organisation and Implementation

This should start with management and must include staff at all levels.

This must include risk management as appropriate, for example, all staff must be able to recognise and report hazardous situations and take appropriate action. Staff who conduct formal written manual handling risk assessments must be trained to carry out and record suitable assessments for all appropriate patient / inanimate load tasks.

Training must be sufficiently supervised. For practical sessions, ideally a ratio of 6 trainees (max of 8) to 1 trainer for Patient Handling and 8 trainees (max 12) to 1 trainer for inanimate load handling. Consideration of these ratios must be given to:

- The baseline knowledge of the trainee(s) / trainer;
- The layout of the training venue (must be fit for purpose);
- The equipment available to facilitate practical training;
- The manoeuvres to be performed.

All modules of the Manual Handling Passport must be delivered in a designated, suitably equipped venue.

3.8. Training – Planning and Recording

Training should be specific to group needs, and be job specific according to level required.

Manual Handling Theory (e.g. Module A) provides underpinning knowledge, and must be completed prior to proceeding to other modules.

Length of training must be sufficient to encourage and develop a change in knowledge, attitude, behaviour and skills. Demonstrations alone are not sufficient, and staff must have sufficient time to practice and develop practical skills under close supervision.

A process must exist where the participants' fitness to participate is ascertained.

Feedback must be provided to management on attendance of trainees and trainees who have experienced difficulty participating in any part of the training session.

Full records of all training must be kept, including:

| | |
|---|---|
| • Date / place of training | • Participants job title / place of work |
| • Unique ID number (e.g. pay roll number, date of birth, SWISS) | • Printed names / signatures of trainer / trainee |
| • Duration of session | • Content |
| • Handouts | • Full / partial participation |
| • Refusal / inability to attend | • Equipment / aids used |
| • Situations where remedial action is necessary | • Signatures – trainer and attendees |

3.9 The passport process as it would apply to a new employee

On starting – Complete induction record and checklist (appendix 1a and 1b)



Identify any knowledge or training gap (related to module content)



Complete training (if required)



On review – Complete manual handling self-assessment (appendix 2a)



If gaps in knowledge or skills identified, address them



Complete competency assessment (Appendix 2b)



If gaps in skills identified, address them



Repeat self-assessment and competency assessment annually

3.10 Audit and Review

A system must be implemented to audit and review the implementation of manual handling practices in the workplace. An audit tool will be developed to support this process.

Managers must realise the importance of monitoring practice in the workplace and correcting staff if they do not practise safely.

Incidents that result as a consequence of manual handling tasks or activities must be reviewed and appropriate action taken.

There must be a culture in the workplace for managers and staff to support the training that has been provided and to allow them to practise safely.

4. Standard 2: Manual Handling Foundation Education and Training Curriculum

The aim of the curriculum is to provide the individual with the manual handling skills and knowledge to reduce the risk of musculo-skeletal injuries caused by poor manual handling in the workplace and hence reduce sickness absence. Additionally the curriculum aims to promote patient independence and safety. The training programme is broken down into modules to allow for flexibility in its delivery. The modules cover the following topics:

| | |
|----------|---|
| Module A | Manual Handling Theory |
| Module B | Inanimate Load Handling & Practical Application of Ergonomics |
| Module C | Chair Manoeuvres |
| Module D | Bed Manoeuvres |
| Module E | Hoisting |
| Module F | Lateral Transfers (Non-Patient Handlers) |

Organisations participating in the Manual Handling Passport must ensure that their training courses meet the aims and objectives specified within each training module.

Training participants will be informally assessed throughout the course of the module.

The trainee will be issued with a Manual Handling Passport (Appendix 4e) which will identify details of the key topics / modules completed on the session, and will be signed by the trainer if the trainee demonstrates an appropriate level of competence during the workshop.

The trainer will keep the **Attendance Record** along with the **Record of Training** for each course and courses will be evaluated by the Manual Handling Service.

NB The **Attendance Record** is a register used to record all trainees attending the training workshop and will be signed by the trainer and all trainees (Appendix 4a). The **Record of Training** is a record of the key topics / manoeuvres covered during the training session (Appendix 4b).

4.1. Module A – Manual Handling Theory

The suggested *minimum* time for this session is 1½ – 3 hours, depending on the mode of delivery.

Aim

To provide underpinning knowledge necessary to reduce the risk of musculo-skeletal disorders caused by poor manual handling in the workplace.

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

- i. Define the term “manual handling”;
- ii. Describe the causes and effects of musculo-skeletal disorders (MSDs);
- iii. State basic methods of promoting and managing their own '24 hour' musculo-skeletal health;

- iv. Outline how legislation applies to manual handling at work;
- v. Describe the principles of ergonomics and risk assessment in reducing the risk of manual handling injury;
- vi. Describe the principles of safer manual handling;
- vii. Identify the risks involved in team handling;
- viii. Describe importance of good communication in relation to manual handling;
- ix. Outline the management of manual handling within the organisation e.g. policy, organisation of training, access to occupational health, incident reporting;
- x. Describe the potential impact on others of poor manual handling practice;
- xi. Identify high risk activities / manoeuvres.

4.2. Module B - Inanimate Load Handling & Practical Application of Ergonomics

The suggested *minimum* time for this session is 1 – 2 hours. If independently delivered Module A should be reinforced during the course of the module.

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– by the end of the session the trainee should be able to:

- i. State the principles of safer manual handling of loads including assessing the weight prior to lifting;
- ii. Identify the four key areas, and other related factors such as guideline weights, to be considered when undertaking a manual handling risk assessment;
- iii. Describe undertaking a manual handling risk assessment for inanimate load handling activities and workstation assessment – Display Screen Equipment (DSE) (as appropriate to the trainees);
- iv. Identify how the principles of safer handling can be applied to all handling activities;
- v. Outline the importance of posture and the application of ergonomic principles, appropriate to the workplace and work activity;
- vi. Demonstrate the application of safer manual handling principles as appropriate in the workplace for example:
 - Pushing and pulling;
 - Lifting and lowering a load from the floor or low level;
 - Sitting at an office desk / workstation set up;
 - Carrying a load.
- vii. Identify basic safety checks of equipment.

During the training session the trainee will be given the opportunity to practise all relevant manoeuvres specific to their individual needs.

4.3. Module C - Chair Manoeuvres

The suggested *minimum* time for this session is 2 – 3 hours, dependent on individual need. If this module is independently delivered Module A should be reinforced during the course of the module.

Aim

To provide instruction and training for the appropriate manual handling of patients.

Objectives – at the end of the session, the trainee should be able to:

- i. State the principles of manual handling of patients;
- ii. Identify the key areas of manual handling risk assessment;
- iii. Describe undertaking a manual handling risk assessment of a patient from a given scenario;
- iv. Describe high risk / controversial practices as relevant to their workplace;
- v. Demonstrate an understanding of promoting patient independence;
- vi. Demonstrate the following manoeuvres utilising appropriate principles of manual handling when a patient is being assisted by A) one carer, and B) two carers, including where appropriate, the use of relevant handling aids:
 - Assisting a patient forward and back in a chair;
 - Sitting to standing and standing to sitting from / on a chair;
 - Sitting to standing and standing to sitting from / on a bed;
 - A standing transfer from bed to chair and chair to bed;
 - Assisted walking;
- vii. Describe how to deal with the following manual handling scenarios:
 - The falling patient (whether Trainers demonstrate is at the discretion of the organisation following a detailed risk assessment);
 - Raising the fallen patient - instructing the person to raise him / herself (and use of appropriate equipment);
 - Assisting the fallen patient out of a confined space (whether Trainers demonstrate and trainees practice this is at the discretion of the Trainer and the organisation);
- viii. Describe how the patient and others (e.g. carers) are fully involved in making decisions around their manual handling.

During the training session the trainee will be given the opportunity to practise all relevant manoeuvres specific to their individual needs.

Suggested Equipment – slide sheets, one-way slide sheet, turn tables, transfer boards, lifting cushion.

NB. 'Bed' includes all horizontal surfaces for patient care e.g. bed, plinth, trolley etc.

4.4. Module D - Bed Manoeuvres

The suggested *minimum* time for this session is 2 – 3 hours, dependent on individual need.

If this module is independently delivered, the principles of manual handling of patients, risk assessment of a patient etc. as detailed in Module C (objectives i – v) should be included, or recapped if previously covered. In addition Module A should be reinforced during the course of the module.

Aim

To provide instruction and training for the appropriate manual handling of patients.

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

- i. Describe the principles of manual handling whilst working at a bed e.g. appropriate height;
- ii. Describe high risk / controversial practices as relevant to the workplace;
- iii. Demonstrate appropriate posture whilst feeding / treating / examining a patient;
- iv. Demonstrate the following manoeuvres utilising appropriate principles of manual handling when a patient is being assisted by A) one carer, and B) two carers, including where appropriate, the use of relevant handling aids:
 - Inserting, using and removing tubular and / or flat slide sheets;
 - Turning in bed;
 - Reposition the supine patient in the bed;
 - Sitting a patient from supine lying to long sitting;
 - Sitting a patient from supine to sitting over the edge of the bed;
 - Assisting a patient to lie down from sitting on edge of bed;
- v. Demonstrate safe use and functionality of electric profiling beds (if available) e.g. use of bed rails;
- vi. Lateral supine transfer from bed to trolley / trolley to bed;
- vii. Describe how the patient and others (e.g. carers) are fully involved in making decisions around their manual handling.

During the training session the trainee will be given the opportunity to practise all relevant manoeuvres specific to their individual needs.

Suggested Equipment – slide sheets, handling sling, bed ladder, hand blocks, leg raiser, electric profiling bed, lateral transfer aid, divan bed.

NB. 'Bed' includes all horizontal surfaces for patient care e.g. bed, plinth, trolley etc.

4.5. Module E - Hoisting

The suggested *minimum* time for this session is 1½ – 2½ hours, dependent on individual need.

If this module is independently delivered, the principles of manual handling of patients, risk assessment of a patient etc. as detailed in Module C (objectives i. – v) should be included, or recapped if previously covered. In addition Module A should be reinforced during the course of the module.

Aim

To provide instruction and training for the appropriate manual handling of patients.

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

- i. Describe the safe use and functionality of hoists, and the generic types of hoists available (e.g. active / passive etc);
- ii. Demonstrate an awareness of the different type of slings including selection via size, function e.g. toileting, safe working load (SWL) and clip versus loop attachments, by being able to discuss the use of slings (and the affect different loop selection on a loop sling has on the patient's position);
- iii. State the main points of the Lifting Operations and Lifting Equipment Regulations (LOLER) 1998;
- iv. Describe high risk / controversial practices;
- v. Understand the individual patient factors / needs / conditions that can affect safe hoisting e.g. awareness and co-operation, communication, restlessness, etc;
- vi. Safely demonstrate the following techniques:
 - Sizing / measuring the sling against the patient;
 - Inserting and removing a sling with the patient in bed;
 - Inserting and removing a sling with a patient in a chair;
 - Hoisting a patient from chair to bed / bed to chair;
 - Hoisting a patient from the floor (or use of alternative equipment e.g. lifting cushions);
 - Use of active hoist (e.g. stand aid);
- vi. Describe how the patient and others (e.g. carers) are fully involved in making decisions around their manual handling.

During the training session the trainee will be given the opportunity to practise all relevant manoeuvres specific to their individual needs.

Suggested Equipment – Passive Hoist (this is a sling lifting hoist, capable of lifting from the floor); Active Hoist (this is a hoist where the patient must take active participation in manoeuvre e.g. standing aid), slide sheets and a selection of appropriate slings.

4.6. Module F - Lateral Transfers

The suggested *minimum* time for this session is ½ - 1 hour, dependent on individual need. This module is aimed at staff who only handle patients for lateral transfers.

If this module is independently delivered, the principles of manual handling of patients, risk assessment of a patient etc. as detailed in Module A and B (objectives i. – vi.), should be included, or reinforced if previously covered.

Aim

To provide instruction and training for the appropriate manual handling of patients.

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

- i. Discuss high risk practices associated with lateral transfers;
- ii. Demonstrate a lateral supine transfer from bed to trolley / trolley to bed utilising the appropriate principles of manual handling with the patient being assisted by the relevant number of carers and using the relevant handling aids.

Suggested equipment – full length lateral transfer aids and slide sheets, patient transport trolleys, beds, mortuary trolleys (optional).

5. Standard 3: Manual Handling Documentation

5.1. Ward / Department Manual Handling Induction Checklist and Induction Record

When an employee joins a new organisation it is necessary to establish their level of manual handling skill and knowledge. This will be achieved partly by considering their previous manual handling training. The employee should present their passport document or evidence of relevant training for confirmation of manual handling training completed prior to commencement of manual handling activities (Appendix 4e).

Where required, the relevant modules should ideally be undertaken prior to commencement of ward / department based work. It will also be necessary to undertake a local induction / orientation programme. The Induction Record and Checklist (Appendix 1a & 1b) will assist with this.

An induction record and checklist must be completed by the Local Manager or their representative, for all new employees to the organisation. This information should then be used to identify the future training needs of the employee. A copy of the induction record and checklist should be kept in accordance with the Organisations policy.

5.2. Manual Handling Risk Assessment Forms

This section provides risk assessment forms for the assessment of generic tasks involving patients and inanimate loads that require manual handling (Appendix 3). A copy of the individual risk assessment (care plan / mobility chart) (Appendix 3c) or

relevant information specific to a patient's manual handling requirements should accompany the patient on transfer to other wards, departments etc.

5.3. Individual Training Record - Manual Handling

The Manual Handling Passport provides a record of training and achievements of an individual staff member (Appendix 4e). A detailed course training record will be retained by the provider of the training, which will identify all modules and manoeuvres covered during a given training session (Appendix 4b).

The individual trainee will be given a Manual Handling Passport which must be retained by them and presented to a new employer, in order for previous manual handling training to be acknowledged.

5.4. Other documents include:

- Manual Handling Self Assessment Form for inanimate load handling staff and patient handling staff (Appendix 2a);
- Guidance for the Completion of the Manual Handling Competency Assessment Form (Appendix 2b);
- Manual Handling Workplace / Update assessment inanimate load handling staff and patient handling staff (Appendix 3a & 3b);
- Record of Attendance (Appendix 4a);
- Health Questionnaire (Appendix 4d).

5.5. Further strategic documentation has also been developed as follows:

- Policy Framework (Appendix 5).

5.6. Future Additions

It is intended to add information to the Manual Handling Passport as and when it becomes appropriate.

6. References

1. All Wales NHS Manual Handling Training Passport and Information Scheme. (2007) www.wales.nhs.uk/
2. National Back Exchange. (2002) Training Guidelines, Issue 2 www.nationalbackexchange.org/files/training_guidelines/training_guidelines.pdf
3. Health and Safety at Work etc Act 1974. HMSO: London, www.hse.gov.uk/legislation/hswa.htm

4. Management of Health and Safety at Work Regulations 1999, www.legislation.hmso.gov.uk/si/si1999/19993242.htm
5. Health and Safety Executive. (2004) Manual Handling. Manual Handling Operations Regulations 1992 (as amended) Guidance on Regulations. 3rd Edition, HSE Books.
6. National Back Exchange. (2004) Manual Handling Standard Interim Document for Healthcare Providers: National Back Exchange: Towcester.

7. Bibliography

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College of Occupational Therapists. (2006) Manual Handling, College of Occupational Therapists, London.

Health and Safety Commission. (1998) Manual Handling in the Health Services, 2nd Edition: HSE Books.

HSE (2007). Risk assessment and process planning for Bariatric patient handling pathways, RR573 Research report, www.hse.gov.uk

HSE. (2002) Health and Safety (Miscellaneous Amendments) Regulations 2002. www.opsi.gov.uk/si/si2002/20022174.htm

HSE (1998). The Lifting Operations and Lifting Equipment Regulations 1998, www.opsi.gov.uk/si/si1998/19982307.htm

HSE (1998). The Provision and Use of Work Equipment Regulations 1998, www.opsi.gov.uk/si/si1998/19982306.htm

HSE. (1995) The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, www.legislation.gov.uk/ukxi/1995/3163/contents/made

NHS Knowledge and Skills Framework, www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4090843

The Guide to the Handling of People (2005), 5th Edition, Middlesex, Backcare

PIN Guidelines, Managing Health at Work, Promoting safe manual handling, www.sehd.scot.nhs.uk/psu/guide.htm

Resuscitation Council (UK). (2001) Guidance for safer handling during resuscitation in hospitals, www.resus.org.uk/pages/safehand.pdf

8. Further Information

Health and Safety Executive - www.hse.gov.uk/scotland/

National Back Exchange - www.nationalbackexchange.org.uk

Scottish Manual Handling Forum – www.smhf.co.uk

The Chartered Society of Physiotherapy - www.csp.org.uk

The College of Occupational Therapy - www.cot.org.uk

The Royal College of Midwives - www.rcm.org.uk

The Royal College of Nursing – www.rcn.org.uk

The Scottish Government – www.scotland.gov.uk/home

The Society of Radiographers - www.sor.org.uk

9. Appendices

The following appendices are intended to complement the content of the main document of the NHS Scotland Manual Handling Passport. The Appendices, with the exception of Appendix 1a, 1b and 4e, are provided as sample forms with minimum criteria provided for each, to intimate the minimum requirement for an organisations own documentation. Appendix 1a, 1b and 4e are forms intended to be used by all participating organisations in the format provided in the appendix.

The appendices are as follows:

| Appendix | Page |
|--|-------------|
| 1a. Ward / departmental patient handling staff induction checklist | 21 |
| 1b. Ward / department inanimate load handling staff induction checklist | 23 |
| 2a. Self assessment forms for patient and inanimate load handling staff | 25 |
| 2b. Competency assessment forms for patient and inanimate load handling tasks | 31 |
| 3a. Generic load handling risk assessment form | 36 |
| 3b. Generic patient handling risk assessment form | 40 |
| 3c. Individual patient handling risk assessment forms | 46 |
| 4a. Attendance Records | 51 |
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| 4d. Training course health declaration forms | 60 |
| 4e. Training passport documentation | 64 |
| 5. Manual Handling Policy guidelines | 69 |

Notes

Appendix 1a and 1b (Induction Checklists) should be completed by the local manager, or appropriate delegated person and kept locally as per the organisation's policies.

Appendix 4e (Passport Training Document) is intended to be produced as an A5 booklet. This booklet is to be held by the employee and used as evidence of training / assessments having been received.

Induction Checklist - Manual Handling Training Needs Form for Patient Handling Staff

| | |
|---|--|
| Full Name (please print): _____ Ward / Department / local base: _____ Unit / Directorate / CHP: _____ | Job Title / Band: _____ Commencement Date: _____ Unique ID (e.g. Payroll No.): _____ |
|---|--|

Please state which of the following FOUNDATION MODULES you have completed:

| Modules | Essential Modules For Post (please tick) | Date completed | Training Requirements | Date for Training | Completed Yes / No |
|---------|--|----------------|-----------------------|-------------------|--------------------|
| A | | | | | |
| B | | | | | |
| C | | | | | |
| D | | | | | |
| E | | | | | |
| F | | | | | |

Comments

Name of Manager (print): _____ Signature: _____ Date: _____

Name of Employee (print): _____ Signature: _____ Date: _____

Induction Checklist – Ward / Dept Patient Handling Staff

| The employee has an awareness of: | Yes / No | Comments |
|--|----------|----------|
| • Organisation’s Manual Handling Policy | | |
| • Responsibilities as stated in MH Policy | | |
| • Local / departmental MH procedures | | |
| • Generic Patient Handling Risk Assessments | | |
| • Generic inanimate load handling risk assessments | | |
| • Individual Patient Manual Handling Assessment Forms (Mobility Charts / Care Plans etc) | | |

| The employee is familiar with Ward/Department equipment (list, including make and model) | | | |
|--|-----|----|----------|
| | Yes | No | Comments |
| • Passive hoists e.g. Liko Viking | | | |
| • Active hoists e.g. Oxford Stand-aid | | | |
| • Slings | | | |
| • Slide sheets | | | |
| • Lateral transfer boards e.g. Pat-slide | | | |
| Other | | | |
| | | | |

| The employee has awareness of manual handling safe systems of work to include: | |
|--|--|
| COMMENTS | |
| • Falling patient | |
| • Fallen patient | |
| • Cardiac arrest situations | |
| • Emergency evacuations | |
| • Escorting a patient | |
| • Bariatric patients | |
| • Other | |

| Awareness of manual handling training requirements: |
|--|
| Manual Handling training before commencement of duties on wards / departments, thereafter refresher updates / workplace assessments on an annual basis, exceptions to this must be evidence based e.g. risk assessment, competency assessments, injury data, IR1 / RIDDOR, Occupational Health data, local sickness absence. |
| Contacts for manual handling information / advice: |
| |

Name of Manager (print): _____ Signature _____ Date _____

Name of Employee (print): _____ Signature _____ Date _____

Induction checklist - Manual Handling Training Needs Form for Inanimate Load Handling Staff

| | |
|---|--|
| Full Name (please print): _____ Ward / Department / local base: _____ Unit / Directorate / CHP: _____ | Job Title / Band: _____ Commencement Date: _____ Unique ID (e.g. Payroll No.): _____ |
|---|--|

Please state which of the following FOUNDATION MODULES you have completed:

| Modules | Essential Modules For Post (please tick) | Date completed | Training Requirements | Date for Training | Completed Yes / No |
|---------|--|----------------|-----------------------|-------------------|--------------------|
| A | | | | | |
| B | | | | | |
| F | | | | | |

Comments

Name of Manager (print): _____ Signature: _____ Date: _____

Name of Employee (print): _____ Signature: _____ Date: _____

Induction Checklist – Ward / Dept Inanimate Load Handling Staff

| The employee has an awareness of: | Yes / No | Comments |
|--|----------|----------|
| • Organisation’s Manual Handling Policy | | |
| • Responsibilities as stated in MH Policy | | |
| • Local / departmental MH Procedures | | |
| • Generic inanimate load handling risk assessments | | |
| • Incident reporting system | | |

| The employee is familiar with equipment required to be used | | | |
|--|-----|----|----------|
| List Equipment e.g. pallet truck, bed mover, self levelling container: | | | |
| | Yes | No | Comments |
| • | | | |
| • | | | |
| • | | | |
| • | | | |
| | | | |

| Awareness of manual handling safe systems of work to include: | |
|---|----------|
| Safe use of equipment e.g. use of a platform truck | |
| | Comments |
| • DSE assessments | |
| • Other | |

Awareness of manual handling training requirements:
 Manual handling training before commencement of duties on wards / departments, thereafter Refresher updates / workplace assessments on an annual basis, exceptions to this must be evidence based e.g. risk assessment, competency assessments, injury data, IR1 / RIDDOR, Occupational Health data, local sickness absence.

Contacts for manual handling information / advice:

Name of Manager (print): _____ Signature _____ Date _____

Name of Employee (print): _____ Signature _____ Date _____

Criteria for Manual Handling Self Assessment

Aim

The aim of the self assessment is to enable staff to reflect on personal manual handling knowledge and skills in relation to their workplace and identify training needs.

Self Assessment Guidelines

Prior to a competency assessment or update training being undertaken, staff members are advised (by their Line Manager or another appropriate person) to complete the relevant manual handling self assessment for patient or inanimate load handling to identify individual needs. If further needs are indicated these should be discussed with the Line Manager or other appropriate person, and addressed either by update training or by other appropriate interventions, before the competency assessment is undertaken.

NB The self assessment form alone is not evidence of competency and it is the employer's duty to ensure that the member of staff is competent to carry out relevant manual handling tasks.

Criteria to meet the standard

- Name of employee;
- Date of assessment;
- Unique identifier e.g. payroll number;
- Area of work i.e. ward / department, base;
- Identify modules (or part of) that are appropriate to the post (what does my job require me to do?);
- Personal assessment to identify skills / knowledge gap (what do I need?);
- Agree skills / knowledge gap (if any) and both employee and relevant manager sign to evidence (or online equivalent e.g. e-KSF);
- Record action taken to fill any gap identified.

Manual Handling Self Assessment Form - Inanimate Load Handling Staff

To be completed by the staff member prior to update training / competency assessment.

The aim of the self assessment is to enable you to reflect on personal manual handling knowledge and skills in relation to your workplace and identify training needs.

| Name | | Directorate / Location | Ward / Department | |
|--|---|------------------------|--|---|
| Theoretical content: Please tick appropriate box | | | Please tick module(s) necessary for your work area | Please tick specific sections that you need to update |
| Module A Manual handling theory | Importance of safer manual handling and legislation | | | |
| | Anatomy / causes of back pain / injury avoidance | | | |
| | Posture and exercise | | | |
| | Ergonomics | | | |
| | Risk Assessment - an introduction | | | |
| | Principles of safer handling and communication | | | |
| | Safer handling within the organisation | | | |
| Module B Inanimate load handling | Principles of safer handling of inanimate loads (including weight check prior to lifting) | | | |
| | 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 appropriate to the workplace and work activity | | | |
| Module F Lateral transfers | Principles of working at a bed e.g. appropriate bed height) | | | |
| | Awareness of Unsafe practices | | | |

NB 'Bed' includes all horizontal surfaces for patient care e.g. bed, plinth, trolley etc

Please continue overleaf for practical elements.

| Practical Training: | Please tick practical techniques required in your area of work | Please tick specific sections that you need to update |
|--|--|---|
| Module B | | |
| Pushing / pulling | | |
| Lifting & lowering from / to floor / low level | | |
| Appropriate position at desk | | |
| Carrying a load | | |
| Basic safety checks of equipment | | |
| Module F Lateral Transfers | | |
| Principles of working at a bed e.g. appropriate bed height | | |
| Awareness of unsafe practices | | |
| <p>Comments:- Please identify any situations, theoretical or practical training you would like to discuss / have further training in that has not been identified above</p> <p style="text-align: center; opacity: 0.5; font-size: 48px; font-weight: bold;">SAMPLE</p> | | |

Staff signature.....**Date:**.....

Manager / designated alternative

Name (print):.....

Signature:..... **Date:**.....

Manual Handling Self Assessment Form - Patient Handling Staff

To be completed by staff member prior to update training / competency assessment.

Aim – this form will identify the training you have undertaken and indicate any further training you require to work safely in your workplace.

| | | | | | | | | |
|--|---|--|--------------------------|---|---|---|-----------------------------|-------------------|
| Name | | Directorate / Location | Ward / Department | | | | | |
| Please circle which Modules were included in your foundation level training (refer to your Individual Training record) | | | | | | | | |
| Module | A | B | C | D | E | F | Date of foundation training |/...../..... |
| Date of Assessment | | | |/...../..... | | | | |
| Theoretical content: Please tick appropriate box | | Please tick module(s) necessary for your work area | | Please tick specific sections that you need to update | | | | |
| Module A | Importance of safer manual handling and legislation | | | | | | | |
| Manual handling theory | Anatomy / causes of back pain / injury avoidance | | | | | | | |
| | Posture and exercise | | | | | | | |
| | Ergonomics | | | | | | | |
| | Risk Assessment - an introduction | | | | | | | |
| | Principles of safer handling and communication | | | | | | | |
| | Safer handling within the organisation | | | | | | | |
| Module B | Principles of safer handling of inanimate loads (including weight check prior to lifting) | | | | | | | |
| Inanimate load handling | 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 appropriate to workplace and work activity | | | | | | | |
| Module C | Principles of safer handling of patient | | | | | | | |
| Chair manoeuvres | Awareness of unsafe practices | | | | | | | |
| | Safer handling person risk assessment | | | | | | | |

| Theoretical content: (continued) Please tick appropriate box | | Please tick module(s) necessary for your work area | Please tick specific sections that you need to update |
|--|---|--|---|
| Module D Bed manoeuvres | Principles of working at a bed e.g. appropriate bed height | | |
| | Principles of using flat slide sheets | | |
| | Principles of using tubular slide sheets | | |
| | Principles of lateral transfers | | |
| | Awareness of unsafe practices | | |
| Module E Hoisting | Principles of hoist use and types of hoists available | | |
| | Type, selection and use of slings | | |
| | Main points of LOLER 1998 | | |
| | Awareness of unsafe practice | | |
| Module F Lateral transfers | Principles of working at a bed e.g. appropriate bed height) | | |
| | Awareness of unsafe practices | | |

NB 'Bed' includes all horizontal surfaces for patient care e.g. bed, plinth, trolley etc

| Practical Module content | Please tick practical techniques required in your area of work | Please tick specific sections that you need to update |
|--|--|---|
| Module B | | |
| Pushing / pulling | | |
| Lifting & lowering from / to floor / low level | | |
| Appropriate position at desk | | |
| Carrying a load | | |
| Basic safety checks of equipment | | |
| Module C | | |
| Sitting to standing from chair / bed | | |
| Standing to sitting from chair / bed | | |

| Practical Module content (continued) | Please tick practical techniques required in your area of work | Please tick specific sections that you need to update |
|---|--|---|
| Module C (Cont/d) | | |
| Assisted walking | | |
| Falling person | | |

| | | |
|---|--|--|
| Raising the fallen person | | |
| Re-positioning person in chair | | |
| Bed assisted stand | | |
| Module D | | |
| Rolling | | |
| Turning | | |
| In / out of bed | | |
| Up / down bed | | |
| Use of slide sheets (fitting & removing) | | |
| Lying to sitting / sitting to lying | | |
| Use of electric profiling beds | | |
| Correct posture whilst feeding/ examining | | |
| Lateral transfer lying | | |
| Lateral transfer seated | | |
| Module E | | |
| Selecting & fitting a sling | | |
| Inserting sling in bed / chair | | |
| Hoisting in / out of bed / chair | | |
| Hoisting from floor | | |
| Use of stand aid | | |
| Module F | | |
| Lateral transfer supine patient | | |
| Use of transfer board / slide sheet | | |
| Use of electric profiling beds | | |

Staff signature.....**Date:**.....

Manager / designated alternative

Name (print):.....

Signature:.....**Date:**.....

Criteria for Competency Assessment

When and how often is it to be completed?

- Annually or alternative frequency as determined by risk assessment (see section 3.4 in main document).

Who would be undertaking the assessment?

- Individuals who have been deemed competent by the Organisation.

What is to be assessed?

- The ability to apply manual handling knowledge and skills appropriately to tasks undertaken by the employee within their working environment to include ability to risk assess, handling, personal movement, communication, and environmental factors;
- Competency assessments should reflect the range and complexity of tasks regularly undertaken as part of the normal duties of the employee;
- A suitable decision making pathway must be identified if an acceptable standard is not achieved.

Where and how is the documentation to be stored?

- Records of assessment must be held locally or if electronically stored, accessible at a local level.

What are the administration details required?

- Assessor and staff member must print, sign and date;
- Local manager must print, sign and date;
- A review date must be included.

NB The competency assessment forms in Appendix 2b(i) and (ii) are currently being developed by NHS Lothian (Penny Docherty) for implementation in April 2010. NHS Grampian (Jason Nicol) have been utilising a different competency assessment approach since 2006. NHS Greater Glasgow & Clyde (Cameron Raeburn) are currently developing a Skills Needs Assessment Protocol. For information on these please visit www.smhf.co.uk.

Manual Handling Competency Assessment Form, Patient Handling Tasks

PWA input

| | | | |
|-----------------------------|--|-------------------------------|----------------|
| Name: | Directorate/Location: | Ward/Dept | Date of Birth: |
| Date of induction training: | Date of last practical training session: | Date completed MH e-learning: | |

Observation of Person Handling Manoeuvre – to be completed by Manual Handling Assessor

| Manoeuvre Observed + details of equipment used: | | | | | Modules Assessed: | B | C | D | E | F |
|---|--|---|----|-----|---|---|---|---|---|---|
| Rating | Criteria | Yes | No | N/A | Comments | | | | | |
| | From visual observation or oral questioning as appropriate | | | | | | | | | |
| D | Communicates appropriately with colleagues/patients prior to and during the manoeuvre | | | | | | | | | |
| E | Risk assessment of patient's abilities – prior to the manoeuvre being undertaken | | | | | | | | | |
| E | Risk assessment of task, environment and individual capability | | | | | | | | | |
| D | Equipment, if required, is used appropriately | | | | | | | | | |
| D | Encourages the patient to initiate the movement and assist according to their capability | | | | | | | | | |
| E | Avoids any controversial technique and/or sustained excessive unbalanced postures | | | | | | | | | |
| D | Demonstrates use of efficient movement | | | | | | | | | |
| D | Patient response: Understood instructions and felt safe and secure | | | | | | | | | |
| Score | Green (all elements) No action needed | Orange (at least 3 x E) Feedback and advice | | | Red (2 or less x E) Feedback, coaching and reassessment | | | | | |

Assessor Name.....

Signature.....

Date.....

Staff Member Name.....

Signature.....

Date.....

Feedback and Action required:

SAMPLE

Assessor Name.....

Signature.....

Date.....

Staff Member

Signature.....

Date.....

Review Date.....

Manual Handling Competency Assessment Form, Inanimate Load Handling Tasks

PWA input

| | | | |
|-----------------------------|--|-------------------------------|----------------|
| Name: | Directorate/Location: | Ward/Dept | Date of Birth: |
| Date of induction training: | Date of last practical training session: | Date completed MH e-learning: | |

Observation of Person Handling Manoeuvre – to be completed by Manual Handling Assessor

| Task observed + details of equipment used: | | | | | Module Assessed and competency number(s): | B |
|--|--|---|----|-----|---|---|
| Rating | Criteria | Yes | No | N/A | Comments | |
| | From visual observation or oral questioning as appropriate | | | | | |
| D | Conveys an understanding of the risk(s) associated within the task | | | | | |
| D | Communicates with staff/colleagues prior to and during the task | | | | | |
| E | Demonstrates dynamic risk assessment of the task and environment | | | | | |
| D | Demonstrates appropriate selection of equipment and equipment checks | | | | | |
| E | Avoids excessive top heavy/twisted positions | | | | | |
| D | Use of efficient movement | | | | | |
| Score | Green (all elements) No action needed | Orange (at least 2 x E) Feedback and advice | | | Red (1 or less x E) Feedback, coaching and reassessment | |

Assessor Name.....

Signature.....

Date.....

Staff Member Name.....

Signature.....

Date.....

| | Discussed (Initial) | Additional Comments |
|--|---------------------|---------------------|
| MH Service/ SPS | | |
| MH Guidelines / Web Page | | |
| Risk Assessment | | |
| Organisation of Immediate Work Area | | |
| Equipment Provision/PPE/PUWER | | |
| Repetitive Tasks | | |
| Sustained Positions | | |
| High Risk Movements e.g. awkward / top heavy / twisting | | |

| | Discussed (Initial) | Additional Comments |
|-------------------------------|---------------------|---------------------|
| Functional Neutral | | |
| Low Level Working | | |
| Above Shoulder Working | | |
| Working at Heights | | |
| Lifting / Lowering | | |
| Push / Pull | | |
| VDU Assessment | | |
| Seating options | | |

Feedback and action as required:

Assessor Name..... Signature..... Date.....

Staff Member Signature..... Date.....

Review Date.....

Guidance for Manual Handling Risk Assessments

1. Risk Matrix

Risk management is the systematic identification, assessment and reduction of risks to staff, patients and others who may be affected by the Organisations work activities. It is important to recognise and understand that risk cannot always be removed completely from the workplace.

This is especially prevalent within the health service where many activities involve a degree of risk. However, these risks have to be managed and controlled. Therefore good risk management should, wherever possible, enable tasks to be undertaken safely, controlling risks within tolerable or acceptable levels, rather than prohibiting activities.

There are also legal duties requiring Organisations to assess and manage the health & safety risks arising from its activities. These risk assessments must be both suitable and sufficient. The law does not expect the elimination of all risk, but Organisations are required to protect people as far as is 'reasonably practicable'.

What is Risk?

In a health & safety context **Risk** is the chance of a hazard causing harm, together with an indication of how serious the harm could be.

Risk = Likelihood x Severity (Impact, Consequence)

NHS Scotland uses a simple colour coded risk matrix to calculate the level of risk and to assist in clarifying the need for remedial action and the urgency of such measures.

2. Risk Matrix

Green: Risk is well controlled; precautions are sufficient and reliable.

Yellow: Risk is acceptable but of concern. The combination of the severity of the consequences and the likelihood indicates that although improvements would be desirable, serious adverse effects are unlikely.

Orange: Risk is unacceptable. Remedial action is necessary.

Red: Risk is unacceptable. Remedial action is urgent; consider stopping the work or task until the risk can be reduced.

| Likelihood | | Impact / Consequences | | | | |
|----------------|---|-----------------------|--------|----------|--------|---------|
| | | Negligible | Minor | Moderate | Major | Extreme |
| | | 1 | 2 | 3 | 4 | 5 |
| Almost Certain | 5 | Medium | High | High | V High | V High |
| Likely | 4 | Medium | Medium | High | High | V High |
| Possible | 3 | Low | Medium | Medium | High | High |
| Unlikely | 2 | Low | Medium | Medium | Medium | High |
| Rarely | 1 | Low | Low | Low | Medium | Medium |

Likelihood

Almost certain – this is expected to occur frequently in most circumstances;
--more likely to occur than not.

Likely – strong possibility that this could occur;
– likely to occur.

Possible – may occur occasionally, has happened before on occasions;
– reasonable chance of occurring.

Unlikely – not likely to happen but definite potential exists;
– unlikely to occur.

Rare – can't believe this event would happen;
– will only happen in exceptional circumstances.

Impact / Consequences

Extreme – Incident leading to death or major permanent incapacity.

Major – Major injuries, long term incapacity or disability requiring medical treatment or counselling.

Moderate – Significant injury requiring medical treatment and / or counselling.
Violent incidents reportable to police.

Minor – Minor injury or illness requiring first aid, minor treatment.

Negligible – No injury or minor injury requiring no first aid or treatment.

3. Criteria for Generic Manual Handling Risk Assessment Forms

The details below outline the minimum criteria considered to be acceptable for a generic risk assessment. Examples of generic risk assessments for both load and patient handling activities are provided in Appendices 3a and 3b.

Administration details

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

Description of manual handling task

Write down the step by step details of the task for which the assessment applies, e.g. moving patients, 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.

Frequency of the task

Record the estimated number of times the task takes place during any one working shift. The frequency of the 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 exposed to the task overall and the number of staff involved in the task at any one time.

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. Also consider the context such as existing injury levels, culture in the area. *Consider the effectiveness of existing controls.*

Assessment of manual handling risk

Consider the headings *Task, Person / Load, Individual Capability, Environment and Other Factors*. Document the risks involved in the manual handling task and any other relevant factors.

Initial risk rating figure

Refer to risk matrix.

Additional risk control measures required

This 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 will identify the projected reduction in risk.

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 should then be calculated.

Acceptance of risk level

Acceptance of the level of risk or escalation to the next tier in the management chain to consider alternative action or more senior acceptance of residual risk level.

NB Forms in Appendices 3a and 3b reproduced with permission from Salus Occupational Health and Safety.

Generic Load Handling Risk Assessment Form **Ref No**

| | | | | | |
|-----------------|--|-------------------|--|----------------|--|
| Location | | Department | | Manager | |
|-----------------|--|-------------------|--|----------------|--|

| | |
|---------------------------|---|
| Operation/Activity | <i>Complete the relevant details of the activity being assessed</i> |
| | |

| | |
|--------------------------------------|--|
| Hazards | <p><i>List all hazards here: Lifting, lowering, pushing, pulling, twisting, carrying and working with an awkward posture.</i></p> <p>The Task <i> Holding away from trunk Twist, stoop, reach, Lift or carry distance Frequency/recovery time.</i></p> <p>The Load <i> Heavy, bulky, unstable, sharp, or hot surface etc.</i></p> <p>The Environment <i> Space, floor, thermal, lighting, clothing etc.</i></p> <p>Individual capacity <i> Pregnant, health problem, requires special training</i></p> |
| Individuals or groups exposed | <i>Highlight the people at risk and the likely maximum numbers exposed.</i> |

| | |
|---------------------------------|---|
| Current control measures | <p><i>List current control measures, Eliminate the need to handle, redesign the task or load. Provide handling equipment, improve environment, vary work, job rotation, team handling, information instruction and training, supervision, enforcement of policy, protective measures and monitoring procedures.</i></p> |
|---------------------------------|---|

| | | | |
|--|--|--|---|
| <p>Risk Rating</p> <p><i>Using information above, and the guidance from the Hazard Identification and Risk Assessment section, taking into account the control measures in position, decide the applicable Severity and Likelihood, and estimate</i></p> | <p>Severity</p> <p>1 No/ Slight injury, illness, loss 2 Moderate injury, illness, loss 3 Major Injury, illness or loss 4 Single Fatality or great loss 5 Extreme loss, fatality, disaster</p> | <p>Likelihood</p> <p>1 Could occur, but rare 2 Has occurred at some time 3 Occurs occasionally 4 Occurs in most circumstances 5 Expected to occur often</p> | <p>Rating</p> <p>R= S x L</p> <p>(High = 15 – 25) (Med = 6 -14) (Low = 1 – 5)</p> |
| <i>Calculate</i> | S= | L= | R= |
| <i>Rating =Severity x Likelihood</i> | | | |
| RISK √ | LOW | MEDIUM | HIGH |

| | |
|--|---|
| Further control measures required | <p><i>Include any additional controls identified to eliminate or reduce the risk further</i></p> <p style="text-align: center;">OR</p> <p><i>state whether the risks are already as low as reasonably practicable.</i></p> |
|--|---|

| | | | | | | | |
|----------------|--|--|--|--|--|--|--|
| Date | | | | | | | |
| Initial | | | | | | | |

Use a new box each time this assessment is reviewed

Generic Patient Handling Risk Assessment

(1/6)

| | |
|------------------|---------------|
| Toileting | Ref No |
|------------------|---------------|

The manual handling risk assessment forms for toileting, bathing, seats / wheelchairs / commodes, bed / trolley moves and transfer from floor level are not separate assessments, but should be used together to carry out an assessment for the activities of the whole ward.

| | | | | | |
|------------|--|-----------------------|--|--------|--------------------------|
| Ward | | Assessment Team | | | |
| Speciality | | Age range of Patients | | Male | <input type="checkbox"/> |
| | | | | Female | <input type="checkbox"/> |
| | | | | Mixed | <input type="checkbox"/> |

| | |
|-----------------------|---|
| System of Work | Systems of Work |
| | <ul style="list-style-type: none"> List methods used for patients of various degrees of dependency. Which methods are used most frequently, which are used only occasionally? If patient's whole weight is being lifted seek a safer alternative. |

| | |
|---|--|
| Handling problems assisting patients | For Example is there: |
| | <ul style="list-style-type: none"> Enough room to move freely in a good posture? Enough room to use a hoist? Problems with stooping, twisting, lifting? Convenient grab rails etc, Floor slippery, type of patient etc? |

| | | | |
|---|------------|---------------|-------------|
| With these controls the risk is (tick) | LOW | MEDIUM | HIGH |
|---|------------|---------------|-------------|

| | |
|--|---|
| Further control measures required | For Example: |
| | <ul style="list-style-type: none"> Use a hoist (standing hoist, sling lifter) Wheel commode over WC. Move WC or partition wall for more space. Widen doorway. Install or move grab rails. Change door to open outwards. Change floor covering. |

Go to the next section - assessment for bathing

Generic Patient Handling Risk Assessment

(2/6)

| | |
|----------------|---------------|
| Bathing | Ref No |
|----------------|---------------|

| What types of bath or shower are available in the Ward? | How Many | Suitable? (If not why not) | |
|---|----------|----------------------------|--|
| | | | For example:, Ordinary bath, Parker bath, variable height bath, ordinary shower, shower cabinet or shower trolley. |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| | |
|-----------------------|---|
| System of Work | <ul style="list-style-type: none"> • List methods used for patients of various degrees of dependency. • Which methods are used most frequently, which are used only occasionally? • If patients are LIFTED into the bath seek a safer alternative. |
|-----------------------|---|

| | |
|---|---|
| Handling problems assisting patients | <p>For Example is there:</p> <ul style="list-style-type: none"> • Enough room to move freely in a good posture? • Enough room to use a hoist? • Problems with stooping, twisting, lifting? • Convenient grab rails etc, • Floor slippery, type of patient etc? |
|---|---|

| | | | |
|---|------------|---------------|-------------|
| With these controls the risk is (tick) | LOW | MEDIUM | HIGH |
|---|------------|---------------|-------------|

| | |
|--|--|
| Further control measures required | <p>For Example</p> <ul style="list-style-type: none"> • Move or use a hoist, shower trolley, bathing stretcher. • Wheel patients into the shower, cut out casing around bath to improve hoist access. • Install or move grab rails. • Take more dependant patients to wards with better facilities. • Re-schedule bathing to even out workload. • Install a different type of bath. • Move bath away from wall. • Remove partitions. • Change floor covering. |
|--|--|

Go to the next section - assessment for seats / wheelchairs / commodes

Generic Patient Handling Risk Assessment

(3/6)

| | |
|--|---------------|
| Seats, Wheelchairs and Commodes | Ref No |
|--|---------------|

| | |
|-----------------------|---|
| System of Work | <p>Systems of Work</p> <ul style="list-style-type: none"> • List methods used for patients of various degrees of dependency. • Sit to stand/stand to sit, repositioning in seat etc. • Which methods are used most frequently, which are used only occasionally? • If patient's whole weight is being lifted seek a safer alternative. |
|-----------------------|---|

| | |
|---|---|
| Handling problems assisting patients | <p>For Example;</p> <ul style="list-style-type: none"> • Seats too low / too deep. • Arms get in the way. • Hoist cannot get close • Brakes or wheels defective • Not enough wheelchairs • Floor slippery. • Type of patient. |
|---|---|

| | | | |
|---|------------|---------------|-------------|
| With these controls the risk is (tick) | LOW | MEDIUM | HIGH |
|---|------------|---------------|-------------|

| | |
|--|--|
| Further control measures required | <p>For Example:</p> <ul style="list-style-type: none"> • Use a hoist (standing hoist, sling lifter) • Use a sliding board. • Use a turning disk. • Sit patient on one-way sliding aid. • Sit or kneel by patient rather than stoop. • Change the type of seat used. • Install or move grab rails. • Change door to open outwards. • Change floor covering. |
|--|--|

Go to the next section - assessment for bed and trolley moves

Generic Patient Handling Risk Assessment

(4/6)

| | |
|------------------------------|---------------|
| Bed and Trolley Moves | Ref No |
|------------------------------|---------------|

| | |
|-----------------------|--|
| System of Work | <p>Systems of Work</p> <ul style="list-style-type: none"> List methods used for patients of various degrees of dependency. Moving up/down the bed, moving on/off the bed, moving on/off bedpan, transfer from bed to seat, transfer from bed to trolley. Assisting patients on beds, trolleys etc. bed bathing. Which methods are used most frequently, which are used only occasionally? If patient's whole weight is being lifted seek a safer alternative. |
|-----------------------|--|

| | |
|---|--|
| Handling problems assisting patients | <p>For Example;</p> <ul style="list-style-type: none"> Enough room to move freely in good posture. Enough room to use a hoist. Furniture around beds etc. easily moved. Is stooping, twisting, lifting involved. Straight lifting hip/spinal injury patients. Mechanisms for height adjustments/bed rail/headrest adequate. Brakes, wheels in good working order |
|---|--|

| | | | |
|---|------------|---------------|-------------|
| With these controls the risk is (tick) | LOW | MEDIUM | HIGH |
|---|------------|---------------|-------------|

| | |
|--|---|
| Further control measures required | <p>For Example;</p> <ul style="list-style-type: none"> Get height adjustable beds, trolleys and couches. Put only the most independent patients in fixed height beds. Sit patients on one way sliding aids. Use appropriate mattress. Label defective items and arrange for maintenance. Use handling aids whenever possible, e.g. Hoist, sliding/transfer aid, monkey pole, rope ladder, patient hand blocks etc |
|--|---|

Go to the next section - assessment for transfer from floor level

Generic Patient Handling Risk Assessment

(5/6)

| | |
|----------------------------------|---------------|
| Transfer from Floor level | Ref No |
|----------------------------------|---------------|

| | |
|-----------------------|--|
| System of Work | <p>Systems of Work</p> <ul style="list-style-type: none"> • Are falls to the floor frequent? • Are patients frequently at floor level? • List methods used and precautions taken to reduce risks associated with falling or fallen patients. • For example: • Limit chances of patient falling. • Check that nurses know techniques for dealing with fallen or falling patient. • Use a hoist for fallen patient. |
|-----------------------|--|

| | |
|---|---|
| Handling problems assisting patients | <p>For Example</p> <ul style="list-style-type: none"> • Uniform/footwear inadequate or unsuitable. • Remaining in awkward postures. • Supporting patients limbs. • Fitness/skill/ number of staff. |
|---|---|

| | | | |
|---|------------|---------------|-------------|
| With these controls the risk is (tick) | LOW | MEDIUM | HIGH |
|---|------------|---------------|-------------|

| | |
|--|--|
| Further control measures required | <p>For Example</p> <ul style="list-style-type: none"> • Uniform/footwear inadequate. • If patients are being lifted manually from the floor, seek a safer alternative |
|--|--|

Go to the next section – Summary and Action Plan

4. Criteria for Specific Manual Handling Patient Assessment Forms

The details below outline the minimum criteria considered to be acceptable for a generic risk assessment. Examples of generic risk assessments for both load and patient handling activities are provided in Appendix 3c.

The patient must be fully assessed, and details of the assessment recorded by an appropriate member of staff. The Manual Handling Assessment should be made available to any person(s) involved in assisting the patient and *should accompany the patient at all times*.

Patient Details - Essential Information

Patient's name, address, date of birth, CHI Number, Ward / Department / other, patient's weight and height.

Individual Patient Risk Assessment

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

- Relevant medical history e.g. CVA, arthritis, amputation, Parkinson's Disease, Osteoporosis etc;
- Physical disabilities e.g. eye sight, hearing and speech;
- Psychological e.g. confused, aggressive etc ;
- Pain status;
- Tissue viability;
- History of fall(s) – does the patient have any previous history of falling to the ground, past or present? If the patient meets the Clinical Quality Indicator criteria then a falls assessment is required. (CQI Criteria for falls – Patients aged 65 years and over or who have a history of falls, should have a falls risk assessment documented within 24 hours of admission using a recognised risk assessment tool as agreed by your organisation);
- Culture / religious considerations;
- Day / night variations;
- Attachments, e.g. IV lines, catheter, oxygen therapy etc;
- Environmental considerations particularly in the community;
- Other considerations e.g. social factors, age, weight of patient etc.

Risk Control Measures - Mobility Chart / Care Plan

Consider the patient's ability with regard to each task, and identify;

- Specific equipment needed including accessories such as type and size of slings;
- Number of staff required to sufficiently reduce the manual handling risks.

Where the control measures cannot be implemented / achieved, please inform your line manager and complete the incident form if appropriate.

Signature

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

Review

If significant / multiple changes are required to the risk control measures e.g. Mobility Chart / Care Plan, then a new form may be required. In any event, the risk assessment must be reviewed and a method to record this must be included on the written record of the assessment.

Individual Patient Handling Risk Assessment Form

| | | | | | | | |
|--|--------------------------|---|---|---|--------------------------|--------------------------------|--------------------------|
| Patient's name: | | Named Nurse: | | If Patient is totally independent, tick here and go to date box | | Risk: Low Medium High | |
| BODY BUILD | | | Problems with comprehension, behaviour, co-operation (specify): | | | | |
| Obese | <input type="checkbox"/> | Tall | <input type="checkbox"/> | | | | |
| Above average | <input type="checkbox"/> | Medium | <input type="checkbox"/> | | | | |
| Average | <input type="checkbox"/> | Short | <input type="checkbox"/> | | | | |
| Below average | <input type="checkbox"/> | Handling constraints, e.g. disability, weakness, pain, skin lesions, infusions (specify): | | | | | |
| RISK OF FALLS | | | | | | | |
| High | <input type="checkbox"/> | Low | <input type="checkbox"/> | | | | |
| Transfers (Including To / From: Bed; Wheelchair; Commode; Toilet) | | | | | | | |
| HOIST/STANDAID | <input type="checkbox"/> | ASSISTANCE | <input type="checkbox"/> | SUPERVISION | <input type="checkbox"/> | INDEPENDENT | <input type="checkbox"/> |
| (Specify) | | People: 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> |
| | | Walking aid (specify) | | | | | |
| Additional Information: | | | | | | | |
| Toileting | | | | | | | |
| HOIST/STANDAID | <input type="checkbox"/> | ASSISTANCE | <input type="checkbox"/> | SUPERVISION | <input type="checkbox"/> | INDEPENDENT | <input type="checkbox"/> |
| (Specify) | | People: 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> |
| | | Walking aid (specify) | | | | | |
| Additional Information: | | | | | | | |
| Move on / off bed pan | | | | | | | |
| HOIST (Specify) | <input type="checkbox"/> | MANOEUVRE | <input type="checkbox"/> | ASSISTANCE | <input type="checkbox"/> | SUPERVISION | <input type="checkbox"/> |
| | | Roll patient | <input type="checkbox"/> | People 1 | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| | | Monkey pole | <input type="checkbox"/> | People 2 | <input type="checkbox"/> | | |
| | | Patient bridges | <input type="checkbox"/> | People 3 | <input type="checkbox"/> | | |
| Additional Information: | | | | | | | |
| Move up / down bed | | | | | | | |
| HOIST (Specify) | <input type="checkbox"/> | HANDLING AIDS | <input type="checkbox"/> | ASSISTANCE | <input type="checkbox"/> | SUPERVISION | <input type="checkbox"/> |
| | | Sliding sheet | <input type="checkbox"/> | People 1 | <input type="checkbox"/> | | |
| | | Monkey pole | <input type="checkbox"/> | People 2 | <input type="checkbox"/> | | |
| | | Rope ladder | <input type="checkbox"/> | People 3 | <input type="checkbox"/> | | |
| Additional Information: | | | | | | | |
| Transfer to / from trolley (or bed etc.) | | | | | | | |
| HOIST (Specify) | <input type="checkbox"/> | HANDLING AIDS | <input type="checkbox"/> | ASSISTANCE | <input type="checkbox"/> | SUPERVISION | <input type="checkbox"/> |
| | | Patslide | <input type="checkbox"/> | People 1 | <input type="checkbox"/> | | |
| | | Roll Board | <input type="checkbox"/> | People 2 | <input type="checkbox"/> | | |
| | | Fabric sliding aid | <input type="checkbox"/> | People 3 | <input type="checkbox"/> | | |
| Additional Information: | | | | | | | |
| Sit up over side of bed | | | | | | | |
| BED REST | <input type="checkbox"/> | ASSISTANCE | <input type="checkbox"/> | SUPERVISION | <input type="checkbox"/> | INDEPENDENT | <input type="checkbox"/> |
| | | People: 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> |
| Additional Information (e.g. equipment to be used – swivel cushion): | | | | | | | |
| Into Bath or Shower | | | | | | | |
| WHICH BATH | <input type="checkbox"/> | HANDLING AID | <input type="checkbox"/> | ASSISTANCE | <input type="checkbox"/> | SUPERVISION | <input type="checkbox"/> |
| Shower | <input type="checkbox"/> | Hoist | <input type="checkbox"/> | People 1 | <input type="checkbox"/> | | |
| Variable height bath | <input type="checkbox"/> | Ambulift | <input type="checkbox"/> | People 2 | <input type="checkbox"/> | | |
| Bed bath | <input type="checkbox"/> | Shower chair | <input type="checkbox"/> | People 3 | <input type="checkbox"/> | | |
| Additional Information: | | | | | | | |
| Walking | | | | | | | |
| NO WALKING | <input type="checkbox"/> | WALKING AID (specify) | <input type="checkbox"/> | ASSISTANCE | <input type="checkbox"/> | SUPERVISION | <input type="checkbox"/> |
| | | | | People 1 | <input type="checkbox"/> | | |
| | | | | People 2 | <input type="checkbox"/> | | |
| | | | | People 3 | <input type="checkbox"/> | | |
| Distanced walked / Additional Information: | | | | | | | |
| Other Instructions | | | | | | | |
| | | | | | | | |
| Recording Symbol: | | / | | X | | * | |
| Date Assessed: | | | | | | | |
| Assessor's signature: | | | | | | | |
| Proposed Review date: | | | | | | | |

Continuation sheet

Transfers (Including To / From: Bed; Wheelchair; Commode; Toilet)

| HOIST/STANDAID | ASSISTANCE | SUPERVISION | INDEPENDENT |
|----------------|-----------------------|-------------------------|-------------|
| (Specify) | People: 1 2 3 | Additional Information: | |
| | Walking aid (specify) | | |

Toileting

| HOIST/STANDAID | ASSISTANCE | SUPERVISION | INDEPENDENT |
|----------------|-----------------------|-------------------------|-------------|
| (Specify) | People: 1 2 3 | Additional Information: | |
| | Walking aid (specify) | | |

Move on / off bed pan

| HOIST (Specify) | MANOEUVRE | ASSISTANCE | SUPERVISION | N / A |
|-----------------|-----------------|------------|-------------------------|-------|
| | Roll patient | People 1 | Additional Information: | |
| | Monkey pole | People 2 | | |
| | Patient bridges | People 3 | | |

Move up / down bed

| HOIST (Specify) | HANDLING AIDS | ASSISTANCE | SUPERVISION | INDEPENDENT |
|-----------------|---------------|------------|-------------------------|-------------|
| | Sliding sheet | People 1 | Additional Information: | |
| | Monkey pole | People 2 | | |
| | Rope ladder | People 3 | | |

Transfer to / from trolley (or bed etc.)

| HOIST (Specify) | HANDLING AIDS | ASSISTANCE | SUPERVISION | INDEPENDENT |
|-----------------|--------------------|------------|-------------------------|-------------|
| | Patslide | People 1 | Additional Information: | |
| | Roll Board | People 2 | | |
| | Fabric sliding aid | People 3 | | |

Sit up over side of bed

| BED REST | ASSISTANCE | SUPERVISION | INDEPENDENT |
|----------|-------------------|--|-------------|
| | People: 1 2 3 | Additional Information (e.g. equipment to be used – swivel cushion): | |

Into Bath or Shower

| WHICH BATH | HANDLING AID | ASSISTANCE | SUPERVISION | INDEPENDENT |
|----------------------|--------------|------------|-------------------------|-------------|
| Shower | Hoist | People 1 | Additional Information: | |
| Variable height bath | Ambulift | People 2 | | |
| Bed bath | Shower chair | People 3 | | |

Walking

| NO WALKING | WALKING AID (specify) | ASSISTANCE | SUPERVISION | INDEPENDENT |
|------------|-----------------------|------------|--|-------------|
| | | People 1 | Distanced walked / Additional Information: | |
| | | People 2 | | |
| | | People 3 | | |

Other Instructions

| | | | |
|-----------------------|---|---|---|
| Recording Symbol: | / | X | * |
| Date Assessed: | | | |
| Assessor's signature: | | | |
| Proposed Review date: | | | |

Affix label here

PATIENT HANDLING ASSESSMENT

Name of patient: Date of birth:
 Comprehension: Behaviour:
 Body build (weight / height):
 Relevant information relating to mobility:

A risk assessment should be carried out prior to every handling intervention. Any changes should be documented in a new column. Please refer to Manual Handling Guidelines for all manoeuvres.

| | | | | | |
|------------------------------------|--|--|--|--|--|
| Date: | | | | | |
| Lying to sitting | | | | | |
| Sit to stand to sit | | | | | |
| Walking | | | | | |
| Bathing / showering | | | | | |
| Moving up the bed | | | | | |
| Turning / proning | | | | | |
| On / off bed pan | | | | | |
| Lateral transfers | | | | | |
| Falls assessment (yes / no) | | | | | |
| On / off floor | | | | | |
| Signed | | | | | |

MOBILITY CODES

AST 1 / 2 / 3: Requires assistance of 1 / 2 / 3 or more staff
IND: Independent
NWB: Non Weight Bearing **PWB:** Partial Weight Bearing

SUP: Supervision only
BR: Bed Rest
FWB: Full Weight Bearing

HANDLING AIDS / EQUIPMENT CODES

H: Full body lifting hoist (specify hoist type + size of sling)
STA: Stand aid (specify hoist type + size of sling)
BH: Bathing hoist (specify hoist type)
SC: Shower chair
Pt T: Pt turner (specify e.g. Stedy, Cricket, Samhall)
W: Wheelchair or pushchair

GS: Glidesheet
PAT: Patslide
HB: Hand blocks
C: Crutches (specify)
S: Stick(s)
Z: Zimmer

1 Additional patient assessment

Additional assessment by: _____

| Areas of concern | Risk factors | Risk management | Date |
|------------------|--------------|-----------------|------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

SAMPLE

Attendance Records

Criteria for Attendance Record

It is intended that one form is to be completed per course and retained by the training department as per individual organisational policy.

The Attendance record Form must include:

- Date of course;
- Place of training;
- Printed name of trainer(s) and signature;
- Type of course i.e. induction, modular, update;
- Modules covered;
- Name of trainee printed and signature;
- Trainee unique identifier e.g. pay roll number;
- Place of work i.e. Ward / Department, base;
- Job title;
- Each day needs to be signed for by trainee.

NB Items other than those listed above may be recorded on the form as required by each individual organisation.

Manual Handling Training Attendance Record

| | | | | | | | | | |
|--------------------------------|--------------|---------------------------|---------------|----------------------------------|------------------------------|--------------------|-------------------|--|--|
| Date: | | Place of Training: | | | Name(s) of Trainer(s) | | 1. | | |
| | | | | | | | 2. | | |
| Type of Training: | | | | Modules Covered (circle): | | A B C D E F | | | |
| | Name (print) | Employee No. or DoB | Place of Work | Job title | | Signature (Day 1) | Signature (Day 2) | | |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |
| 6 | | | | | | | | | |
| 7 | | | | | | | | | |
| 8 | | | | | | | | | |
| 9 | | | | | | | | | |
| 10 | | | | | | | | | |
| 11 | | | | | | | | | |
| 12 | | | | | | | | | |
| 13 | | | | | | | | | |
| 14 | | | | | | | | | |
| 15 | | | | | | | | | |
| 16 | | | | | | | | | |
| Signature of Trainer(s) | | 1. | | | | 2. | | | |

Criteria for Generic Record of Training

One generic Record of Training completed per course shall be suitable. The Record of Training should be kept with (preferably physically attached to) the Attendance Register, and retained by the training department as per the organisations local policy. A generic Record of Training reduces significantly the amount of paperwork generated per course, however individual Records of Training for each trainee can be collected if desired.

All forms must record:

- Duty of care statement regarding Trainees ability to participate on the course;
- A breakdown of the module content and a section to indicate the activity has been discussed, demonstrated and / or practiced;
- The trainer will initial each element covered during the training;
- A section for trainers comments e.g. lateness, exemptions for individual Trainees;
- Trainer will provide full signature and date.

The Attendance Record and Record of Training may be produced as a single document as per the example in the appendix. If the Record of Training is to be a separate document to the Attendance record it must record the following in addition to the above:

- Date of course;
- Placed of training;
- Name of trainer(s) printed;
- Type of course.

| Manual Handling Training Attendance Record | | | | | | |
|---|--------------|---------------------------|----------------------------------|------------------------------|-------------------|-------------------|
| Date: | | Place of Training: | | Name(s) of Trainer(s) | | |
| | | | | 1. | | |
| | | | | 2. | | |
| Type of Training: | | | Modules Covered (circle): | | | |
| | | | A B C D E F | | | |
| | Name (print) | Employee No. or DoB | Place of Work | Job title | Signature (Day 1) | Signature (Day 2) |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| 11 | | | | | | |
| 12 | | | | | | |
| 13 | | | | | | |
| 14 | | | | | | |
| 15 | | | | | | |
| 16 | | | | | | |
| Signature of Trainer(s) | | 1. | | 2. | | |

Record of Training

Trainers have a duty of care to ascertain whether the trainees have any conditions that may be affected by, or affect their ability to, participate during the course. Trainees have been requested to inform the trainer during the course if they feel they may be unable to participate fully in the course. Please initial the box to confirm this has been done.

When completing the “Practical Activities” section (Modules B, C, D, E and F) of this form, the trainers must indicate the appropriate level of training delivered, by initialling and dating the appropriate boxes.

| Module A – Manual Handling Theory | | Discussed | |
|---|------------------|---------------------|------------------|
| Define the term manual handling (MH) | | | |
| Describe the causes and effects of musculo-skeletal disorders | | | |
| State basic methods of promoting and managing their own '24 hour' musculo-skeletal health | | | |
| Outline how legislation applies to manual handling at work | | | |
| Describe the principles of ergonomics and risk assessment in reducing the risk of manual handling injury | | | |
| Describe the principles of safer manual handling | | | |
| Identify the risks involved in team handling | | | |
| Describe importance of good communication in relation to manual handling | | | |
| Outline the management of manual handling within the organisation e.g. policy, organisation of training and occupational health, incident reporting | | | |
| Describe the potential impact on others of poor manual handling practice | | | |
| Identify high risk activities / manoeuvres | | | |
| Module B – Inanimate Load Handling / Practical Application of Ergonomics | | Discussed | |
| Principles of manual handling of inanimate loads (including weight check prior to lifting) | | | |
| Identify and describe the practical application of the four key areas and other factors to be considered when undertaking a manual handling risk assessment | | | |
| Identify how the principles of safer handling can be applied | | | |
| Outline the importance of posture and application of ergonomic principles | | | |
| Identify basic safety checks of equipment | | | |
| Demonstrate application of principles to: | Discussed | Demonstrated | Practised |
| Pushing and pulling | | | |
| Lifting and lowering from / to floor or low level | | | |
| Carrying / supporting a load | | | |
| Sitting at a desk | | | |
| Module C – Sitting, Standing and Walking / Practical Skills | | Discussed | |
| Principles of manual handling of patients | | | |
| Identify key areas of MH risk assessment | | | |
| Describe high risk / controversial practices as relevant to own work place | | | |
| Describe how the patient can be involved in making decisions about their involvement in MH | | | |
| Demonstrate application of principles to: | Discussed | Demonstrated | Practised |
| Assisting a patient forward / backward in a chair | | | |
| Sit to stand to sit from a chair | | | |
| Sit to stand to sit from a bed | | | |
| Standing transfer from bed to chair and chair to bed | | | |

| | | | |
|--|--|--|--|
| Assisted walking | | | |
| The falling person | | | |
| Raising the fallen person | | | |
| Assisting the fallen person from a confined space | | | |
| Use of appropriate handling aids (please circle); slide sheets / one-way slide / turn table / transfer board / lifting cushion | | | |

| Module D – Bed Manoeuvres | | | Discussed |
|---|------------------|---------------------|------------------|
| Principles of manual handling of patients | | | |
| Identify key areas of MH risk assessment | | | |
| Describe high risk / controversial practices as relevant to own work place | | | |
| Describe how patient can be involved in making decisions about their involvement in MH | | | |
| Demonstrate application of principles to: | Discussed | Demonstrated | Practised |
| Demonstrate safe use and functionality of electric beds | | | |
| Lateral supine transfer from bed to trolley to bed | | | |
| Inserting, using and removing slide sheets | | | |
| Turning in bed | | | |
| Repositioning the supine patient in bed | | | |
| Assisting a patient from supine lying to long sitting | | | |
| Assisting a patient from supine to sitting on to edge of bed | | | |
| Assisting a patient to supine from sitting on edge of bed | | | |
| Use of appropriate handling aids(please circle); slide sheets / one-way slide / turn table / transfer board / lifting cushion | | | |

| Module E – Hoisting | | | Discussed |
|--|------------------|---------------------|------------------|
| Principles of manual handling of patients | | | |
| Identify key areas of MH risk assessment | | | |
| Describe high risk / controversial practices as relevant to own work place | | | |
| Describe how patient can be involved in making decisions about their involvement in MH | | | |
| Main points of LOLER (1998) (Maintenance, Servicing, etc.) | | | |
| Demonstrate the following: | Discussed | Demonstrated | Practised |
| Safe use and functionality of hoists | | | |
| Awareness of different types of hoist slings | | | |
| Fitting and removing a sling with the patient in a bed | | | |
| Fitting and removing a sling with the patient in a chair | | | |
| Hoisting a patient from chair to bed / bed to chair | | | |
| Hoisting a patient from the floor (or use of lift cushion) | | | |
| Safe use of an active hoist e.g. stand aid | | | |
| List below the types of slings and hoists used: | Discussed | Demonstrated | Practised |
| General purpose / Toilet / Amputee / Standing / Transfer / Other: | | | |
| Passive Hoist: | | | |
| Active Hoist: | | | |

Training Evaluation Forms

Criteria for the Evaluation Form

General points:

- Evaluation questions should be relevant to the course being evaluated;
- All participants should have the opportunity to complete an evaluation form;
- Evaluations must be completed at the end of the course;
- Evaluations should include questions requiring responses using a Likert scale and free text;
- The participant should have the option to remain anonymous.

Items that should be evaluated include:

- The relevancy of the course to the participant's area of work;
- The course delivery including style of delivery, time allocated and the training environment.

Administrative Details to be recorded include:

- Course type;
- Duration;
- Date;
- Trainer's name;
- Training venue.

| Manual Handling Training Evaluation | |
|---|----------------------------|
| Type of Course: | Duration of Course: |
| Area of work (e.g. ward, OPD, ITU): | Date: |
| Name of Trainer(s): | |
| Training Venue: | |
| 1. To what extent would you agree with the following statements: 1 = strongly disagree, 2 = disagree, 3 = agree, 4 = strongly agree (please circle your choice) | |
| The content of the training was suitable to my needs. | 1 2 3 4 |
| The training was delivered well. | 1 2 3 4 |
| The time allocated to the training was sufficient. | 1 2 3 4 |
| The training will assist me at work. | 1 2 3 4 |
| The training environment was suitable for the training. | 1 2 3 4 |
| 2. Things that I have learnt that I will use in my day to day practice are: | |
| 3. Things that could have improved the course for me are: | |
| 4. Any other comments: | |

Name (optional): _____

Manual Handling Training – Health Questionnaire

1 *Minimum Standard*

In order for the Manual Handling Practitioner to fulfil a 'Duty of Care', train staff safely and meet the needs of participants, awareness of any pre-existing condition that could impact upon their ability to safely undertake the training is required. This information can be requested verbally or in a written format from the participant.

As a minimum standard this information must be gathered verbally and recorded as having been asked for on the Record of Training as in Appendix 4b. Health Boards who wish to gather this information in a written format must be cognisant of the following:

Where the information is obtained in a written format, the Data Protection Act categorises personal data relating to an individual's physical or mental health or condition as 'sensitive personal data' and must be processed under the conditions for 'higher status' data. This process should be an organisational decision in consultation with Data Protection Manager for the Health Board.

2 *Organisational written procedure*

An organisation should have a written procedure detailing how this data is to be handled. This should include all the following points:

- When and how the data is collected i.e. pre-training or on commencing the training;
- Why the data is required;
- How informed consent is obtained from the participant providing the data, the knowledge of its purpose and of action that may be undertaken if there are issues that need to be considered further;
- That data must not be disclosed to any party e.g. occupational health staff or Line Manager, without the consent of the participant;
- How data will be securely transported if it is collected during training in an off-site location;
- The location and security of data storage, either with training records or occupational health records;
- The format the data is collected in and how it is stored. If transferred from paper copy to an electronic copy, the paper copy must be securely destroyed if it is not to be retained. If the paper copy is to be retained this should be in secure location;
- The participant must be informed who has access to the data and how they can obtain access to personal data held about them;
- How long the data is to be retained (this is dependent upon the information and the location of storage) as per guidance from the Organisations own retention policy, health & safety or employment legislation.

3 Criteria for Manual Handling Training Health Questionnaire

All personal information should be accessed on a need to know basis and only available to those requiring access for business and operational purposes. Organisations may use this opportunity to gather information and screen staff for musculoskeletal health but the following criteria are the minimal information that should be included.

| Criteria | Comments |
|---|---|
| Title of form | Include date and name of course |
| Personal details | Participant's name (printed); job title |
| Statement to enable informed consent when signing | This should inform the participant why information is required and how and where information will be used, disclosed and retained |
| Statement on confidentiality | Stating that information will not be disclosed to any other party without the consent of the participant |
| Health questions | This may be set in a format preferred by the organisation e.g. a table format, multiple choice options or invite open statements on previous or current relevant health issues |
| Statement for participant to declare their fitness for training | <i>For example 'I understand that this information shall be used to ensure my safety, and the safety of others. I declare myself fit to undertake this practical training course'</i> |
| Signature of participant and date of signing | |
| Post training comments | Open area for trainer to add comment on relevant issues relating to the training session. The participant must be informed of the content and consent to this being shared with specified persons |
| Signature of trainer | Sign, print and date |

Manual Handling Training Health Questionnaire

| | |
|-----------------------------------|-----------------|
| Name of Course: | Date of Course: |
| Name of participant: (printed) | Job Title: |

During the training course you will be required to participate in 'patient' and / or inanimate load 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 or current condition which may prevent you from participating. The information given will be securely stored and treated in confidence. If an issue arises from your responses that requires further support / advice / guidance from the trainer or another party e.g. Occupational Health, the trainer will discuss this with you first.

If you knowingly give incorrect information to the organisation, it 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.

| Health Questions | Tick |
|---|------|
| 1. I am suffering from musculo-skeletal pain | |
| 2. I have suffered with pain, injury and / or had surgery in the last 6 months | |
| 3. I am receiving treatment for a condition / have a medical condition which may affect my ability to engage in physical activity | |
| 4. I am pregnant | |
| 5. I have given birth within the last 6 months | |
| 6. I am breast-feeding | |
| 7. None of the above applies | |

On the understanding that this information shall be used to ensure my safety, and the safety of others, I declare myself fit to undertake this practical training course.

| | |
|---------------------------|-------|
| Signature of Participant: | Date: |
| Signature of Trainer: | Date: |

- **Should you suffer any discomfort or injury during the training you must report this to the trainer immediately.**

Post training comments by trainer: If there are any concerns about your fitness / ability to undertake manual handling activities or relevant issues relating to the training session, they will be discussed with you along with any further action and recorded here.

Trainer Use Only - Complete both sections and attach to the Record of Training

Referred to Manager: **YES / NO** Date of referral:

During Manual Handling practical training this person had difficulty and / or was unable to perform the following items because of health problems:

| | | |
|----------------------------|--------|------|
| Participant's Name (print) | (sign) | Date |
| Trainer's Name (print) | (sign) | Date |

Detach this section after completion and send to the individual's line manager

During manual handling practical training this person had difficulty and / or was unable to perform the following items because of health problems:

| | | |
|----------------------------|--------|------|
| Participant's Name (print) | (sign) | Date |
| Trainer's Name (print) | (sign) | Date |

Competency Assessments / Update

| Manual handling activity(ies) assessed / type of update | | | |
|---|--|-------|--|
| Date of Assessment: | | | |
| | | | |
| Rating: | | | |
| | | | |
| Trainer: | | NHS: | |
| Trainee: | | Date: | |
| Manual handling activity(ies) assessed / type of update | | | |
| Date of Assessment: | | | |
| | | | |
| Rating: | | | |
| | | | |
| Trainer: | | NHS: | |
| Trainee: | | Date: | |
| Manual handling activity(ies) assessed / type of update | | | |
| Date of Assessment: | | | |
| | | | |
| Rating: | | | |
| | | | |
| Trainer: | | NHS: | |
| Trainee: | | Date: | |

The NHS Scotland Manual Handling Passport



NHS Alba Clàr-trèanaidh Làimhseachaidh

Module A Manual Handling Theory

- A1. Define the term “manual handling”;
- A2. Describe the causes and effects of musculo-skeletal disorders (MSD’s);
- A3. State basic methods of promoting and managing their own '24 hour' musculo-skeletal health;
- A4. Outline how legislation applies to manual handling at work;
- A5. Describe the principles of ergonomics and risk assessment in reducing the risk of manual handling injury;
- A6. Describe the principles of safer manual handling;
- A7. Identify the risks involved in team handling;
- A8. Describe importance of good communication in relation to manual handling;
- A9. Outline the management of manual handling within the organisation e.g. policy, organisation of training and occupational health, incident reporting;
- A10. Describe the potential impact on others of poor manual handling practice;
- A11. Identify high risk activities / manoeuvres.

| | | | |
|--------------------------|--|--------------|--|
| Completed Module: | | | |
| Trainer: | | Date: | |
| NHS: | | | |
| Trainee: | | Date: | |
| Additional Comments: | | | |
| Trainer: | | Date: | |

Competency Assessments / Update

| Manual handling activity(ies) assessed / type of update | | | |
|--|--|--------------|--|
| Date of Assessment: | | | |
| Rating: | | | |
| Trainer: | | NHS: | |
| Trainee: | | Date: | |
| Manual handling activity(ies) assessed / type of update | | | |
| Date of Assessment: | | | |
| Rating: | | | |
| Trainer: | | NHS: | |
| Trainee: | | Date: | |
| Manual handling activity(ies) assessed / type of update | | | |
| Date of Assessment: | | | |
| Rating: | | | |
| Trainer: | | NHS: | |
| Trainee: | | Date: | |

Competency Assessments / Update

| Manual handling activity(ies) assessed / type of update | | | |
|---|--|-------|--|
| Date of Assessment: | | | |
| | | | |
| Rating: | | | |
| | | | |
| Trainer: | | NHS: | |
| Trainee: | | Date: | |
| Manual handling activity(ies) assessed / type of update | | | |
| Date of Assessment: | | | |
| | | | |
| Rating: | | | |
| | | | |
| Trainer: | | NHS: | |
| Trainee: | | Date: | |
| Manual handling activity(ies) assessed / type of update | | | |
| Date of Assessment: | | | |
| | | | |
| Rating: | | | |
| | | | |
| Trainer: | | NHS: | |
| Trainee: | | Date: | |

Module B Inanimate Load Handling

Elements covered in module;

- B1. Principles of safer manual handling of loads;
- B2. Identify and describe the practical application of the four key areas and other factors to be considered when undertaking a manual handling risk assessment;
- B3. Identify how the principles of safer handling can be applied;
- B4. Outline the importance of posture and application of ergonomic principles;
- B5. Demonstrate the application of safer manual handling principles during practical tasks;
- B6. Identify basic safety checks of equipment.

| Completed Module: | | | |
|----------------------|--|-------|--|
| Trainer: | | Date: | |
| NHS: | | | |
| Trainee: | | Date: | |
| Additional Comments: | | | |
| | | | |
| Trainer: | | Date: | |

Module C Chair Manoeuvres

Elements covered in Module:

- C1. Principles of manual handling of patients;
- C2. Key areas of manual handling risk assessment;
- C3. Undertaking a manual handling risk assessment of a patient from a given scenario;
- C4. Identification of high risk / controversial practices as relevant to their workplace;
- C5. Promoting patient independence;
- C6. Utilising appropriate principles of manual handling when a patient is being assisted by A) one carer, and B) two carers, including where appropriate, the use of relevant handling aids;
- C7. Assisting a patient forward and back in a chair;
- C8. Sitting to standing and standing to sitting from / on a chair;
- C9. Sitting to standing and standing to sitting from / on a bed;
- C10. A standing transfer from bed to chair and chair to bed;
- C11. Assisted walking;
- C12. Describe how to deal with the falling & fallen patient.

| | | | |
|--------------------------|--|--------------|--|
| Completed Module: | | | |
| Trainer: | | Date: | |
| NHS: | | | |
| Trainee: | | Date: | |
| Additional Comments: | | | |
| | | | |
| Trainer: | | Date: | |

Competency Assessments / Update

| Manual handling activity(ies) assessed / type of update | | | |
|--|--|--------------|--|
| Date of Assessment: | | | |
| | | | |
| Rating: | | | |
| | | | |
| Trainer: | | NHS: | |
| Trainee: | | Date: | |
| Manual handling activity(ies) assessed / type of update | | | |
| Date of Assessment: | | | |
| | | | |
| Rating: | | | |
| | | | |
| Trainer: | | NHS: | |
| Trainee: | | Date: | |
| Manual handling activity(ies) assessed / type of update | | | |
| Date of Assessment: | | | |
| | | | |
| Rating: | | | |
| | | | |
| Trainer: | | NHS: | |
| Trainee: | | Date: | |

Competency Assessments / Update

| Manual handling activity(ies) assessed / type of update | | | |
|---|--|-------|--|
| Date of Assessment: | | | |
| | | | |
| Rating: | | | |
| | | | |
| Trainer: | | NHS: | |
| Trainee: | | Date: | |
| Manual handling activity(ies) assessed / type of update | | | |
| Date of Assessment: | | | |
| | | | |
| Rating: | | | |
| | | | |
| Trainer: | | NHS: | |
| Trainee: | | Date: | |
| Manual handling activity(ies) assessed / type of update | | | |
| Date of Assessment: | | | |
| | | | |
| Rating: | | | |
| | | | |
| Trainer: | | NHS: | |
| Trainee: | | Date: | |

Module D Bed Manoeuvres

Elements covered in Module:

- D1. Inserting, using and removing tubular and / or flat slide sheets;
- D2. Turning a patient in bed;
- D3. Reposition the supine patient in the bed;
- D4. Sitting a patient from supine lying to long sitting;
- D5. Sitting a patient from supine lying to sitting over the edge of the bed;
- D6. Assisting a patient to lie down from sitting on edge of bed;
- D7. Involving the patient and others in decisions around manual handling.

| Completed Module: | | | |
|----------------------|--|-------|--|
| Trainer: | | Date: | |
| NHS: | | | |
| Trainee: | | Date: | |
| Additional Comments: | | | |
| | | | |
| Trainer: | | Date: | |

Module E Hoisting

Elements covered in Module;

- E1. Safe use and functionality of both active and passive hoists;
- E2. Awareness of different types of sling and how to select (e.g. size, type);
- E3. State the main points of the Lifting Operations and Lifting Equipment Regulations (1998);
- E4. Describe high risk / controversial practices;
- E5. Inserting the sling with the patient in the bed and in the chair;
- E6. Hoisting the patient from chair / bed / chair;
- E7. Hoisting from the floor;
- E8. Use of an active hoist;
- E9. Involving the patient and others in decisions around manual handling.

| | | | |
|--------------------------|--|--------------|--|
| Completed Module: | | | |
| Trainer: | | Date: | |
| NHS: | | | |
| Trainee: | | Date: | |
| Additional Comments: | | | |
| | | | |
| Trainer: | | Date: | |

Module F Lateral transfers

Elements covered in this Module;

- F1. Discuss high risk practices associated with lateral transfers;
- F2. Demonstrate a lateral supine transfer from bed / trolley to bed.

| | | | |
|--------------------------|--|--------------|--|
| Completed Module: | | | |
| Trainer: | | Date: | |
| NHS: | | | |
| Trainee: | | Date: | |
| Additional Comments: | | | |
| | | | |
| Trainer: | | Date: | |

The Manual Handling Policy Guidelines

Criteria for developing a Manual Handling Policy

The Partnership Information Network (PIN) Guidelines sets standards designed to improve health at work for staff in NHS Scotland. Guideline 4, 'Promoting safe manual handling' (2003), sets out general principles for achieving this for manual handling.

The Manual Handling Passport recommends participants refer to PIN Guideline 4, Appendix 4B (www.scotland.gov.uk/Publications/2003/02/16388/18308), for assistance in developing a Manual Handling Policy for their organisation as it provides a model for the development of such a policy.

NB. 'Annex 2 Condemned Lifts', is referenced to the 'Guide to the Handling of Patients', 1998, 4th Ed, which has been superseded by 'The Guide to the Handling of People', 2005, 5th Ed. This updated document refers to 'Condemned Lifts' as 'Controversial Techniques' this new terminology should be used in place of the old.