

SH HS 05

Moving & Handling Policy

Version: 4

Summary:	The purpose of the policy is to provide direction and guidance for moving and handling, ensuring a consistent approach is applied in relation to the management of moving and handling activities, including people and objects across the Trust.	
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Target Audience:	Clinical Staff employed by Southern Health NHS Foundation Trust who use moving and handling equipment and those involved in the purchase and hire of equipment.	
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Version Control

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QUICK REFERENCE GUIDE

For quick reference the guide below is a summary of actions required. This does not negate the need for the document author and others involved in the process to be aware of and follow the detail of this policy.

1. The Manual Handling Operations Regulations (as amended) 1992 impose a duty on the Trust to avoid the need for employees to undertake hazardous manual handling so far as is reasonably practicable
2. The regulations identify a hierarchy of duties to which the Trust must adhere
 - >Avoid hazardous manual handling so far as is reasonably practicable.
 - >Assess any hazardous manual handling operations that cannot be avoided and
 - >Reduce the risk of injury to the lowest level so far as is reasonably practicable.
3. All managers are responsible for ensuring that hazardous manual handling activities are clearly identified through the process of risk assessment. They must ensure that where significant risks are identified, appropriate action is taken to reduce the risk to the lowest level reasonably practicable.
4. Obesity is defined as a BMI above 30, patients with a BMI over 40 are classed as morbidly or super obese or Bariatric. Their needs will be related to their weight, weight distribution, girth, mobility and health status.
5. Obesity is increasing in the UK adult population and the risk of developing co-morbidities increases in line with increases in BMI. The need for health care is increased and therefore the number of bariatric patients admitted to hospital will increase.
6. A robust process of risk assessment and communication must be in place to ensure all areas are ready to receive a Bariatric patient when required. Standard equipment may not be appropriate and safe to use. Support for the receiving area in choosing and resourcing equipment must be sought from Medical Device advisor or Procurement Team.
7. The Moving and Handling needs of the patient or service user must be assessed and provision made to ensure the safety of both staff and individual being supported.
8. All departments must work together to ensure communication is effective and resources are in place to support the patient's journey from admission to discharge and reduce the risk of delays in the transfer of care.
9. The standardised equipment list can be found on the moving and Handling SharePoint page http://collaborate.shft.nhs.uk/sites/trustwide/medicaldevices/moving%20and%20handling/_layouts/15/start.aspx#/

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Moving & Handling Policy

1. Introduction

- 1.1 Southern Health Foundation Trust (SHFT) must ensure that manual handling activities are undertaken in accordance with legislative requirements, health care standards and best practice. To comply with these requirements SHFT requires appropriate policies, procedures and quality assurance systems to be in place.

Relevant legislation and standards are:

- Health and Safety at Work Act 1974
- Manual Handling Operations Regulations 1992 (as amended 2002)
- Management of Health and Safety at Work Regulations 1999 (MHSWR)
- Lifting Operations and Lifting Equipment regulations 1998 (LOLER)
- Provision and use of Work Equipment Regulations 1998 (PUWER)
- NHS Resolution
- Standards for Better Health
- Personal Protective Equipment at Work Regulations 1992
- The Workplace (Health, Safety and Welfare) Regulations 1992
- The Equality Act 2010

- 1.2 The Manual Handling Operations Regulations (revised 1998) (MHOR) 1992 came into force on 1 January 1993 and this policy provides a framework through which the provisions of the Manual Handling Operations Regulations are complied with as far as is reasonably practicable.
- 1.3 As with all other work based activities, manual handling should be considered in respect of its health and safety implications for employees and other users of the work environment. In the United Kingdom, manual handling activities within the workplace is subject to legislation, the implementation of which is addressed through a number of government bodies. In addition, guidance for health care practitioners is available from various professional bodies.
- 1.4 This document has been produced in accordance with the general requirements of Section 2(3) of the Health & Safety at Work Act 1974. The term “moving and handling” and “manual handling” are interchangeable terms for the purpose of this policy.
- 1.5 The recommendations in this policy are subject to regulatory changes and amendments as far as reasonably practicable.

Information provided by the Health & Safety Executive (HSE) indicates that the greatest number of manual handling injuries occur within the healthcare sector, within which 51% of all incidents in 2017 reported to the RIDDOR relate to manual handling.

- 1.6 The financial cost associated with manual handling injuries is significant, as is the pain and suffering experienced by employees who have been injured whilst at work. Inextricably linked with the latter is the care provided to Patients and Service Users, the quality of which may be affected if employees are injured, off work as a result of a manual handling injury, or handle patients incorrectly.
- 1.7 To promote effective manual handling and reduce the incidents of injury, the Manual Handling Operations Regulations 1992 were introduced to ensure that employers took steps to:
- Avoid the need for hazardous manual handling;

- Assess those tasks that cannot be avoided;
- Reduce the level of risk associated with manual handling tasks that cannot be avoided to the lowest level reasonably practicable;
- Review manual handling policies and procedures on a regular basis

Available statistics from HSE 2017 indicate that the manual handling of loads, which includes the movement of patients and inanimate objects, is one of the most common causes of workplace injury.

2. Who does this policy apply to?

- 2.1 This policy applies to target audience involved in the care and delivery of services to patients and service users with moving and handling needs.
- 2.2 The purpose of this policy is to ensure that there are processes in place across all areas of SHFT to support the needs of the bariatric patient/service user from admission to discharge, including those in community settings.

The factors that must be considered are; (this list is not exhaustive)

- Accountabilities, responsibilities and duties of staff
- Mandatory training requirements of staff
- Process for procuring, storing, replenishing, maintaining and cleaning of manual handling equipment
- Post incident reporting, recording, reviewing and support procedures in relation to adverse manual handling events
- Process for monitoring compliance with the policy.

2.3 Risks which this policy aims to reduce

The Trust acknowledges that moving and handling operations have the potential to cause personal injury and/or property damage and as such require robust governance arrangements in place to:

- Reduce the likelihood that patients/service users being injured whilst moved and handled using best practice which maintains their safety and dignity; and:
- Reduce the potential for staff being injured whilst carrying out their duties related to moving and handling (whether equipment or people/patients/service users) in such a manner as to ensure their health and safety and that of others in the workplace.

2.4 Key principles of this policy

SHFT operates a Safer Moving and Handling Policy in respect of patient handling i.e. staff should not be lifting a patient's full body weight. This policy aims to protect staff, patients and service users against the risk of injury to any part of the body during moving and handling operations.

3. Definitions

- **Bariatric:** This Policy defines a "bariatric (plus size) patient" as one who weighs over 159 kg (25stone). All patients who are assessed as being in excess of 159kg (25 stone), or with a Body Mass Index (BMI) of 30+ are classed as bariatric (plus size) and subject to this policy. It must also be identified that other patients with a lower weight and BMI

may also be subject to this policy depending on their weight distribution, size, height and mobility problems.

- **Body mass index:** (BMI): a simple way of determining a person's weight relative to their height
- **Hazardous Moving and Handling:** risk to staff (patient or service user) of being injured when undertaking the moving and handling.
- **Load:** for the purposes of this policy refers to a patient or service user
- **Moving and Handling:** any transporting or supporting of a load - equipment or people (patients/service users) - (including the lifting, putting down, pushing, pulling, carrying or moving thereof) by hand or bodily force.
- **Safe Working Load (SWL):** the load that a device can safely lift, suspend or lower.
- **Tissue Viability:** Tissue viability is the term used to describe the preservation of healthy tissue and the restoration of skin integrity

4. Duties and responsibilities

This policy outlines accountability and responsibilities for staff in relation to the identification and management of manual handling risks.

4.1 Chief Executive

The Chief Executive has overall responsibility for the management of manual handling risk. The Board has a duty of care to ensure that legislation and standards as stated in section one.

The Head of Health, Safety & Security will act as the Trust Lead to ensure that Moving and Handling Policy, systems and practices are developed and established. This responsibility has been delegated by the Chief Executive to the Finance Director.

4.2 Health and Safety Forum

The Health and Safety Forum have responsibility for the performance monitoring of processes in place, in order to assure the Chief Executive and Board that comprehensive systems for healthcare governance, risk management, health & safety and fire are adhered to. The Moving and Handling Lead will review manual handling activities and produce reports for the Quality & Safety Committee.

4.3 Divisional Directors

They are responsible for the efficient management of resources within their designated remit and to ensure that:

- a. Moving and Handling policy is effectively implemented in their areas of responsibility.
- b. Ergonomic manual handling risk assessments are documented and appropriate actions agreed to address identified risks are carried out; and that residual risks are recorded onto risk registers as per Risk Management Policy.
- c. Arrangements are made for all staff to be released to attend mandatory moving and handling training, without loss of pay, on induction and updates according to priority as set out in the Training Needs Analysis and SHFT Mandatory Training Policy
- d. Systems are in place to ensure compliance with legislation relating to the provision of suitable and sufficient manual handling equipment (including patient handling aids), the use of this equipment and its maintenance.

- e. Manual handling issues are considered when building/refurbishment work is planned in respect of building design and equipment. Requirements of the Equality Act 2010 are addressed and disabled service users / staff consulted.
- f. Where services are provided by agencies / organisations outside the Trust Partnership working arrangements are established with roles, responsibilities, training provision and practice agreed in respect of compliance with relevant legislation and current best practice.

4.4 **Managers and Team Leaders**

All managers within SHFT have their responsibilities in respect of managing risks set out in the Trust Risk Management policy.

These responsibilities extend to the identification, assessment and management of manual handling risks within their department / workplace. In their area of responsibility they must therefore ensure that:

- a. Moving and handling policy is effectively implemented in the area that they manage including the monitoring and supervision of moving and handling activities.
- b. Manual handling risk assessments (including patient handling risk assessments) are undertaken, resulting guidelines for safer systems of work / patient handling care plans are readily available to staff and residual risks are recorded onto the risk register.
- c. Suitable and sufficient manual handling equipment (including patient handling aids) are available to reduce risk to the lowest level reasonably practicable, in line with legislation.
- d. Manual handling risk assessments are reviewed at the time of any changes in practice, when there has been an accident or near miss, and at least annually.
- e. All staff attend mandatory training on induction and updates according to priority as set out in the training needs analysis (Appendix One).
- f. Moving and handling is included within the national skills for health framework and that feedback on performance is given at personal development review in respect of; with comprehensive records of training being maintained and non-attendance investigated and appropriate actions taken to ensure compliance
- g. Sufficient staff are nominated and trained as Manual Handling Links. These staff are assisted and supported to carry out their duties effectively. This will include providing adequate time and resources to allow them to undertake and document departmental manual handling risk assessments, provide basic work based induction training for new staff and be the first point of contact for advice and support for staff within the workplace.
- h. Where necessary advice is sought from the Moving and Handling Lead Advisor to address specific complex handling issues or where it is recognised that additional training or advice is required
- i. In line with Trust policy, accidents / incidents must be reported, investigated and appropriate actions taken to prevent reoccurrence.
- j. Where staff have specific needs or health issues that may affect their ability to undertake manual handling these are considered as part of the manual handling assessment process. Where necessary advice should be sought from the Moving and Handling Lead/Advisor / Occupational Health Department as appropriate. Redeployment may be required where reasonable adjustments or an adaptation is not possible.
- k. Manual handling activities are and that systems and practice are audited in a targeted manner to ensure compliance with Trust policy and the results of audits reported the health and safety committee.

4.5 **Senior Health, Safety and Security Manager**

The Trust Senior Health, Safety and Security Manager will support the Moving and Handling Advisor to develop and maintain the systems and practices that Trust requires to manage risks from manual handling activities and comply with the Manual Handling Operations Regulations 1992 (as amended 2002) and other relevant legislation and standards.

The role will include:

- a. Monitoring the management of risks associated with moving and handling
- b. Development and monitoring of a corporate approach to safer handling including training, risk assessment and safe handling guidelines in line with the Moving and Handling Policy.
- c. Review strategic manual handling risks and audit reports to inform an organisational manual handling action plan and report on this to the health and Safety Group.
- d. Support the trust Moving and Handling Lead/Adviser in the investigation of incidents and use if Root Cause Analysis to identify risk factors to be escalated for organisation e learning. Monitoring the response and compliance of the Trust to NHS Improvement / MHRA medical device alerts, and legislation relating to safer handling. Issues identified will be escalated as appropriate via the Patient Safety Group

4.6 **Moving and Handling Lead/ Clinical Advisor**

The Moving and Handling Lead/Advisor in association with the trust health & safety lead are responsible for providing professional advice, guidance and training on reducing manual handling risks to staff and patients and will ensure that they will:

- a. Develop and update, in consultation with relevant staff groups, a Trust level moving and handling policy and strategy that reflects relevant legislation and current best practice.
- b. Develop, design, deliver and evaluate moving and handling training programmes which incorporate relevant evidence based practice and statutory requirements.
- c. Develop and update documentation for the risk assessment of moving and handling activities (patient and loads).
- d. Support / advise Managers and Moving and Handling Trainers / Links to undertake the assessment of complex handling risks and the development safer systems of work.
- e. Support / advise managers in the monitoring / audit of manual handling activities in line with Trust policy and assist in producing relevant reports for the health & Safety Committee
- f. Will receive and collate copies of incident reports relating manual handling and will action these as appropriate. This will include assisting managers to investigate accidents / incidents involving manual handling.
- g. Provide advice on moving and handling issues relating to the design, refurbishment, lease or purchase of buildings, furniture or equipment.
- i. Liaise with other agencies / organisations as appropriate regarding partnership working.

4.7 **Medical Devices Safety Officer (MDSO)**

Provides support and advice on hiring of equipment to support the care of the patient.

4.8 **Leadership, Education and Development (LEaD)**

LEaD (The Leadership, Education and Development Department) are responsible for the provision of training to support manual handling risk management.

To facilitate the department will :

- a. Provide moving and handling training for all Trust identified staff in accordance with Trust policy and relevant legislation.
- b. Develop and maintain systems to monitor attendance and compliance with training requirements at manual handling training Trust staff attend moving and handling in line with the priorities set out in the Training Needs Analysis (appendix one) and the Trust Mandatory Training Policy and inform managers of nonattendance.
- c. Provide reports on compliance with moving and handling training

4.9 **Occupational Health**

The Occupational Health Service offers:

- a. Pre-employment health screening
 - file opinion assessment (on-line)

- practitioner assessment (where health issues necessitate)
- b. Occupational health advice to support sickness absence management and wellbeing at work
 - processing management referrals
 - provision of both face to face and telephone assessments with qualified practitioners as clinically determined (Nurse and Physician)
 - Requests for further medical evidence.
- c. Immunisations/Vaccinations and screening
- d. Sharps incidents / Needle sticks helpline
 - Sharps and contamination injury prevention and management, including also contact tracing of staff in the event of a communicable disease out- break, and any further follow up treatment as required.
- e. Health/workplace assessment (surveillance and screening) – to help manage attendance, retirement and related matters;
 - Workplace Assessments
 - Night worker assessments
 - Respiratory and skin surveillance

4.9 **Employees**

Employees responsibilities in respect of moving and handling activities include duties set out in:

- The Health and Safety at Work Act 1974
- The Manual Handling Operations Regulations 1992 (as amended 2002) The Management of Health and Safety at Work Regulations 1999 Whilst undertaking manual handling activities employees must therefore:

Take reasonable care for their own health and that of others who may be affected by their activities and omissions and co-operate with their employer/ manager to enable them to comply with their health and safety duties.

Make full and proper use of any equipment provided for them, in accordance with the training and instruction that they have been given and use appropriate systems of work /safe handling guidelines / patient handling care plans as devised to reduce manual handling risk following risk assessment (see appendix six and seven).

Not intentionally or recklessly interfere with or misuse anything provided in the interests of health, safety or welfare.

In addition, to enable the Trust to meet these requirements the individual employee must:

- a. Attend manual handling training on induction and updates as set out in appendix one and the Trust Mandatory Training policy, discuss safe handling performance with their Line Manager as part of their Personal Development Review and provide evidence of attendance at moving and handling training at their Personal Development Review.
- b. Report to their line manager any hazardous manual handling activities where safer moving and handling techniques cannot be used, or where the risk assessment and safer handling guideline/ patient handling care plan/support plan are no longer valid. Where they justifiably consider a manual handling activity to be unsafe/ condemned/ prohibited/ hazardous to themselves or clients and no safer handling alternative can be identified they should refrain from the activity until advice has been obtained. However, a balanced decision making approach should be employed.
- c. Follow the requirements of the SHFT Medical Devices Policy in respect of manual handling equipment that is found to be defective i.e. it should be taken out of use immediately, marked as defective and reported immediately.

- d. Report any manual handling incidents on the Ulysses as per the Trust's [Policy for Managing Incidents and Serious Incidents \(SI\)](#) – SH NCP 16 and [Procedure for Reporting and Managing Incidents](#) – SH NCP 17
- e. Inform their manager of any physical conditions which might reasonably affect their handling capability. This will include illness, injury, pregnancy and recent childbirth.
- f. In addition staff should not attend training if they are deemed unfit or are unable to take a full and active part in moving and handling.
- g. Staff must wear suitable work clothing and footwear for manual handling in practice and when attending training. (open toed, high heeled shoes or sandals must not be worn) please refer to the SHFT dress code policy
- h. Staff must ensure that their finger nails, clothing and jewellery are appropriate for undertaking manual handling and do not increase the risk of injury

4.10 Accessing Specialist Advice

All Trust staff can access specialist advice relating to manual handling in the following ways:

- Line Manager.
- The Trust's Moving and Handling Lead/Advisor for advice around training, including Advanced and Complex Handling
- Medical Devices Safety Officer for advice on equipment by contacting Tel:
- Trust Health and Safety Lead
- Occupational Health.
- The Clinical Advisory Team for complex patient case management at Fareham Community Hospital email Clinical Admin hp.tr-clinicaladmin@nhs.net

5. Main policy content

The Trust operates a Safer Moving and Handling Policy in respect of patient handling i.e. staff should not be lifting a patient's full body weight. This policy aims to protect staff, patients and service users against the risk of injury to any part of the body during moving and handling operations.

5.1 Manual Handling Risk Assessment

Hazardous manual handling activities must be assessed and managed in accordance with the requirements of the Manual Handling Operations Regulations and Risk Management Policy.

Where the generic risk assessment identifies hazardous manual handling activities (patient or inanimate objects), a detailed moving and handling assessment (see appendix six and seven) must be undertaken, safer systems of work developed identifying the measures required to control or reduce risk and the findings documented including pre and post treatment risk scores. Action plans for inanimate objects or loads should be followed up and monitored locally e.g. via team meetings and 1:1's. Action plans for patient's/service users will be reviewed and followed up as part of the patients/service user's regular care plan review. Risks must then be escalated through the Risk Register system as appropriate. This approach will ensure that the organisation has an action plan in place that is proportionate to the level of risk identified by the risk assessments.

The detailed ergonomic assessment will consider the totality of procedures in terms of :

- **Task** (type of handling being undertaken including frequency, recovery etc.)
- **Individual** (the capability of the handlers involved, including health, training, clothing and age etc.)
- **Load** (type of load including patient or inanimate object, weight and characteristics of the load including, communication etc.)

- **Environment** (where the handling is to be undertaken including controlled workplace, in patient's home, climate, obstacles, equipment etc.)
- **Equipment both manual and power assist** (has it been serviced, maintained, fit for purpose, can it be used as intended)
- **Other factors** (work organisation, psychosocial etc.)

5.2 Safer Systems of Work

Following the assessment of hazardous manual handling activities safer systems of work must be developed to address the risks identified. These may include:

- Work systems that use ergonomic handling principles and incorporate a safer handling approach as per safer handling guidelines.
- The provision and use of suitable and sufficient moving and handling equipment.
- Use of ergonomic principles of manual handling in the development of new services, alteration of existing services or buildings and the planning of new buildings.

5.3 Equipment

Where manual handling risk assessment identifies that equipment is required to reduce risk the equipment should be available. The following must be considered:

- Equipment for the movement of patient's is classified as a medical device, and the requirements of the Medical Devices Policy must be observed in respect of the procurement, maintenance and use of this equipment.
- Basic patient handling equipment should be obtained from the relevant service via procurement or Community Ordering Systems, which catalogues standard equipment.
- Requests for non-standard patient handling equipment must be made through procurement or for community patients/ service users in their own homes follow procedure of Hampshire Equipment Services (HES) and advice sought from the appropriate professionals e.g. Moving and Handling Lead/Advisor, Infection Control including both Occupational Therapists/Physiotherapists.
- Where appropriate maintenance arrangements must comply with the requirements of the Lifting Operations and Lifting Equipment Regulations (LOLER).
- Non patient handling equipment must be appropriate for the handling activity to be undertaken and reduce the risk level identified through manual handling risk assessment. The equipment must be used as intended.
- Equipment must by law be subject to a planned preventative maintenance programme and serviced in accordance with the manufacturer's recommendations. Inspections of equipment must be documented.
- Any manual handling equipment that is found to be defective should be immediately taken out of use, marked as defective, quarantined and reported to the maintenance provider and Line Manager. Acceptable alternative systems of work must be identified until an alternative can be obtained or the equipment is condemned and a replacement purchased.
- Where new manual handling equipment is required, that has not previously been used within a workplace advice should be sought from the appropriate professionals e.g. Moving and Handling Lead/Team, Health and Safety prior to purchase/rental.
- Provision and Use of Work Equipment Regulations (1998) (PUWER)
 - PUWER governs the use of equipment at work. The Regulations place a duty on employers to list minimum requirements for workplace equipment to reduce recognised hazards.

5.4 Health and Safety Executive guidance on the content of manual handling training advises that it should include advice on:

- Manual handling risk factors and how injuries can occur;
- How to carry out safe manual handling, including good handling technique;
- Appropriate systems of work for the individual's task and environment;
- Use of mechanical aids; and practical work to allow the trainer to identify and put right anything the trainee is not doing safely. (HSE Manual Handling Guidance on Regulations – 2004 paragraph 192)

5.5 Monitoring and Supervision

a. Managers and team leaders will monitor and supervise manual handling activities undertaken by staff by review of safer handling guidelines / patient handling care or support plans and observation of practice. Where poor practice or failure to use agreed systems is identified investigations to determine the cause should consider:

- Are risk assessments inappropriate / inadequate resulting in unsafe / inappropriate systems of work?
- Do staff lack appropriate training / skills to use safer handling principles?
- Have individual's deviated from the agreed policy, guidelines or patient handling care plan/support plans?
- Were there extreme, exceptional or life threatening circumstances that affected handling practice.

Following the investigation appropriate action must be taken this may include a review of the risk assessment, development of a revised safer system of work which could include additional equipment or training, or if an individual persistently deviates from agreed systems the manager should consider whether it is appropriate to invoke the Managing Performance Policy or Disciplinary Policy.

b. Managers will review manual handling incidents, reported under the safeguard system, and initiate Root Cause Analysis review as appropriate.

c. Where managers identify at performance review that staff lack appropriate handling skills they will request additional training from the Moving and Handling team. This may be via planned training as per Training Needs Analysis and the Trust Mandatory Training Policy or workplace specific.

5.6 Specialist Handling

Some patients or service users have specific manual handling needs which require specialist interventions. This would include bariatric patients and those with therapeutic handling requirements. Additional policies and guidelines have been developed in conjunction with relevant professionals and partner organisations to address these needs (SH HS12 Bariatric Moving and Handling Policy)

5.6.1 The Trust will ensure that activities that involve the manual handling of patients or inanimate objects are eliminated, so far as is reasonably practicable. Measures to achieve this will include ergonomic design of the workplace, the provision and use of handling aids and appropriate patient handling equipment.

5.6.2 Where elimination of handling activities cannot be achieved, an initial risk assessment using the form at Appendix 6 must be undertaken. The form, which already includes some generic manual handling assessments, is to be reviewed by managers or their manual handling links and amended to reflect the environment within which they work and the manual handling activities undertaken.

5.6.3 Where a more detailed assessment is required, the form at Appendix 7 is to be used for non-patient activities. Detailed patient handling plan assessments are to be undertaken using the form and guidance contained within the appendices of this policy. After either

assessment an appropriate system of work is to be determined and implemented to reduce the level of risk to the lowest level reasonably practicable.

- 5.6.4 Other than patient specific assessments which will be held in their notes. All assessments are to be held within the department/localities shared drive and reviewed every twelve months, where there has been significant change to the matter to which the assessment relates, or the assessment is believed to be no longer valid. Non-patient risk assessments are to be shared with the Health and Safety Team.
- 5.6.5 The Trust acknowledges that manual handling activities associated with the care of people are complex, and recognises the requirement to balance the needs of the person being cared for and promotion of their independence, with the rights of the individuals involved in the task.
- 5.6.6 In the unlikely event that safe working practice conflicts with the duty of care owed to the patient, every reasonable effort will be made by managers to resolve this without jeopardising staff safety or patients/service users.

In all cases where a conflict exists, the Trusts Manual Handling Lead is to be informed.

5.7 **General Arrangements – Risk Assessment**

The legal requirement of a full moving and handling assessment for all patients cared for in the community or admitted to all areas of the Trust under the Manual Handling Operations Regulations (1992) amended 2002 is recognised. Under Regulation 4 – “where moving and handling operations cannot be avoided, appropriate steps must be taken to reduce the risk of injury to employees to the “lowest level reasonably practical.

There is no such thing as a completely safe manual handling activity, although working within prescribed guidelines will reduce the risk of injury and the need for a more detailed assessment.

Manual handling training will be provided for all employees to ensure that where it is not practicable to eliminate manual handling, safe practice is used. Controversial or dangerous techniques must **NOT** be used by staff other than in emergency or life threatening situations, or the assessment identifies that no other reasonably practicable alternative or technique is available.

The guidance contained within the Manual Handling Operations Regulations 1992 recommends assessment weights for manual handling activities for both men and women (see figure) to help identify activities that could present a significant risk and avoid the need for a more detailed assessment for those that don't.

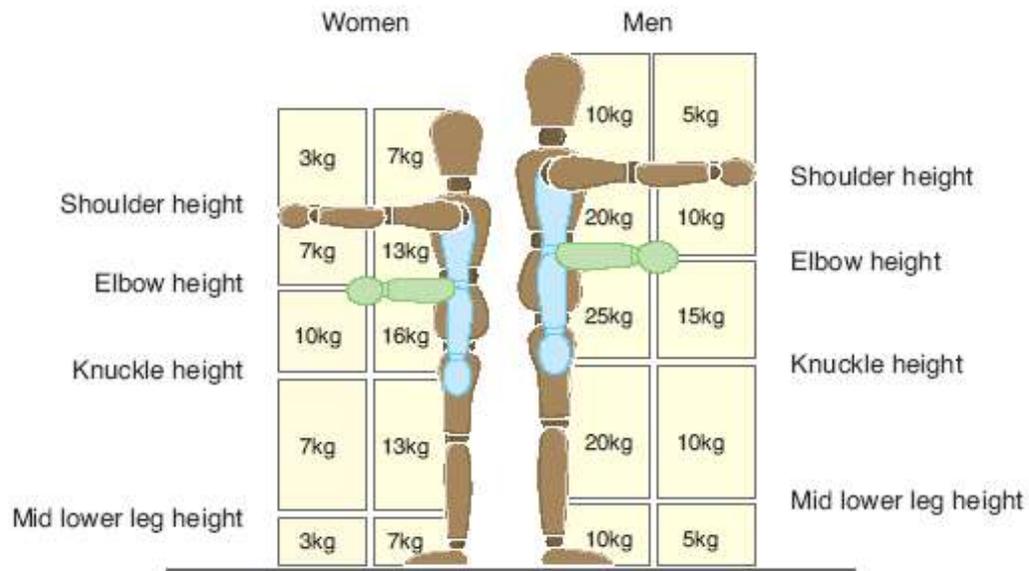


Figure 1(above): Manual Handling Operations Regulations (Guidelines) HSE 2004

Prior to any handling activity employees are to:

- Undertake a dynamic (visual, real time assessment) at the time of the activity, using the above figure as a guide. Each box contains a guideline weight for lifting and lowering in that zone. As can be seen the guideline weights are reduced if handling is done with arms extended, or at high or low levels, as this is where injuries are most likely to occur;
- Compare the work activity being assessed with the diagram and decide which box or boxes the lifter's hands pass through when moving the load. Identify the maximum weight being handled and if it is less than the figure given in the box, the operation is within the guidelines;
- Use the smallest weight if the lifter's hands enter more than one box during the operation, or use an in-between weight if the hands are close to a boundary between boxes.

The guideline weights assume that the load is readily grasped with both hands and that the operation takes place in reasonable working conditions, with the lifter in a stable body position.

Whilst handling loads in excess of these weights is not illegal, it does represent an activity that has a high potential to cause injury. In all cases where the weight of a load exceeds the assessment weight a detailed risk assessment must be undertaken to identify the risks associated with the activity and determine the most appropriate and safest method of handling possible.

Risks must be recorded using the generic assessment form at appendix 6, parts one of the detailed non patient handling assessment form at appendix 6 and part one and two of the patient handling assessment form at appendix 7 and 8; the purpose of which is to identify a safe system of work and reduce the level of risk to the lowest level reasonably practicable.

For loads in excess of the guidance weights risk assessments must be undertaken before attempting the moving and handling activity, including the handling of patients/service

users, the findings of which are to be kept in the department/locality shared drive and shared with the Health and Safety Team.

5.8 General arrangements – Department Risk Registers

Where manual handling activities are undertaken for which remedial action needs to be taken, managers are to ensure that risk assessments have been undertaken and that the department's risk register for example Ulysses is updated to include the new risk.

There may be cases where the implementation of action is outside the scope or budget of a department and the remedial action cannot be implemented within a reasonable time scale, or not at all.

Such a situation not only presents a risk to all concerned, but will also affect the Trust as an organisation. To ensure the Trust is aware of what risks it is exposed to, what management action is being taken and if appropriate where to intervene and assist, it is vital that department managers update the risk register for their department as a result of the risk assessment.

Where risks are assessed at either moderate or high, the matter is to be raised at the Health and Safety Forum meeting for discussion and if appropriate, inclusion on the area's risk register.

5.9 General Arrangements – Patient Handling

- 5.9.1 In all patient/service user handling situations, the patient/service user handling assessment form will need to be completed to identify the risks involved and recommended approach to minimise those risks to both employees and patients.
- 5.9.2 The generic assessments provided for both inanimate load and patient handling cover a limited range of activities which must be reviewed by each department in light of the activities they undertake and amended accordingly. Once completed the assessment is to be held in the departments risk register.
- 5.9.3 When amended, the completed risk assessment document forms the overarching assessment for all manual handling activities undertaken within the department. The assessments will need to be reviewed on a regular basis, where the matter to which they relate has changed or they are believed to be no longer valid. Patient/Service User handling assessments will however have to be undertaken and reviewed on a regular basis where patients/service users require assistance to mobilise.
- 5.9.4 The patient handling assessment will need to include a range of situations relevant to the patient's circumstances such as getting off the bed, out of chairs, on and off the toilet, in and out of the bath etc.
- 5.9.5 On completion the carer/handler should demonstrate the safe handling techniques and use of equipment identified in the handling plan to families and informal carers. Managers are to ensure employees are aware that as this is part of their work activity, the employee is indemnified SHFT. Consequently *at no stage can an employee be held to be personally liable* under civil law for any injury to patients or carers caused by misinformation or incorrect use of equipment however caused.
- 5.9.6 Where possible patients/service users should be encouraged to mobilise independently, using equipment if necessary. Where this is not possible, patient handling is only to be undertaken using the techniques demonstrated during patient handling training and that included in '*The Safe Handling of People 6th Edition*' published by the National Back Pain

Association in collaboration with the Royal College of Nursing and 'The Safer Handling of People in the Community' published by Back Care.

- 5.9.7 In all cases where patients are not able to mobilise independently, equipment should be used to minimise the risk of injury to staff. Where the clinical team are not able to resolve the manual handling needs of a patient, details are to be recorded within the department risk register and the Manual Handling Lead should be asked to assist.
- 5.9.8 If the needs of the individual are very complex or the patient is unable or unwilling to co-operate in resolving the concerns identified, a case conference should be called and a collective approach agreed on.
- 5.9.9 In the unlikely event that a resolution cannot be found, consideration will need to be given to the alternatives of providing care that will not compromise the safety of the employee or their patient. In cases that are difficult to resolve, staff may need to consider contacting SHFT's Moving and Handling Advisor for further support or advice. Refer to section 5.13 for accessing specialist advice.

5.10 General Arrangements – Manual Handling Equipment

- 5.10.1 All equipment introduced requiring safety inspection or maintenance must be asset tagged and must be included on the SHFT asset register. All equipment must be well labelled, properly maintained, cleaned to required infection control standards, regularly examined for damage and deterioration, stored safely and be easily accessible. Checklists for equipment can be found in Appendix 3, 4 and 5.
- 5.10.2 Any damaged equipment must be withdrawn from service until inspected and passed as fit for use by the maintenance contractor. Any incident must be reported using the Ulysses incident reporting system.
Where a patient is injured, refer to section 5.12 for incident reporting.
- 5.10.3 Lifting equipment and associated ancillaries used for lifting people must be on a maintenance schedule for inspection and testing by appropriately qualified engineers at appropriate periods.
- 5.10.4 Staff must not use manual handling equipment until they have been deemed competent by either the providing company or other approved personnel, i.e. Hampshire Equipment Services, line manager, manual handling training. This list is not exhaustive.
- 5.10.5 Agreed/approved techniques for the moving and handling of Patients-service users and objects.
- Slide sheets
 - Patient Hoist and Slings
 - Sliding/Transfer Board
 - Turntable/turning discs
 - Handling Sling
 - Pat slides
 - Stand aids
 - Emergency Lifting Equipment i.e. Hover jack, Manger Camel, Manger Elk

5.11 General Arrangements – Controversial Techniques

Manual handling training will be provided for all employees to ensure that where it is not practicable to eliminate manual handling, safe practice is used. Controversial or dangerous techniques must **NOT** be used by staff other than in emergency or life threatening

situations, or the assessment identifies that no other reasonably practicable alternative or technique is available.

There are a number of 'traditional' techniques which are now considered unsafe, and which must no longer be used. Legally it is the Manual Handling Operations Regulations, 1992 – made under the Health and Safety at Work Act 1974 – which govern all manual handling activities, and to which reference should be made; under Regulation 5 the provisions does not preclude well-intentioned improvisation in an emergency, for example during efforts to rescue a casualty, fight a fire or contain a dangerous spillage, but such efforts should be reasonable, proportionate and justified. The important publication here is Manual Handling; Manual Handling Operations Regulations 1992 Guidance on regulations L23 (Health and Safety Executive, 1992). All unsafe / high risk moves have either caused injuries to NHS and Private sector patients, handlers, or both, and, as a consequence, have featured in court cases. They are no longer considered to be good practice and must not be used for general patient handling.

- 5.11.1 As previously mentioned the Manual Handling Operations Regulations 1992 requires that risk assessments are undertaken for all handling activities where the weight of the load exceeds the assessment guidance weights.
- 5.11.2 With the exception of babies and possibly small children, the handling of all patients will exceed this weight. To protect staff and ensure the safety of the patient during handling, the specific handling assessment is to be undertaken for all patients who require assistance to mobilise.
- 5.11.3 All patient handling must be based on risk assessment and consider the safety of employees undertaking the task, the needs of the patient and risks to them such as, but not limited to discomfort, injury, adverse impact on their medical condition and mobility goals.
- 5.11.4 Any technique that compromises an individual's posture, involves repetitive or sustained twisting, stretching or stooping or involves taking most or all of the patient's weight, or could place the patient at risk is considered controversial.
- 5.11.5 The following techniques are known to have the potential of causing injury to both employees and patients and should not be used except in exceptional circumstances such as specialist areas i.e. Theatres and then only when supported by a detailed risk assessment or in exceptional circumstances e.g. emergency or life threatening situations, it is however recognised that there may be a need to move quickly without the proper equipment.
 - **The Drag Lift:** - This includes any way of handling the patient in which the handler places a hand or an arm under the patient's axilla (armpit), whether the patient is being moved up the bed, sat up in the bed, being assisted from sitting to standing, or being assisted to change from one seated position to another – and regardless of whether the handler is facing or behind the patient, or whether there is more than one handler.
 - **The Orthodox Lift:** - a two-person lift, in which the handlers place one arm around the patient's back, and the other under the patient's thighs. The handlers may clasp each other's wrists, or they may hold the far side of the patient. Handling slings are sometimes used. In all cases these lifts are dangerous.
 - **Through Arm:** Hammock, top and tail, hump and dump
 - **Shoulder Lift:** Also known as the 'Australian' lift-slide, regardless of whether the 'free' arm is placed on the bed for 'support' or placed around the patient.

- **The use of poles and canvas** (unless where appropriate training or advice has been provided)
- **Front Assisted Stand/Pivot Transfers:** Auxiliary, bear hug, hug, clinging ivy, rocking lift, elbow lift, belt holds from front, face to face.
- **Lifting the body weight of the Patient/Service User**
- **Attempting to hold the full weight of the falling Patient/ Service User/Client** If a patient does fall, there is a significant risk of injury to the carer/handler. If the patient/service user becomes unsteady and is close to a chair / bed, then the carer/handler should guide them into the chair or onto the bed. The handler should not 'lower' the patient/service user as this will involve taking their weight

5.11.6 Controversial techniques are only to be used in exceptional circumstances where a detailed and dynamic risk assessment has been undertaken and if necessary, a case conference convened that has concluded that in very limited and defined situations the use of these techniques is considered acceptable. In all such events the Manual Handling Lead is to be informed as soon as possible and incident reported by Ulysses.

5.11.7 It cannot be over emphasised that all manual handling involves a degree of risk, in particular lifting of patients/service users. If these risks are to be reduced, employees must avoid manual lifts wherever possible. Every lift causes damage; with even the safest lift building the potential for ultimate failure.

Further details on any of these techniques can be found in The Guide to the Handling of People 6th Edition.

5.12 **General Arrangements – Untoward Incident Reporting**

5.12.1 It is SHFT policy that all incidents involving staff, patients, service users and visitors (irrespective of their nature) are to be reported using the appropriate untoward incident reporting system (Ulysses) which contains details of the information to be recorded.

5.12.2 On completion the incident report is to be reviewed by management to ascertain causes and to recommend measures to prevent recurrence. This review will be in addition to any individual investigation of the circumstances surrounding each incident.

5.12.3 All moving and handling incidents reports are to be graded by those making the report in accordance with the training they will have received. On a quarterly basis reports are to be reviewed by the SHFT Moving and Handling Advisor to ensure details are entered correctly, that reports received from various departments are graded in a consistent manner and to establish trends.

5.12.4 Where an injury renders an employee unable to make an entry, it should be completed by a witness or someone able to enter an account of the incident. The employee's account must be entered as soon as possible after the event. Also the health and safety team is to be informed due to the possibility that it may be RIDDOR reportable. Only Health and Safety Staff are to complete RIDDOR forms.

If the incident or accident is reportable under the Reporting of Injuries, Disease or Dangerous Occurrences Regulations 2013 (RIDDOR), the Health and Safety Executive must be informed within fifteen days or in certain cases immediately.

5.13 Specialist Advice

Any staff member who is required to undertake manual handling as part of their role, but feels that even with training that the activity would pose an issue for them, should speak to their line manager, who will arrange a referral to SHFT's Occupational Health Service for further assessment, advice and guidance or advice can be sought from the following roles:

- Moving and Handling Lead
- Medical Device Safety Officer
- Health and Safety Lead

If a staff member is not physically able to undertake the moving and handling duties of a role redeployment may be necessary and advice will need to be sought from both Human Resources and Occupational Health

6. Financial Impact & Resource Implications

6.1 **Equipment purchase:** Equipment has been standardised across the Trust and clinical areas need to have sufficient stock levels of equipment available.

Equipment hire: Equipment may be hired, however it must be from approved Trust suppliers.

6.2 The Trust must ensure it provides sufficient training to comply with the training need analysis.

6.3 The Trust must ensure staff are released to attend Mandatory training in a regular basis as per TNA.

7. Training requirements please see TNA's at Appendix one

7.1 Training is mandatory for all staff.

7.2 All staff will complete Non Patient Handling training as part of their organisational induction program. Identified staff will then complete Patient Handling as part of their induction programme.

7.3 Staff identified within the TNA at appendix one need to attend training on the frequency described in relation to their working environment

7.4 SHFT is required to provide suitable and sufficient manual handling courses for all staff involved in manual handling activities. However, given the range of handling activities undertaken through the TRUST, it is unlikely that any single centrally provided course would be able to cover all aspects of manual handling.

8. Monitoring compliance

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements
Element to be monitored	Lead Who will be responsible for monitoring	Tool Which tool will be used to monitor	Frequency How often will compliance with this element be	Reporting arrangements Who will the findings be

	compliance with this element?	compliance?	examined?	reported to?
Duties / responsibilities are fulfilled as per this policy	Line Manager	All Wales Manual Handling Training Passport Moving and Handling Policy CQC Trust Training Requirements HSE Appraisal / 1:1's	Annual Review Ongoing	H & S Committee Escalated via line management
Techniques used in the moving and handling of patients and objects (including the use of appropriate equipment) are in accordance with this policy	Moving and Handling Lead/Advisor	Manual Handling Spot Audits are reported to the H&S committee quarterly	Post Training Manual Handling Spot Audits	H & S Forum
Arrangements for access to appropriate specialist advice	Moving and Handling Lead/Advisor	Manual Handling Audit	Periodically	H & S Forum
Compliance with the documented process for how the organisation risk assesses the moving and handling of patients and objects	Trust Health & Safety Lead	Manual Handling Audit	Periodically	H & S Forum
Compliance with the documented process for how action plans are developed as a result of risk assessments	Moving and Handling Lead	Manual Handling Spot Audits	Periodically	H & S Forum
Compliance with the documented process for how action plans are followed up	Head of Health Safety and Security	Manual Handling Audit	Periodically	H & S Forum

8.1 Monitoring and audit of performance against this policy is essential if manual handling risks to patients, staff and the organisation are to be reduced to the lowest level reasonably practicable as required under Manual Handling Operations Regulations. Regular audits of manual handling training and manual handling risk assessments will be undertaken and reports compiled as cited in this policy (Appendix B- Audit Tool)

Audit of manual handling risk assessments will ensure that manual handling risks requiring Inclusion on to the Risk Register is recorded and appropriate action plans are in place.

The implementation of this policy will be monitored on a quarterly basis through the Quality & Safety Committee

The process for monitoring compliance with statutory and mandatory training requirements is outlined in the Trust Learning and Development Policy'

9. Policy review

9.1 This policy will be reviewed every 2 years. However, a review earlier than this may be prompted by factors including:

- Legislative or regulatory changes
- Structural or role changes
- Operational or technological changes
- Changes in the evidence-base
- Organisational learning
- Audits and reviews of the effectiveness of the policy

10. Associated trust documents

- Admissions Policy
- Decontamination of Medical Device Policy (SH CP 100)
- Epilepsy Policies – Management of Seizures: What to do when an in-patient has a seizure (SH CP 03) and Protocol for the Safe Bathing and Showering of People with Epilepsy (SH CP 190)
- Managing Health & Safety Policy (SH HS 14)
- Medical Devices Management Policy (SH CP 40) and Medical Device Management Toolkit (SH CP 41)
- Moving and Handling Policy (SH HS 05)
- Organisational Induction Policy (SH NCP 32)
- Pressure Ulcer Prevention and Treatment Policy (SH CP 121)
- Slips, Trips and Falls Policy (SH CP 24), Procedure for Managing Slips, Trips and Falls in Patients / Service Users in Southern Health NHS Foundation Trust HOSPITALS, Mental Health and Learning Disability UNITS (SH CP 25) and Procedure for Managing Slips, Trips and Falls in Patients / Service Users in Southern Health NHS Foundation Trust COMMUNITY and SOCIAL CARE Settings (SH CP 26)

11. Supporting references

- Health and Safety at Work Act 1974 <http://www.hse.gov.uk/legislation/hswa.htm>
- Management of Health and Safety at Work Regulations 1999
- Manual Handling Operations Regulations 1992
- Lifting Operation and Lifting Equipment Regulations 1998
- Provision and Use of Work Equipment Regulations 1998
- Manual Handling in the Health Services, Health & Safety Commission 1998
- Safer Handling of People in the Community' produced by Back Care 1999
- Handling Home Care published by HSE 2001
- The Code to the Handling of Patients 6th Edition published by National Back Pain Association in collaboration with Royal College of Nursing 2005
- Resuscitation Council (UK). (2001) Guidance for safer handling during resuscitation in hospitals. Retrieved May, 15 2008 from <http://www.resus.org.uk/pages/safehand.pdf>
- National Back Exchange (2002) Training Guidelines. Towcester: NBE
- Royal College of Nursing. (1999). RCN Code of practice for patient handling. London:RCN.
- All Wales NHS Manual Handling Training Passport & Information Scheme

CFPP 0101 Choice framework for local policy and procedures (**CFPP**) 01-01: guidance about the management and decontamination of reusable medical devices

Appendix 1: Training Needs Analysis

If there are any training implications in your policy, please complete the form below and make an appointment with the LEaD department (Louise Hartland, Quality, Governance and Compliance Manager or Sharon Gomez, Essential Training Lead on 02380 874091) before the policy goes through the Trust policy approval process.

Training Programme	Frequency	Course Length	Delivery Method	Facilitators	Recording Attendance	Strategic & Operational Responsibility
Moving and Handling of Inanimate Loads	3 yearly	1.5 hours	e-Video/e-Assessment Face to Face	LEaD Moving & Handling trainers	LEaD	Strategic Associate Director of Governance Operational – Essential Training Lead
Directorate	Service	Target Audience				
MH/LD/TQ21	Adult Mental Health	All staff who are not required to attend Moving and Handling Patient Handling training.				
	Specialised Services	All staff who are not required to attend Moving and Handling Patient Handling training.				
	Learning Disabilities	All staff who are not required to attend Moving and Handling Patient Handling training.				
	TQtwentyone	All staff who are not required to attend Moving and Handling Safer People Handling Training				
ISD's	Older Persons Mental Health	All staff who are not required to attend Moving and Handling Patient Handling training.				
ISD's	Adults	All staff who are not required to attend Moving and Handling Patient Handling training TQ21 Services All staff who are not required to attend Moving and Handling Safer People Handling Training				
ISD's	Childrens Services	All staff who are not required to attend Moving and Handling Patient Handling training.				
Corporate	All	All staff who are not required to attend Moving and Handling Patient Handling training.				

Training Programme	Frequency	Course Length	Delivery Method	Facilitators	Recording Attendance	Strategic & Operational Responsibility
Moving and Handling - Patient Handling	2 yearly	3.5 hours	Face to Face	LEaD Moving & Handling trainers	LEaD	Strategic Associate Director of Governance Operational – Essential Training Lead
Directorate	Service	Target Audience				
MH/LD/TQ21	Adult Mental Health	All registered nurses, mental health practitioners, trainee practitioners, health care support workers, occupational therapists and occupational therapy technicians/helper/assistants who work in the following services; Elmleigh (Elmleigh Inpatients, Elmleigh FM & Elmleigh PICU); Hollybank; East ECT; Antelope House (Hamton Ward, Trinity Ward, Saxon Ward & Abbey Ward); South Fast Stream Rehab; South OT; South Outpatients; Parklands Hospital (Hawthorns Inpatients, Hawthorns MOD & Hawthorns PICU); Melbury Lodge (Kingsley Ward & Mother & Baby Unit); Melbury OT				
	Specialised Services	All registered nurses, mental health practitioners, trainee practitioners, health care support workers, support time recovery workers occupational therapists and occupational therapy technicians/helper/assistants who work in the following services; Leigh House, Ravenswood House (RSU Management, RSU Ashurst, RSU Lyndhurst, RSU Malcolm Faulk Ward, RSU Mary Graham Ward, Meon Valley Ward, RSU Therapies, & RSU Clinical Risk & Security Liaison); Southfield (Southfield Nursing & Southfield OT); Bluebird House (Bluebird Nursing & Security, Hill Ward, Moss Ward & Stewart Ward, Bluebird House Site Services, Bluebird House OT, Bluebird Staff Dummy).				
	Learning Disabilities	All registered nurses, assistant/associate practitioners, trainee practitioners, health care support workers, occupational therapists, physiotherapists and occupational therapy/physiotherapy technicians/helper/assistants who work in in-patient or community services.				
	TQtwentyone	All Registered managers, Support Managers, Assistant Support Managers and Social Care Support Workers who work in the following services; 348S02408 Community Dev & Activity, 348S02430 Jacobs Lodge, 348S02480 3 Mount Pleasant (Peach Cottage), 348S02481 Oaktree 23 Silchester Road, 348S02506 TQtwentyone Basingstoke Nursing, 348S02522 Tamerine, 348S02524 38a West Haye Road, 348S02530 28 Uplands Road, 348S02533 19 Chilgrove, 348S02534 Brierwood & Old Timers, 348S02535 Forest Lodge, 348S02537 74 Central Road, 348S02539 46 Elm Grove, Windsor House, 348S02566 The Gardens 283 Fareham Road, 348S02567 14 Pembury Road, 348S02568 61 Kiln Road (Danbury), 348S02569 186 West Street/9&30 Whitehart Lane/Hollipark, 348S02571 41 Braemar Road, 348S02575 70 Catisfield Road, 348S02578 Reeve Court 52 Staplers Road, 348S02581 41 Birdwood Grove, 348S02600 1 Hamilton Road, 348S02601 25 Columbus Drive (SLS) - *DO NOT USE*, 348S02603 3 Hamilton Road, 348S02604 23 Columbus Drive, 348S02605 Pinewood, 348S02609 19 Kiln Road, 348S02610 171 Segnesworth Road, 348S02611 30 Church Road, 348S02612 Hunts Pond Road, 348S02615 3 Tensing Close (RCS), 348S02616 TQtwentyone F&G Bank - *DO NOT USE*, 348S02620 TQtwentyone Sarisbury Nursing, 348S02657 TQtwentyone Dorset Locality, 348S02658 Brixey Mews, 348S02659 10 Adamsfield Gardens Dorset, 348S02660 7 Strathmore Road Dorset, 348S02661 56 Endfield Road Dorset, 348S02662 22 Southwood Avenue Dorset, 348S02663 26 Denmeads Road Dorset, 348S02664 Mary Hillman Court, 348S02665 12 Honeybourne Crescent Dorset, 348S02666 1662 Wimbourne Road Dorset, 348S02667 88 Plantation Road Dorset				

ISD's	Older Persons Mental Health	All registered nurses, mental health practitioners, trainee practitioners, health care support workers, occupational therapists and occupational therapy technicians/helper/assistants who work in the following services; Gosport War Memorial Hospital (Dryad Ward & Daedalus Ward); Parklands Hospital (Elmwood Ward & Beechwood Ward); OPMH North Inpatient Therapies; Western Community Hospital (Beaulieu Ward, Berrywood Ward & Minstead Ward); Western Inpatient Therapies; Melbury Lodge (Stefano Olivieri Unit) and ECT & Clinics. All occupational therapists, physiotherapists and occupational therapy/physiotherapy technicians/helper/assistants who work in community services.
ISD's	Adults	All nurses, assistant/associate practitioners, practitioners, multi-therapists, health care support workers/assistants, chiropodists, radiographers, occupational therapists, physiotherapists, phlebotomists, orthoptists, occupational therapy/rehab/physiotherapy & venesection technicians/helper/assistants working in in-patient and community settings. (exception Quit for Life)
ISD's	Childrens Services	All registered nurses including Advanced Practitioners who work in Special School Nurse teams.
Corporate	All	All clinical staff who work in the following services; Tissue Viability Team, Continence Advisory Service, Falls Nurses

Training Programme	Frequency	Course Length	Delivery Method	Facilitators	Recording Attendance	Strategic & Operational Responsibility
Moving and Handling - Safer People Handling	2 yearly	3.5 hours	Face to Face	LEaD Moving & Handling trainers	LEaD	Strategic Associate Director of Governance Operational – Essential Training Lead
Directorate	Service	Target Audience				
MH/LD/TQ21	Adult Mental Health	Not Applicable				
	Specialised Services	Not Applicable				
	Learning Disabilities	Not Applicable				
	TQtwentyone	All Registered managers, Support Managers, Assistant Support Managers and Social Care Support Workers who work in Oxfordshire TQ21 services				
ISD's	Older Persons Mental Health	Not Applicable				
ISD's	Adults	All Registered managers, Support Managers, Assistant Support Managers and Social Care Support Workers who work in care who work in TQ @ Home, TQ21 @ Home Management, F & G Floating Support, Lifestyles and TQtwentyone MH NH & Soton Locality				
ISD's	Childrens Services	Not Applicable				
Corporate	All	Not Applicable				

Appendix Two

Southern Health NHS Foundation Trust: Equality Impact Analysis Screening Tool

Equality Impact Assessment (or 'Equality Analysis') is a process of systematically analysing a new or existing policy/practice or service to identify what impact or likely impact it will have on protected groups.

It involves using equality information, and the results of engagement with protected groups and others, to understand the actual effect or the potential effect of your functions, policies or decisions. The form is a written record that demonstrates that you have shown *due regard* to the need to **eliminate unlawful discrimination, advance equality of opportunity** and **foster good relations** with respect to the characteristics protected by equality law.

For guidance and support in completing this form please contact a member of the Equality and Diversity team

Name of policy/service/project/plan:	Moving & Handling Policy
Policy Number:	SH HS 05
Department:	Health & Safety
Lead officer for assessment:	Simon Johnson: Head of Essential Training Claire Bennett: Moving and Handling Lead Ricky Somal: E&D Lead
Date Assessment Carried Out:	July 2014

1. Identify the aims of the policy and how it is implemented.	
Key questions	Answers / Notes
Briefly describe purpose of the policy including <ul style="list-style-type: none"> ● How the policy is delivered and by whom ● Intended outcomes 	<p>The purpose of the policy is to provide direction and guidance for the planning and implementation of a high-quality and robust moving and handling service ensuring a consistent approach is applied in relation to the management moving and handling of people and objects across the Trust.</p> <p>The policy outlines the responsibilities of all staff and the organisation ensuring compliance with national Health and Safety Legislation. To promote best practice techniques when lifting or handling loads (people or inanimate objects) at work, maintaining the well-being of staff, patients and service users during manoeuvres.</p>

	The Trust recognises that it has a responsibility to ensure all reasonable precautions are taken to provide and maintain working conditions that are safe, healthy and comply with statutory requirements and codes of practice.
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2. Consideration of available data, research and information

Monitoring data and other information involves using equality information, and the results of engagement with protected groups and others, to understand the actual effect or the potential effect of your functions, policies or decisions. It can help you to identify practical steps to tackle any negative effects or discrimination, to advance equality and to foster good relations.

Please consider the availability of the following as potential sources:

- **Demographic** data and other statistics, including census findings
- Recent **research** findings (local and national)
- Results from **consultation or engagement** you have undertaken
- Service user **monitoring data**
- Information from **relevant groups** or agencies, for example trade unions and voluntary/community organisations
- Analysis of records of enquiries about your service, or **complaints** or **compliments** about them
- Recommendations of **external inspections** or audit reports

	Key questions	Data, research and information that you can refer to
2.1	What is the equalities profile of the team delivering the service/policy?	The Equality and Diversity team will report on Workforce data on an annual basis.
2.2	What equalities training have staff received?	All Trust staff have a requirement to undertake Equality and Diversity training as part of Organisational Induction (Respect and Values) and E-Assessment
2.3	What is the equalities profile of service users?	The Trust Equality and Diversity team report on Trust patient equality data profiling on an annual basis
2.4	What other data do you have in terms of service users or staff? (e.g results of customer satisfaction surveys, consultation findings). Are there any gaps?	The Trust is preparing to implement the Equality Delivery System which will allow a robust examination of Trust performance on Equality, Diversity and

		<p>Human Rights. This will be based on 4 key objectives that include:</p> <ol style="list-style-type: none"> 1. Better health outcomes for all 2. Improved patient access and experience 3. Empowered, engaged and included staff 4. Inclusive leadership
2.5	<p>What internal engagement or consultation has been undertaken as part of this EIA and with whom? What were the results? Service users/carers/Staff</p>	
2.6	<p>What external engagement or consultation has been undertaken as part of this EIA and with whom? What were the results? General Public/Commissioners/Local Authority/Voluntary Organisations</p>	

In the table below, please describe how the proposals will have a positive impact on service users or staff. Please also record any potential negative impact on equality of opportunity for the target:

In the case of negative impact, please indicate any measures planned to mitigate against this

	Positive impact (including examples of what the policy/service has done to promote equality)	Negative Impact	Action Plan to address negative impact			
			Actions to overcome problem/barrier	Resources required	Responsibility	Target date
Age	<p>This is a clear and factual policy setting out the employer and employee's duties under the regulations for moving and handling of loads to prevent personal injury</p> <p>SHFT acknowledges that manual handling activities associated with the care of people are complex and recognises the requirement to balance the needs of the person being cared for and promotion of their independence, with the rights of the individuals involved in the task</p>	<p>Lack of suitable and sufficient risk assessments; lack of, or poor standards of, training; lack of, or poorly maintained, lifting aids; lack of compliance with best practice/teaching by staff; lack of cooperation by patients/service users to participate in safe moving techniques (can be applied to all protected characteristics)</p> <p>Incorrect moving and handling can affect the person. They may have weak joints or</p>	<p>Completion of Risk Assessments and individual care plans to minimise risks and promote independence</p> <p>All staff will complete Non Patient Handling training as part of their organisational induction program. Identified staff will then complete Patient Handling as part of their induction programme.</p>			

		muscles, fragile skin which bruises easily or if elderly, fragile bones which are more likely to fracture				
Disability	<p>SHFT acknowledges that manual handling activities associated with the care of people are complex and recognises the requirement to balance the needs of the person being cared for and promotion of their independence, with the rights of the individuals involved in the task</p> <p>The Trust will respond positively to providing reasonable adjustments following risk assessments and individual care plans</p>	<p>The most common injuries that carers experience are back injuries, which affect more than a million people in the UK. Injuring your back will limit your movement and your ability to care for someone. It could take a long time for you to recover (NHS Choices)</p>	<p>Completion of Risk Assessments and individual care plans to minimise risks and promote independence</p> <p>Provision of reasonable adjustments</p>			
Gender Reassignment	<p>SHFT acknowledges that manual handling activities associated with the care of people are complex and recognises the requirement to balance the needs of the person being cared for and promotion of their</p>					

	independence, with the rights of the individuals involved in the task					
Marriage and Civil Partnership	SHFT acknowledges that manual handling activities associated with the care of people are complex and recognises the requirement to balance the needs of the person being cared for and promotion of their independence, with the rights of the individuals involved in the task					
Pregnancy and Maternity	SHFT acknowledges that manual handling activities associated with the care of people are complex and recognises the requirement to balance the needs of the person being cared for and promotion of their independence, with the rights of the individuals involved in the task	There could potentially be a number of risks relating to: Movement and posture, moving and handling, protective equipment and uniforms and working at heights	<p>Completion of Risk Assessments and individual care plans to minimise risks and promote independence</p> <p>All staff will complete Non Patient Handling training as part of their organisational induction program. Identified staff will then complete Patient Handling</p>			

			as part of their induction programme.			
Race	<p>The Trust is committed to upholding dignity and respect and will accommodate requests for same sex practitioners (where practicable)</p> <p>The Trust will respond positively to requests of information in alternative formats; Interpreting and translation is currently provided by Access to Communications</p>					
Religion or Belief	<p>SHFT acknowledges that manual handling activities associated with the care of people are complex and recognises the requirement to balance the needs of the person being cared for and promotion of their independence, with the rights of the individuals involved in the task</p> <p>The Trust is committed to upholding dignity and respect and will</p>					

	accommodate requests for same sex practitioners (where practicable)					
Sex	The Trust is committed to upholding dignity and respect and will accommodate requests for same sex practitioners (where practicable)					
Sexual Orientation	SHFT acknowledges that manual handling activities associated with the care of people are complex and recognises the requirement to balance the needs of the person being cared for and promotion of their independence, with the rights of the individuals involved in the task					

Wheelchair Checklist

**Frequency of check: Wheelchairs that are used daily should be checked weekly, wheelchairs that are used less frequently or occasionally should be checked monthly.
One sheet per wheelchair.**

Wheelchair Unique Serial Number :	Date			Date			Date			Date		
	Y	N	Action									
General condition <ul style="list-style-type: none"> • The wheelchair unfolds and folds easily • The wheelchair moves in a straight line (no resistance or drag) • Missing or loose parts • Handgrips securely in place 												
Manual Brakes <ul style="list-style-type: none"> • The brakes are easy to operate and lock in position. • The wheels do not turn when the brakes are applied – put on brakes and apply downward and forward pressure on handles to ensure wheels do not turn. • The brakes do not touch the tyres when moving 												
Cross bars <ul style="list-style-type: none"> • Are not worn or bent • Cross brace locks easily into position 												
Armrests <ul style="list-style-type: none"> • Firmly attached but easy to remove • Padding is in good condition 												
Seat and backrest upholstery <ul style="list-style-type: none"> • Good condition and clean • Tears or undone stitching 												
General Condition <ul style="list-style-type: none"> ▪ Does the chair need cleaning ▪ Is the seat, back, wheels of the chair clean and free from mud etc 												

Wheels <ul style="list-style-type: none"> • Wheel nut and sealed bearings are tight • Wheels run free with no “wobble” when lifted from the ground and turned • Quick release axles correctly locked • Bent, broken or slack spokes 												
Tyres <ul style="list-style-type: none"> • Pneumatic tyres are correctly inflated – check pressure with a gauge or by squeezing with thumb and index finger on either side of the tyre. The tyre should remain firm. • Running surface of tyres should be free from cracks and not excessively worn 												
Footrests <ul style="list-style-type: none"> • Compatible with type of wheelchair • Both footrests the same make • Fitted correctly • Lock into position 												
Lap/Posture Belts <ul style="list-style-type: none"> • Compatible with wheelchair • Fitted correctly • Secured to wheelchair • Signs of wear and tear 												
Assessor	Print name:											
	Signature:			Signature:			Signature:			Signature:		

START THE TASK

BEFORE THE TASK	<input type="checkbox"/> Had up-to-date moving and handling training, including hoist training? <input type="checkbox"/> Feel confident to use hoist?	NO ▶	DO NOT USE Check with supervisor
	▼ YES		
	<input type="checkbox"/> Current and relevant person-specific handling plan for using hoist?	NO ▶	
	▼ YES		
	<input type="checkbox"/> Person's condition/ability same as when they were assessed for this equipment? <input type="checkbox"/> Do you have consent?	NO ▶	
	▼ YES		
	<input type="checkbox"/> Number of handlers available as per handling plan?	NO ▶	
	▼ YES		
	<input type="checkbox"/> Familiar with this specific hoist & sling?	NO ▶	
	▼ YES		
	ENVIRONMENT Area safe for hoisting, ie <input type="checkbox"/> sufficient space? <input type="checkbox"/> clear of obstacles? <input type="checkbox"/> access around/under furniture? <input type="checkbox"/> clean/dry?	NO ▶	
	▼ YES		
	HOIST <input type="checkbox"/> Familiar with emergency stop and lowering systems?	NO ▶	
▼ YES			
SLING <input type="checkbox"/> Sling compatible for use with this hoist?	NO ▶		
▼ YES			
<input type="checkbox"/> Sling is one identified in handling plan and is still appropriate (ie right size and type, cross reference with care plan)?	NO ▶		
▼ YES			
Visual check made of sling, ie <input type="checkbox"/> clean and undamaged? <input type="checkbox"/> label legible – SWL clearly displayed? <input type="checkbox"/> unique identifier? <input type="checkbox"/> LOLER examination/service up to date (6 monthly)?	NO ▶		
▼ YES			
Visual check made of hoist, ie <input type="checkbox"/> battery charged? <input type="checkbox"/> LOLER examination/service up to date (6 monthly)? <input type="checkbox"/> no obvious signs of damage? <input type="checkbox"/> hoist moves freely on castors backwards and forwards? <input type="checkbox"/> base adjustment and lifting/lowering mechanisms move freely? <input type="checkbox"/> emergency button set in correct position? <input type="checkbox"/> SWL clearly displayed and not exceeded?	NO ▶		
DURING TASK	<input type="checkbox"/> Hoist brakes OFF (unless otherwise specified in manufacturer's instructions)?	NO ▶	<input type="checkbox"/> Unlock hoist brakes (unless otherwise assessed)
	▼ YES		
	<input type="checkbox"/> Sling loops/clips attached securely and correctly to hoist?	NO ▶	<input type="checkbox"/> Re-attach and re-check
	▼ YES		
	<input type="checkbox"/> Sling safety harness/belt secured if there is one?	NO ▶	<input type="checkbox"/> Fit as per handling plan
	▼ YES		
<input type="checkbox"/> Person looks safe and comfortable? <input type="checkbox"/> Sling smooth under person? <input type="checkbox"/> Sling leg configuration correct?	NO ▶	<input type="checkbox"/> Re-fit sling	
▼ YES			
<input type="checkbox"/> Person's legs safe distance from mast?	NO ▶	<input type="checkbox"/> Turn spreader bar, giving person more leg room	
▼ YES			
<input type="checkbox"/> Hoist with hoist legs widened (unless handling plan states otherwise) until straps tight <input type="checkbox"/> Recheck person is safe, comfortable and correctly positioned <input type="checkbox"/> Start full hoist			
AFTER TASK	<input type="checkbox"/> Person's position correct? <input type="checkbox"/> Are they comfortable?	NO ▶	<input type="checkbox"/> Hoist again, then reposition
	▼ YES		
	<input type="checkbox"/> Detach sling from hoist <input type="checkbox"/> Remove sling (if applicable) ensuring person left in safe position		
	▼ YES		
<input type="checkbox"/> Hoist & sling suitable for next use, ie clean, undamaged?	NO ▶	<input type="checkbox"/> Clean hoist and/or report damage and/or launder sling – following organisational procedures	
▼ YES			
<input type="checkbox"/> Store hoist in suitable, safe place <input type="checkbox"/> Recharge hoist (if applicable)			

Appendix Six – MOVING AND HANDLING ASSESSMENT FOR INANIMATE LOADS

Location(s):					
Brief description of the task:					
Section A: Preliminary risk assessment:					
Does the task involve a significant risk of injury?				Yes / No	
If 'Yes' complete section B.			If 'No' further assessment is unnecessary		
Section B: Detailed risk assessment					
			Risk level		
The Tasks – do they involve:	Yes	No	High	Low	Remedial Action
Holding loads away from the trunk?					
Twisting?					
Stooping?					
Reaching upwards?					
Large vertical movements?					
Long carrying distances?					
Strenuous pushing or pulling?					
Unpredictable movement of loads?					
Repetitive handling?					
Insufficient rest or recovery?					
The Loads – are they:					
Heavy?					
Bulky / Unwieldy?					
Difficult to grasp?					
Unstable / unpredictable?					
Intrinsically harmful?					
The Working Environment – are there:					
Constraints on posture / space?					
Poor floors?					
Variations in levels? (steps / slopes)					
Hot/Cold/Humid conditions?					
Strong air movements?					
Poor lighting conditions?					
Individual Capability – does the job:					
Require more than 1 person?					
Present hazards to staff who are immediately available?					
Call for special information/training					
Other factors -					
Is movement or posture hindered by clothing or personal protective equipment?					
Section C: Overall assessment of risk = Low / High					
Can the task be avoided or mechanised?					
Assessment completed by:	(PRINT NAME)	(SIGN)	DATE	TIME	
	
Assessment review:	DATE	PRINT NAME	SIGN		
		
The assessment must be reviewed at least annually or more frequently if the activity changes.					

Appendix Seven - PATIENT / SERVICE USER SAFER HANDLING PLAN & RISK ASSESSMENT

PATIENT / SERVICE USER SAFER HANDLING PLAN RISK ASSESSMENT Please specify appropriate handling aid/method and the number of staff required						
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PATIENT/SERVICE USER NAME:	DOB	WARD/UNIT:	Body build: Above Average, Average, Below Average	Weight:	Height : Tall, Medium, Short	Is Patient Independent with or without aids?
						Yes/No If Yes go no further If No Full Assessment Required

	Independent (✓ where applies)	Verbal supervision / Guidance (✓ where applies)	Aid of 1 / 2 persons (Specify no.)	Hoist (specify model)	Sling size and Type (specify)	TRANSFER TECHNIQUES/ EQUIPMENT REQUIRED Aids (specify)
Getting in / out of bed						
Moving up in the bed						
Bed to standing position						
Turning over in bed						
Sitting up in bed						
Getting in / out of chair						
Walking / Mobilising						
Bed to WC / Commode						
Chair to WC / Commode						
Getting up from floor						
Bath						
Shower						
In / out of vehicle						
HANDLING CONSTRAINTS						

DATE OF ASSESSMENT:	TIME:	NAME OF ASSESSOR:	JOB TITLE:
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Guidance for completion of Environmental / Moving and Handling Risk Assessment

These forms should only be completed for significant risks/hazards.

If the hazard / risk can be sorted by a simple immediate local action this is exactly what should happen and will negate the need to record the risk on this form.

Hazard: Something with the potential to cause harm to people or damage to property

Risk: The likelihood that the risk will occur and the severity

Control: Systems that can reduce or eliminate the risk

Ensure the sections relating to Directorate, Site/Building, Room/Area and date are completed
(A) Describe the hazard
(B) Describe who or what is at risk
(C) Describe the potential harm caused by the hazard
(D) Score the likelihood of the risk occurring
(E) Score the impact of the risk occurring
(F) Score the risk as it is with existing controls in place by multiplying the score for (D) by the score for (E)
(G) Describe recommended controls which would reduce the risk
Complete the action plan specifying what is to be done to reduce the likelihood of the risk occurring or the impact. Actions should be attributed to named individuals and given realistic timescales to be achieved.
Sign and print your name at the bottom and the date of the assessment and a review date
Keep a copy of the forms in your work area and send one copy to your Directorate lead for Risk, Health and Safety

EXAMPLE

Division: SW

Site/Building: Chase Hospital

Room/Area Various

Date: 00/00/00

(A) Hazard	(B) Risk	(C) Potential Harm	(D) Likelihood	(E) Impact	(F) Risk Score	(G) Recommendations
Carpet Poorly Laid Increasing risk for handlers when using the Mobile Hoist	Slip Trip or Fall Overturn of Equipment	Muscular Strain, neck back and shoulder pain Slip Trip or Fall Injury	HIGH 5	4	20	Relay Carpet Only use hoist with large transportable wheels
Handler compromised due to lack of space when using the Mobile hoist due to over furnishing	Staff or Patient may collide with furniture during transfer	Staff/Patient injury Acquired MSK Risks	HIGH 5	4	20	DE clutter room and ensure staff attend Hoist training Look to facilitate movement of equipment on wheels and castors
Staff Expected to Lift a wheelchair in and out of a vehicle	Acquired MSK Risks Due to insufficient rest and recovery	Muscular Strain, neck back and shoulder pain	4	3	12	Staff can look at a lighter wheelchair Staff can use Lifting arms or Equipment Alternative vehicle arrangements if Possible Share Loads between staff Staff Training with Moving and Handling Team

Likelihood Rating of Hazard (D)	Impact of Hazard (E)	
Rare (Score 1)	Negligible (Score 1)	
Unlikely (Score 2)	Low (Score 2)	Risk score (F) = Likelihood of Hazard (D) multiplied by the Impact of Hazard (E)
Possible (Score 3)	Medium (Score 3)	
Likely (Score 4)	Significant (Sore 4)	
Almost Certain (Score 5)	Extreme (Score 5)	

Assessment carried out by: Name

Signed:

Date:00/00/00

Review Date: 00/00/00

RISK ASSESSMENT

Division:

Site/Building:

Room/Area:

Date:

(A) Hazard	(B) Risk	(C) Potential Harm	(D) Likelihood	(E) Impact	(F) Risk Score	(G) Recommendations

Likelihood Rating of Hazard (D)	Impact of Hazard (E)	
Rare (Score 1)	Negligible (Score 1)	Risk score (F) = Likelihood of Hazard (D) multiplied by the Impact of Hazard (E)
Unlikely (Score 2)	Low (Score 2)	
Possible (Score 3)	Medium (Score 3)	
Likely (Score 4)	Significant (Score 4)	
Almost Certain (Score 5)	Extreme (Score 5)	

Assessment carried out by: Name:

Signed:

Date:

Review Date:

RISK ASSESSMENT RECOMMENDATIONS AND ACTIONS

Priority	Recommendations and Actions	Action By	Target completion Date	Comments