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Minimal Manual Handling Procedure

Introduction and Aim

It is the Procedure of Cardiff and Vale UHB to provide and maintain, so far as is reasonably practicable, safe and healthy working conditions, a safe environment, safe equipment and safe systems of work for all its employees whilst performing manual handling activities.

Staff health and patient care are no longer viewed as separate issues and it is recognised that excellence in manual handling is simply part of achieving excellence in care (RCN 2002).

Objectives

The Objectives of the procedure are to:-

1. Comply with the legal duties in relation to manual handling placed on the UHB by the following
 - Health and Safety at Work etc Act 1974
 - Management of Health and Safety at Work Regulations 1999
 - Manual Handling Operations Regulations 1992
 - Provision and Use of Work Equipment Regulations 1998
 - Lifting Operations and Lifting Equipment Regulations 1998 (LOLER)
 - Human Rights Act 1998
 - Workplace (Health, Safety & Welfare) Regulations 1992
 - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995
 - Health and Safety Miscellaneous Amendments Regulations 2002
2. Take into account the :-
 - All Wales/UK NHS Manual Handling Training Passport and Information Scheme
 - Approved Codes of Practice
 - Guidance on Regulations
 - Specific HSE Guidance
 - Professional Guidance and Standards
3. Reduce the number and severity of injuries resulting from manual handling injuries within the UHB by;
 - Creating a safe working environment for all UHB staff involved with manual handling activities
 - Promote an ergonomic approach to manual handling activities
 - Ensure managers assess, reduce and control risks from manual handling activities

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- Ensure suitable equipment is made available and used correctly for its intended purpose.
 - Ensuring mechanical equipment is inspected & maintained according to LOLER 1998 & PUWER 1998 (Appendix 4). Cardiff and Vale University Health Board Minimal Manual Handling Procedure
 - Retain and update maintenance schedules of mechanical manual handling equipment.
 - Ensuring any refurbishment or new build works undertaken within the UHB do not compromise safe manual handling practice.
 - Ensure staff receive appropriate training.
 - Provide suitable workplace supervision to ensure skills taught are applied in the workplace.
4. Achieve the All Wales Passport scheme standards for:-
- Training, risk assessment, audit and induction.
5. Effectively manage manual handling risks through the risk assessment process incorporated within the risk rating and risk profiling process.

Scope

This procedure applies to all of our staff in all locations including those with honorary contracts.

Equality Health Impact Assessment	An Equality and Health Impact Assessment (EHIA) has been completed and this found there to be no impact.
Documents to read alongside this Procedure	Minimal Manual Handling Policy
Approved by	Operational Health and Safety Group
Accountable Executive or Clinical Board Director	Director of Corporate Governance
Author(s)	Head of Health and Safety

Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the [Governance Directorate](#).

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Summary of reviews/amendments

Version Number	Date of Review Approved	Date Published	Summary of Amendments
1	25/04/2017	05/09/2017	New Procedure in line with new UHB Policy arrangements

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1. PROCEDURE STATEMENT

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This procedure demonstrates the commitment of Cardiff and Vale UHB to reducing musculoskeletal injury caused to staff from the manual handling of loads.

The UHB has fully participated and adopted the “All Wales/NHS Manual Handling Training Passport & Information Scheme” (hereby referred to as the All Wales Passport). The aims of which are:

- To ensure consistency in Manual Handling Training/Assessment within participating Organisations.
- Developing mechanisms whereby skills can be transferred between Organisations.
- Ensuring the sharing of resources to minimise duplication within participating Organisations.

This procedure lies within the UHB’s Health, Safety and Risk Management Structure and interlinks with the other UHB Policies/Documents including Health and Safety Policy.

Under the Manual Handling Operations Regulations 1992 the UHB accepts responsibility for the assessment and control of risks in respect of manual handling. This responsibility covers all employees and other persons who may be affected by the actions of the UHB employees whilst carrying out their duties.

2. DEFINITION OF TERMS

“Manual Handling” means any activity that involves human effort to move or support a load.

Minimal Manual Handling – All hazardous manual handling tasks must be risk assessed and appropriate ergonomic and organisational control measures must be put in place to reduce the risk.

- **Animate Loads - The manual lifting of patients is eliminated in all but exceptional or life threatening situations. Handling which involves manually lifting the whole or a large part of the patient’s weight should be avoided, for example; encouraging patients to assist in their own transfers or by the use of appropriate equipment. Manual handling equipment must be used whenever it can help to reduce risks, providing this is not contrary to the patients needs.**
- **Inanimate Loads - The manual handling of inanimate loads should be reduced to the lowest possible level. Staff should follow safe systems of work, be trained in the use of equipment**

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and physical handling skills in order to reduce the risk of injury.

3. RESPONSIBILITIES

3.1 **Chief Executive** has overall responsibility for ensuring the arrangements are in place for the implementation of the Minimal Manual Handling Policy and Procedure.

3.2 **Director of Corporate Governance** has delegated responsibility at Executive Board level for the managing of health and safety and is responsible for ensuring;

- There are sufficient resources for the implementation of this Procedure.
- That this Procedure is appropriately disseminated throughout the UHB.
- The approach to manual handling is both systematic and appropriate.
- There are sufficient competent advisers and trainers to support the Policy and Procedure.

3.3 **Executive Directors, Clinical Board Directors, Clinical Board Managers, Clinical Board Nurses, and Directorate Managers** have responsibility for managing the risk management process by:-

- Ensuring suitable and sufficient risk assessments are carried out in the workplace.
- Implementing appropriate control measures are implemented.
- Ensuring Clinical Board and Directorate risk registers include all manual handling risks that have a score of six or over.
- Including in the UHB Risk register any manual handling risks that cannot be addressed within the Directorate/Clinical Board
- Allocating resources for such equipment as is necessary and reasonably practicable to avoid hazardous manual handling.
- Ensuring staff who undertake manual handling are given sufficient information, supervision, instruction and training.

3.4 **The Occupational Health Department** has responsibility for providing a confidential service to all staff and delivers specialist

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advice on the health risks associated with manual handling risks. This includes;

- Pre employment screening.
- Advice on musculoskeletal disorders.
- Providing competent advice to management and staff through assessment and planned return to work processes.
- Provide Ergonomic Workstation assessments in line with DSE Procedure for staff with musculoskeletal complaints relating to their workstation

3.5 **Manual Handling Advisers** are responsible for:-

- Developing the Manual Handling Strategy including a comprehensive training programme.
- Provision of ergonomic advice and consultancy to all staff groups, patients and carers on manual handling issues inclusive of environmental planning, reducing risks through design and equipment provision, to minimise associated risks.
- Ensuring all advice and activity is researched, benchmarked and evidence based commensurate with best practice in the UK and Europe.
- Liaising with other agencies to promote consistency of practice across the continuum of patient care.
- Establishing the UHB as a centre of excellence for manual handling including the full implementation of the All Wales/UK NHS Manual Handling Training Passport and Information Scheme.
- Facilitate a credit based learning programme for Manual Handling that sits within the Credit and Qualification Framework for Wales.
- A comprehensive biannual manual handling training programme delivered based on needs assessed by Clinical Board/Directorate managers.
- Ensuring training meets the All Wales/NHS standard.

3.6 **Manual Handling Trainers** are competent persons who:

- Deliver appropriate training courses to the All Wales standard based on needs assessed in managers risk assessment.

3.7 **Departmental/Ward Managers, Team Leaders** are responsible for ensuring that:-

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- All hazardous manual handling operations in their areas are risk assessed by a competent person and reviewed using MHO2 (Appendix 1).
- Individual patient risk assessments Pat-e-Bac and handling plans (Appendix 2) are undertaken for hazardous manual handling tasks relating to patients that are not covered by MHO2.
- Any risks that score six or above are entered on the risk register.
- For all manual handling risks that score 12 or over, the manual handling advisers are contacted for advice.
- Suitable action is taken to reduce the risks as far as is reasonably practicable.
- Risks that cannot be addressed at this level are referred to their Directorate Health and Safety Committee and Directorate Manager.
- A training needs risk assessment is carried out to ensure appropriate staff receive manual handling training.
- The UHB Incident and Investigation Reporting Procedure is adhered to for all manual handling incidents and accidents.
- Staff are released for manual handling training to the All Wales/NHS Passport standard.
- Manual handling practice within their area of responsibility meets the standards taught in training and patients are handled with dignity, care and safety.
- Accurate training records are kept to ensure all staff assessed as requiring training receive training to the All Wales standard.
- Staff who have not received manual handling training do not perform manual handling tasks.

In addition, Physiotherapy Managers are responsible for ensuring that treatment handling risk assessments are completed by physiotherapists to address the specific risks associated with treatment handling (Appendix 3).

3.8 **Manual Handling Link Worker** is an appointed member of staff who is trained by the Manual Handling Advisers to undertake the following duties: -

- Assist in the supervision of manual handling practice in their area.
- Act as a role model for excellence in manual handling practice.

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- Assist their manager to fulfil their legal duties i.e. Procedure for the monitoring and inspection of Hoist Slings (LOLER 1998), local induction for new staff to All Wales Standard (Management of Health Safety and Welfare Regulations 1992)
- Assist in training frequency assessment to determine requirements for update training.
- Complete equipment audits.
- Provide a link for information between the Manual Handling Advisers and the work area.
- Attend annual update manual handling training.

3.9 **Employees** are responsible for ensuring that they

- Take reasonable care of their own and others health and safety.
- Use appropriate manual handling equipment or any other safe system of work that has been provided by the UHB.
- Inform their manager of any physical condition that might reasonably be considered to affect their ability to undertake manual handling tasks effectively.
- Assess their own personal safety before undertaking any manual handling activities and never manually lift loads that they consider too harmful to be lifted safely.
- Attend training when nominated and utilise safer handling principles and skills in the workplace.
- Identify and alert their manager to any new activity that requires risk assessment, co-operate in the risk assessment process and comply with safe systems of work.
- Report all hazards, defects in equipment, incidents, accidents and near misses in accordance with the UHB Incident Reporting Procedure.
- Visually inspect any handling aid prior to use to ensure there are no obvious defects. Any defects must be reported to their line manager.
- Wear clothing that permits unrestricted movement and footwear that provides adequate support, a stable non slip base and proper protection.

4 **TRAINING**

The manual handling training programme will meet the needs identified by the Training Needs Analysis to ensure the UHB meets its training requirements within an identified timescale.

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- The need for manual handling training is based on an assessment of the individual's job role.
- Training will be to the All Wales/UK Standard.
- Training will be organised by the Manual Handling Unit and central paper records kept within the Unit for six years, thereafter electronically.
- The frequency of update training will be assessed by the Manual Handling Link Workers in liaison with the ward/dept/area manager, or biannually.
- Audit of the manual handling training will be carried out to the All Wales/UK Standard.
- Training will be undertaken in suitable venues.

5 RESOURCES

Sufficient resources are budgeted for within the UHB to support the;

- Training strategy
- Implementation of the All Wales/UK Passport
- Risk management process
- Provision, maintenance, repair and replacement of Manual Handling Equipment
- Link Worker programme. The co-operation of departments in undertaking the Training Frequency Assessment will reduce the need for update training

6 COMMUNICATION

This procedure is available via the UHB Policy/Procedure database, Cardiff and Vale Intranet, and in hard copy on request from the Health and Safety Department and the Manual Handling Unit.

Awareness of this procedure is given to all staff on induction and during manual handling training.

Availability of manual handling training courses is distributed by the UHB Intranet

Manual handling training is part of the mandatory training requirement and is identified on staff's KSF outline.

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7 AUDIT

Internal Monitoring

Internal monitoring of manual handling within the UHB is the responsibility of the Clinical Board who, with the assistance of the Manual Handling Advisers will audit by the following means;

- Ensuring completion of accident/incident report forms for all untoward occurrences involving manual handling
- Ensuring all accidents and incidents are investigated and actions fed back to the reporting individual.

External Monitoring

This procedure may be monitored externally by;

- The Health and Safety Executive
- All Wales/NHS Manual Handling Training Passport & Information Scheme Audit.

8 EQUALITY AND DIVERSITY ASSESSMENT

The UHB is committed to ensuring that, as far as is reasonably practicable, the way it provides services to the public and the way it treat its staff reflects their individual needs and does not discriminate against individuals or groups.

The UHB has undertaken an Equality Impact Assessment and received feedback on this procedure and the way it operates. The UHB wanted to know of any possible or actual impact that this procedure may have on any groups in respect of gender (including maternity and pregnancy as well as marriage or civil partnership issues), race, disability, sexual orientation, Welsh language, religion or belief, transgender, age or other protected characteristics.

The assessment found that there was **no impact** to the equality groups mentioned. Where appropriate the UHB will make plans for the necessary actions required to minimise any stated impact to ensure that it meets its responsibilities under the equalities and human rights legislation.

Should a member of staff or any other person require access to this procedure in another language or format (such as braille or large print) they can do so by contacting the Health, Safety & Environment Department. Cardiff and Vale University Local Health Board will do its

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utmost to support and develop equitable access to all policies and procedures.

The Procedure will reflect Healthcare Standard 2 which requires Boards to actively promote equality and human rights and to challenge discrimination.

This Procedure has had an equality impact assessment and has shown there will be no adverse effect or discrimination made on any particular or individual group.

9 FURTHER ADVICE

For further advice contact the Manual Handling Advisers;
University Hospital of Wales Ext 42326 or 44910

For further information concerning training contact the Manual Handling Unit, Denbigh House, University Hospital of Wales. Ext. 44960

10 FURTHER INFORMATION

The UHB Manual Handling Risk Assessment forms Appendix 1, 2, 3 & 4

The All Wales/UK NHS Manual Handling Training Passport and Information Scheme V2.1 (HOWIS www.wales.nhs.uk)

Manual Handling Operations Regulations 1992, Guidance on the Regulations. HSE Books

5th Edition the “Guide to the Handling of People” (2005) Backcare, RCN & NBE

Manual Handling Training Guidance (2002) RCN

All Wales Treatment Handling Group Guidelines (HOWIS www.wales.nhs.uk)

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Appendix 1

UNIVERSITY OF WALES COLLEGE OF MEDICINE
CARIFF AND VALE UHB

Manual Handling Risk Assessment Form MHO2

GUIDANCE ON COMPLETING THE FORM

HAZARD = source of potential harm or damage or a situation with potential for harm or damage;
RISK = is a combination of the likelihood and severity of a specified event (accident or incident).

The Manual Handling Operations Regulations 1992 supports the Health and Safety at Work etc. Act 1974. A breach of these Statutory Regulations is a criminal offence.

This form is used to determine the potential severity of a manual handling activity. The objective of risk management is to reduce the LIKELIHOOD of incidents occurring that could have significant consequences (SEVERITY) for staff, patients or the UHB.

There are no correct/incorrect/absolute values for risk rating; different people will have different perception of risk based on their experiences. The risk assessor should consult with all persons carrying out the tasks concerned so that a reasonable agreed figure is obtained. Carrying out effective risk assessment and applying appropriate control measures together with training can help minimise the potential for injury and/or damage. The RISK LEVEL ESTIMATOR (over page) will help with this process. The MHO2 Form takes the Risk Assessor through a structured assessment process, all sections of the form must be completed and the 'Working Risk Rating' must reflect the actual risks faced.

The completed form must be kept in the Directorate Health and Safety file and a copy at the location where the work activity is carried out. A copy of the assessment must be available at all times.

ADMINISTRATION DETAILS – Hospital, Directorate and Location

The location is the area where the risk assessment applies e.g. Ward A6, Radiology, etc.

DESCRIPTION OF MANUAL HANDLING TASK

Write down the details of the generic manual-handling task for which the assessment applies, e.g. bathing a patient, transferring patient from chair to bed, moving heavy equipment etc.

LIST WHO MAY BE HARMED

Consider what staff are likely to be involved in the task, remember to consider staff and students in training and other staff involved e.g. radiographers, physiotherapists, porters etc. Also, consider how the patient or non-employee could be injured.

HAZARDS INVOLVED WHEN TASK IS PERFORMED

Consider the headings; 'Task, Load, Individual Capability and Working Environment' tick the appropriate boxes that reflect most accurately what is involved in the manual-handling task. Use the information so far recorded to estimate the 'Working Risk Rating (WRR)'. The 'Probable Likelihood Rating (PLR)' being the frequency in which a manual-handling task could go wrong and result in possible injury (it is NOT how often the task is done). The 'Potential Severity Rating (PSR)' is the estimate for how significant the resulting outcome could be. Simply calculate: $PLR \times PSR = IRR$.

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FREQUENCY OF ACTIVITY

Record the estimated number of times the activity being assessed takes place during any one working shift. The frequency of an activity might identify the need for additional control measures e.g. more than one hoist on a ward, more slide sheets, etc.

CONTROL MEASURES ALREADY TAKEN TO REDUCE RISK

List the controls already in use e.g. variable height bath; slide sheets, patient hoist, variable height couches, low loading trolleys, staff training, maintenance of equipment etc.

ADDITIONAL CONTROL MEASURES REQUIRED

This part of the form is used to determine and justify the need for additional controls; 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 Directorate Health and Safety Plan, the 'Residual Risk Rating (RRR)' indicating how the risk can be reduced.

ACTUAL WORKING RISK RATING (WRR)

This must reflect all the sections covered by this form that have been applied, but not the 'Additional Control Measures' unless they have been implemented. In this case the RRR and the WRR will be the same.

ASSESSORS

The risk assessor should be a 'senior member' of staff who has undertaken the UHB's/College's 'Working Safely Course' and the 'Manual Handling Assessment' module. The activity should be reviewed whenever there is a change in the process, equipment etc, or following a manual handling incident.

PROGRESS REPORT

This box is used to track progress in implementing 'additional controls' that have been recommended by the Risk Assessor. When all the 'Additional Controls' have been implemented a new assessment is needed indicating the 'Working Risk Rating'.

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RISK LEVEL ESTIMATOR/WORKING RISK RATING (WRR)

LIKELIHOOD of Adverse Event Occurring X **SEVERITY** of Outcome =
Working Risk Rating

Likelihood (PLR) Severity (PSR)	Almost Certain 5	Likely 4	Possible 3	Unlikely 2	Rare 1
Catastrophic 5	25	20	15	10	5
Major 4	20	16	12	8	4
Moderate 3	15	12	9	6	3
Minor 2	10	8	6	4	2
Insignificant 1	5	4	3	2	1

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

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

2

CONSEQUENCE

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

Level	Descriptor	Actual or potential impact on individual	Actual or potential impact on organisation	Number of persons affected	The potential for complaint/litigation
5	Catastrophic	DEATH Toxic offsite release	National adverse publicity Possible investigation	Many e.g. cervical screening disaster, evacuation etc	Litigation expected/certain
4	Major	PERMANENT INJURY Loss of body part(s). Misdiagnosis – poor prognosis. RIDDOR reportable injury	Service closure RIDDOR reportable Long term sickness	Moderate number (e.g. loss of specimens etc)	Litigation expected/certain
3	Moderate	SEMI-PERMANENT INJURY/DAMAGE E.g. injury taking up to 1 year to resolve	Needs careful PR RIDDOR reportable MDA Reportable Short term sickness	Small numbers E.g. 3-10	Litigation possible but not certain High potential for complaint
2	Minor	SHORT TERM INJURY/DAMAGE E.g. injury that has been resolved in 1 month	Minimal risk to organisation	One	Complaint possible Litigation unlikely
1	Insignificant	NO INJURY OR ADVERSE OUTCOME	No risk at all to the organisation	0-1	Unlikely to cause complaint Remote risk of litigation.

RRN Score	RISK LEVEL	ACTION AND TIMESCALE
1 – 5	LOW	No action is required; Form 1A should be kept which demonstrates an awareness of a potential hazard and assessment of risk. No additional controls are required. Consideration may be given to a more cost-effective solution or improvement that imposes no additional cost burden. Monitoring is required to ensure that the controls are maintained.
6 – 10	MODERATE	Efforts should be made to reduce the risk, but the costs of prevention should be carefully measured and limited. Risk reduction measures should be implemented within a defined period. Where there is a moderate risk further assessment may be necessary to establish more precisely the likelihood of harm as a basis for determining the need for improved control measures. The appropriate risk assessment form MUST be completed for all work related activities falling into this category.
11 – 25	UNACCEPTABLE	Work should not be started until the risk has been reduced. Considerable resources may be allocated to reduce the risk. Where the risk involves work in progress, urgent action should be taken. A very detailed risk assessment will be required and a safe system of work should be implemented and regularly monitored.

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CARDIFF AND VALE UNIVERSITY HEALTH BOARD**

Manual Handling Risk Assessment Form

Hospital **Directorate** **Location**

Description of Manual Handling Task:

List Who May be Harmed:

Hazard involved when task is performed

The task – does it involve:	Tick	<i>Individual capability – does the job</i>	Tick
Holding loads away from trunk?	<input type="checkbox"/>	Require unusual capability i.e. strength, height, age?	<input type="checkbox"/>
Twisting?	<input type="checkbox"/>	Present a hazard to those with a health problem/disability?	<input type="checkbox"/>
Stooping?	<input type="checkbox"/>	Present a hazard to those who are pregnant?	<input type="checkbox"/>
Reaching upwards e.g. high shelf?	<input type="checkbox"/>	Call for special information/training	<input type="checkbox"/>
Large vertical movements e.g. from floor?	<input type="checkbox"/>		
Long carrying distances (more than 10m)?	<input type="checkbox"/>		
Strenuous pushing or pulling?	<input type="checkbox"/>	<i>The working environment – are there</i>	
Unpredictable movement of loads	<input type="checkbox"/>	Constraints on posture i.e. restricted space, low work surface?	<input type="checkbox"/>
Repetitive handling, more than x30 per hour?	<input type="checkbox"/>	Poor floors e.g. uneven, slippery, unstable?	<input type="checkbox"/>
Insufficient rest or recovery e.g. work variation and breaks?	<input type="checkbox"/>	Variations in levels e.g. steps or steep gradient/ladders?	<input type="checkbox"/>
The rate of work cannot be varied by the handler?	<input type="checkbox"/>	Hot/cold/humid conditions?	<input type="checkbox"/>
		Strong air movements e.g. adverse weather?	<input type="checkbox"/>
		Poor lighting conditions?	<input type="checkbox"/>
The loads – are they:		Other factors e.g PPE/uniforms/clothing, more than one handler, distractions, congested access etc.	
Heavy? Please indicate <input type="text"/> kg	<input type="checkbox"/>		
Bulky/unwieldy e.g. one side heavier, more than 75cm in diameter?	<input type="checkbox"/>		
Difficult to grasp e.g. no conventional hand holds?	<input type="checkbox"/>		
Unstable/unpredictable	<input type="checkbox"/>		
Intrinsically harmful (eg sharp/hot/contaminated)?	<input type="checkbox"/>		

Frequency of Activity:

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Control measures already taken to reduce risk:

Existing Working Risk Rating	Probable Likelihood Rating	X	Potential Severity Rating	=	Working Risk Rating
	<input style="width: 40px; height: 30px;" type="text"/>		<input style="width: 40px; height: 30px;" type="text"/>		<input style="width: 40px; height: 30px;" type="text"/>

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Additional Control Measures Required:

If the above action is implemented calculate the new risk rating figure

Residual Risk Rating	Probable Likelihood Rating	X	Potential Severity Rating	=	Risk Rating Number
	<input style="width: 40px; height: 30px;" type="text"/>		<input style="width: 40px; height: 30px;" type="text"/>		<input style="width: 40px; height: 30px;" type="text"/>

Actual Working Risk Rating

Working Risk Rating	Probable Likelihood Rating	X	Potential Severity Rating	=	Working Risk Rating
	<input style="width: 40px; height: 30px;" type="text"/>		<input style="width: 40px; height: 30px;" type="text"/>		<input style="width: 40px; height: 30px;" type="text"/>

Assessors

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Name	Signature	Position & Contact No.
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Date of Assessment	<input type="text"/>	Review Date	<input type="text"/>	Dates of Review	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Progress Report	WRR	Date & Sign

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Minimal Manual Handling Procedure Appendix 2

**PAT-E-BAC PATIENT MANUAL HANDLING
RISK ASSESSMENT FORM**

Patient Details	<p>Low Risk 0-8 May require assistance of 1 staff member/nurse.</p> <p>Moderate Risk 9-15 May require assistance from 2 staff members/nurses according to tasks or mechanical aids/equipment.</p> <p>High Risk 16+ May require assistance from 2 or more staff members/nurses and/or mechanical aids according to tasks.</p> <p><small>*WHENEVER POSSIBLE USE APPROPRIATE MANUAL HANDLING EQUIPMENT TO ASSIST WITH THE MINIMAL HANDLING OF PATIENTS FOLLOWING RISK ASSESSMENT</small></p> <p align="center">THE FALLEN PATIENT MUST BE REASSESSED PRIOR TO MANUAL HANDLING</p>
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Ward/Department: **Date of Admission:**

..... **Patients Weight:**

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Minimal Manual Handling Procedure Appendix 2

Cardiff & Vale UHB PAT-E-BAC Patient Manual Handling Risk Assessment Form

WEIGHT	< 7 Stone < 44.5 kg	7-12 Stone 44.5 – 76.2 Kg	12-14 Stone 76.2-88.7 Kg	14-16 Stone 88.7 -101.6 Kg	>16 Stone >101.6 kg
Score	1	3	5	6	8

MEDICAL HISTORY	History of falls	History of vertigo	Low Haemoglobin	Spasm	Other
Score	5	5	3	7	5

MOBILITY/ DISABILITY	Independent	Needs minimal assistance	Needs moderate assistance	Needs maximum assistance	Totally dependent comatose
Score	0	2	4	7	10

MENTAL STATE	Fully co-operative	Comatose	Confused/unable to understand	Agitated	Aggressive
Score	0	2	3	4	5

PATIENT'S ENVIROMENT RATING	No attachments	Attachments e.g. catheter, IVI etc	Environmental space constraints	Other
Score	0	1 point per attachment	3	3

RISKS

Low Risk 0 – 8

May require assistance of 1 staff member/nurse

Moderate Risk 9 – 15

May require assistance from 2 staff members/nurses according to task or use of mechanical aids

High Risk 16+

May require assistance from 2 or more staff members/nurse and/or mechanical aids according to tasks

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- **WHENEVER POSSIBLE USE APPROPRIATE MANUAL HANDLING AIDS TO ASSIST WITH THE MINIMAL HANDLING OF PATIENTS FOLLOWING RISK ASSESSMENT**
- **THE FALLEN PATIENT MUST BE REASSESSED PRIOR TO MANUAL HANDLING**

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Minimal Manual Handling Procedure Appendix 2

WEIGHT

Under 7 stone • Between 7-12 stone • Between 12-14 stone • Between 14-16 stone •Above 16 stone

MEDICAL HISTORY

History of Falls

Does the patient have any previous history of falling to the ground, past or present

History of Vertigo

Does the patient have a feeling of themselves or the surroundings rotating, spinning or have they any balance problems

Low Haemoglobin

To the best of your knowledge does the patient have a low haemoglobin, which may precipitate fainting or falling

Spasm

Does the patient have uncontrollable limb jerks and involuntary muscle contraction and rigidity they may or may not be aware of

Other

Please highlight any other medical condition which may predetermine manual handling problems i.e. dizziness – faintness – epilepsy etc

MOBILITY/DISABILITIES

Independent

Patient able to mobilise and maintain daily living independently and needs no assistance with manual handling

Needs minimal assistance

Needs the least possible amount of input from staff to assist with mobility

Needs moderate assistance

Needs a reasonable amount of assistance from staff but patient able to maintain mobility

Needs maximum assistance

Needs the highest possible degree of assistance from staff to maintain mobility

Totally dependent/comatose

Patient unable to do anything requires staff to perform all their mobility/movement

MENTAL STATE

Fully co-operative

Able to conform and maintain mobility

Comatose

Completely unable to comprehend any verbal commands and unable to confirm

Confused and unable to understand

Patients who cannot comprehend what is expected of them and unable to determine how how they can help

Agitated

Disturbed or excitable. State of mind which may make manual handling difficult

Aggressive

The patient may have unprovoked hostility and the intention to harm others

PATIENT'S ENVIROMENT

No attachments

Free of any restrictions i.e. catheter, drips, drains, tubes etc

Attachments

The patient may be restricted i.e. catheter, drips, drains, tubes etc

Environmental space constraints

Working in confined circumstances where manual handling is difficult due to limited space caused by furniture or equipment

Other

Special or other considerations i.e. special mattresses

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*All Wales Treatment Handling Group Guidelines
Updated February 2013*

Guidelines for the Completion of the All Wales Treatment Handling Risk Assessment Form

Rationale

The risk of injury from treatment handling is acknowledged by the CSP and COT. Many therapists still feel that if they do not have direct 'hands-on' contact with a patient/client, then they are not delivering appropriate therapy. However, patients/clients can be rehabilitated without the therapists putting themselves at risk of injury. This can be achieved by the appropriate use of equipment or sufficient foresight before beginning a treatment session as to safer positioning of patient, therapist or equipment.

In this litigious climate in which we live, we may soon have to justify why we carry out certain treatments should the client or therapist sustain an injury or even if the client fails to progress as expected following an injury or pathology.

THIS FORM ONLY NEEDS TO BE COMPLETED WHERE THERE IS A RISK OF INJURY FROM THE TASK TO BE CARRIED OUT.

This document need not be completed if there are no risks or a generic risk assessment / safe system of work / treatment guideline is in place and the patient/client has no additional risk factors that would interfere with the intervention.

An individual risk assessment should be carried out before carrying out an intervention that includes hazardous manual handling. Any change in a factor of the TILE format demands a new risk assessment to be completed. **A risk assessment remains valid unless there is any change in a factor of the risk assessment (according to UHB policy/Procedure).**

All risk assessments should be reviewed when there is any change in the client's presentation, environmental factors or individual carrying out the intervention (TILE) or according to UHB policy/Procedure.

This form should be used in conjunction with the 13 treatment handling Guidelines. These guidelines identify the patient ability criteria and clinical reasoning for the particular intervention.

Guidelines for Completion

- Each sheet number must be completed
- Patient/client details including name, address, date of birth, approximate height and weight (where accurate measurements are not available), location seen, hospital number etc. Where patient information sticky labels are available, these can be used.

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- The name/s and signature/s of any therapists completing the form.
- Named task – what the therapist is literally doing with the patient/client i.e. the treatment intervention. E.g. assisted sit to stand, assisted walking, passive movements. If the form is used in conjunction with the 13 examples given in the guidelines, the clinical reasoning and patient ability criteria are already stated. It must be stated which example/guideline has been used.
- Clinical reasoning – why you are using that particular treatment intervention (perhaps over another) with the patient/client. What is your justification for the intervention? **This is NOT treatment goals or aims of treatment.**
E.g. assisting client into standing frame / tilt table as unable to stand independently
Passive movements as client unable to move limbs independently
Assisted walking as client able to weight bear with minimal assistance, has voluntary stepping action with both feet and unable to walk independently.
- Date/time / Signature. – A risk assessment is only appropriate for that client, therapist or individual carrying out the intervention at that particular time and place. The therapist completing the risk assessment for the task must also sign in this column.
- Individual assisting – where relevant, the grade of therapist, level of experience of persons assisting should be documented. Personal details regarding the therapist's health should **not** be recorded.
- Load (this refers to the client) & Environment - examples of risks associated with these areas of TILE are detailed on the Elements of Treatment Handling Risk Assessment document. These are examples only and in no way an exhaustive list. Risks relevant to the planned intervention should be documented. It is insufficient just to state the diagnosis.
- Risk Reducing Measures – detail here any measures that have been taken to reduce the risk of injury to any party involved in the intervention, to the lowest reasonably practicable level. E.g. use of adjustable height equipment, additional persons to carry out the intervention, use of glide sheets, small handling equipment etc.
- A clear line must be put through the whole row of the risk assessment once a treatment intervention is:

No longer relevant to the client, **or** the risk assessment is invalid either because the client has improved or sustained further pathological changes or simply deteriorated

This should then be signed and dated clearly by the therapist involved and the 'Date no longer applicable' column completed.

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*All Wales Treatment Handling Group Guidelines
Updated February 2013*

Minimal Manual Handling Procedure Appendix 3

All Wales Treatment Handling Risk Assessment Form

Sheet Number:

Name: DoB:	Address:	Height: Weight:	Area seen:	ID No.:
Name of Therapist/s:				

Record risks in appropriate column (* see document –Elements of Treatment Handling Risk Assessment)

Named task & Clinical Reasoning	Date/time Signature	Individual(s) Assisting Record job title/grade, person/s assisting where relevant	Load (client) Record details relevant to risk* and the Patient Ability Criteria, not just diagnosis	Environment Record details relevant to risk* not just location of task undertaken	Risk Reducing Measures	Date and reason no longer applicable

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*All Wales Treatment Handling Group Guidelines
Updated February 2013*

Minimal Manual Handling Procedure Appendix 3

All Wales Treatment Handling Risk Assessment Form – Continuation sheet

Sheet Number:

Name:		Address:				
D.O.B.						
Named task & Clinical Reasoning	Date/time Signature	Individual(s) Assisting Record job title/grade, person/s assisting where relevant	Load (client) Record details relevant to risk* and the Patient Ability Criteria, not just diagnosis	Environment Record details relevant to risk* not just location of task undertaken	Risk Reducing Measures	Date and reason no longer applicable

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Minimal Manual Handling Procedure Appendix 4

Equipment Inspection and Maintenance

At ward, departmental or team level the manager is responsible under

Health and Safety at Work Act 1974

- To ensure that all employees use equipment in accordance with any training and instruction given.

The Provision and Use of Work Equipment Regulations (PUWER) 1998 require that Manual Handling Equipment be

- suitable for intended use,
- suitable for the environment
- used only for the purpose it was designed for,
- inspected and maintained
- accompanied by suitable safety measures markings and warnings (including safe working load)

Lifting Operations and Lifting Equipment Regulations (LOLER) 1998 requires the UHB to ensure that mechanical patient lifting equipment is inspected, maintained and that maintenance schedules are recorded and updated.

Equipment used within the Community needs to follow local agreed arrangements for inspection & maintenance.

Equipment used within the Hospital setting should follow the guidelines below;

1. Non motorised mechanical manual handling equipment

eg stand and turn aids, stedy's

A servicing contract must be set up with Clinical Engineering contact UHW 42014

2. Hoists

Present arrangements for patient hoists;

Estates maintenance are responsible for these duties. All mechanical lifting patient equipment is inspected 6 monthly and serviced annually

Any hoist service repair contact Estates Helpdesk ext 01446 729555

3. Hoist slings

Refer to procedure for inspection of patient slings (Appendix 5)

4. All other manual handling equipment

e.g. slide sheets, patslides.

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As part of their manual handling training staff are taught to perform an informal assessment of this equipment prior to each use and report any faults to their line manager.