



Manual Handling Policy

This procedural document supersedes: CORP/HSFS 4 v.8 - Manual Handling Policy



Did you print this document yourself?

The Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version. **If, for exceptional reasons, you need to print a policy off, it is only valid for 24 hours.**

Executive Sponsor(s):	Karen Jessop – Chief Nurse
Author/reviewer: (this version)	Nicola Vickers – Clinical Education Manager
Date written/revised:	February 2025
Approved by:	Health and Safety Committee
Date of approval:	13 February 2025
Date issued:	01 April 2025
Next review date:	February 2028
Target audience:	All Trust Colleagues

Amendment Form

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date Issued	Brief Summary of Changes	Author
Version 9	February 2025	Reviewed with changes: <ul style="list-style-type: none"> • Duties and Responsibilities revised in relation to manual handling equipment • Team/individual titles updated • Guidance dates updated • Addition to Manager and Staff Responsibilities • Minor changes to training and monitoring of compliance • Updated associated trust procedural documents 	Nicola Vickers Amanda Day
Version 8	February 2022	Reviewed with changes: <ul style="list-style-type: none"> • Duties and Responsibilities revised in relation to manual handling equipment • Team/individual titles updated • Update to process for manual handling risk assessments • Changes to training and monitoring of compliance 	Nicola Vickers Amanda Day
Version 7	June 2018	Reviewed with changes: <ul style="list-style-type: none"> • Condensed to avoid duplication of information in different sections • Team/individual titles updated in line with trust structures • Update to process for manual handling risk assessment • Equipment section added • Changes to training and monitoring of compliance • Updated associated trust procedural documents 	Nicola Vickers Amanda Day

Contents

- 1. INTRODUCTION4**
- 2. PURPOSE4**
- 3. DUTIES AND RESPONSIBILITIES4**
 - 3.1 Chief Executive4
 - 3.2 Executive Directors, Clinical Directors, General Managers and Matrons4
 - 3.3 Ward/Department Managers.....5
 - 3.4 Ward/Department Staff5
 - 3.5 Medical Technical Services.....6
 - 3.6 Clinical Education Manager, Manual Handling Advisor, Assistant Manual Handling
Advisor & Manual Handling Trainers6
- 4. PROCEDURE6**
 - 4.1 Risk Assessment7
 - 4.2 Equipment7
- 5. TRAINING AND SUPPORT8**
- 6. MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT8**
- 7. DEFINITIONS.....9**
- 8. EQUALITY IMPACT ASSESSMENT9**
- 9. ASSOCIATED TRUST PROCEDURAL DOCUMENTS 10**
- 10. DATA PROTECTION 10**
- 11. REFERENCES 11**
- APPENDIX 1 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING 12**

1. INTRODUCTION

The Manual Handling Operations Regulations (MHOR) came into force on 1st January 1993 and were made under the Health and Safety at Work etc Act 1974.

The regulations apply to manual handling activities involving the transporting of loads, including lifting, lowering, pushing, pulling carrying or moving loads. A load may be inanimate (eg a box) or animate (eg a person).

In 2016 the Health and Safety Executive produced updated guidance to support the Manual Handling Operations Regulations. The guidance promotes the need for an ergonomic approach in assessing all hazardous manual handling operations, which in turn will control and reduce the risk of injury from manual handling.

2. PURPOSE

To ensure the safety and welfare of its employees, and members of the public, the Trust is committed to ensuring that the requirements of the Manual Handling Operations Regulations (MHOR) and other associated legislation are implemented and will;

- Avoid hazardous manual handling so far as is reasonably practicable.
- Assess hazardous manual handling operations which cannot be avoided.
- Take action to remove or reduce any risk of injury as a result of manual handling so far as is reasonably practicable.
- Identify the weight of the load and/or the weight distribution of the load where it is reasonably practicable to do so.

In addition will ensure provision of:

- Systems of work that are safe and without risk to health
- A safe working environment
- Safe and suitable equipment
- Suitable and sufficient training and supervision of staff.

3. DUTIES AND RESPONSIBILITIES

3.1 Chief Executive

The Chief Executive has overall responsibility for ensuring the implementation of the policy and will delegate responsibility to ensure that the Trust meets its statutory obligations.

3.2 Executive Directors, Clinical Directors, General Managers and Matrons

Responsible for ensuring provision of resources and skilled staff to implement the policy within the wards and departments under their control and where 'high/extreme' risk Manual Handling has been identified; work with the Manual Handling Services team to develop appropriate action plans.

3.3 Ward/Department Managers

Responsible to their Director for the implementation of the Manual Handling Policy within their area of responsibility and, should ensure:

- 3.3.1 All colleagues are made aware of the requirements of the Manual Handling Operations Regulations, and their duties within the Trust's Manual Handling Policy and the Care of the Larger Person Policy - CORP/HSFS 23.
- 3.3.2 Safe systems of work are established and maintained
- 3.3.3 All new starters undertake appropriate manual handling induction training. All existing staff undertake regular updates in line with the Core Skills Training Framework. (See Training and Support)
- 3.3.4 Department specific manual handling risks are assessed and subsequent action plans are developed and action taken to eliminate or reduce any risks identified (See 4.1 Risk Assessment). Risk assessments are shared with, and available for all ward/department colleagues.
- 3.3.5 All Manual Handling related incidents/injuries are reported in accordance with Trust incident reporting procedures and subsequent investigations/action taken where necessary.
- 3.3.6 To inform Manual Handling if any training is required in new equipment or if a need is identified for additional workplace training.
- 3.3.7 Department specific manual handling equipment is inspected on a regular basis in line with associated national regulations, (in addition to before every use). Equipment identified as faulty should be taken out of service and reported to Medical Equipment Library.
- 3.3.8 Where a staff member has identified a change in physical capabilities, to complete sufficient assessments and/or referrals to reduce any health-related risks during manual handling activities in the workplace.

3.4 Ward/Department Staff

The Manual Handling Operations Regulations (MHOR) requires all employees to 'follow safe systems of work as laid down by their employer' and in addition ensure they:

- 3.4.1 Are aware of & comply with the requirements of the Manual Handling Operations Regulations, and their duties within the Trust's Manual Handling Policy and the Care of the Larger Person Policy - CORP/HSFS 23.
- 3.4.2 Are aware of, and comply with the manual handling risk assessments completed for their ward/department including the actions to be taken to reduce or eliminate risks. In addition to perform ongoing informal/personal risk assessments during working tasks and not knowingly put themselves or others at risk. (See 4.1 Risk Assessment)

- 3.4.3 Report to manager any change in task or circumstances which may require a manual handling risk assessment to be reviewed or a new assessment to be completed.
- 3.4.4 Undertake and comply with Manual Handling training including adhering to the Health and Safety Policy – CORP/HSFS 1 and the Dress Code and Uniform Policy - CORP/EMP 20
- 3.4.5 Report to manager any change to physical capabilities, ill health, injury, pregnancy, or anything that might affect their ability to handle people or loads safely.
- 3.4.6 Report hazardous situations and any manual handling incidents/injuries in accordance with Trust incident reporting procedures.
- 3.4.7 Perform visual inspections of all manual handling equipment prior to use, do not use equipment that is identified as faulty, take out of use and report to the Medical Equipment Library.
- 3.4.8 Only to use equipment that they are competent/trained to use and to request training/additional training if required.

3.5 Medical Technical Services

Responsible for development of business cases (supported by topic lead) to ensure provision of patient handling hoists Trust wide. Responsible for maintenance and inspection programmes in line with Lifting Operations & Lifting Equipment Regulations (LOLER).

Provide a specialist source of support and advice relating to equipment in collaboration with Manual Handling Services.

3.6 Clinical Education Manager, Manual Handling Advisor, Assistant Manual Handling Advisor & Manual Handling Trainers

Responsible for providing a specialist source of advice and support on all manual handling issues including national guidance and recommendations; leading to development of local policies and procedures, completion of risk assessments and purchase of appropriate equipment.

Ensure the provision of a comprehensive training programme to meet the needs of all staff groups in line with individual training needs analysis.

Undertake observations of manual handling activities in the workplace, to monitor practice, identify risks and any additional training requirements.

4. PROCEDURE

The movement and handling of either people or inanimate loads should always be carried out in accordance with training and best practice. Full details of other relevant guidance documents can be found on the Manual Handling Services intranet pages.

PATIENTS LACKING CAPACITY

Sometimes it will be necessary to provide care and treatment to patients who lack the capacity to make decisions related to the content of this policy. In these instances, staff must treat the patient in accordance with the Mental Capacity Act 2005 (MCA 2005).

- A person lacking capacity should not be treated in a manner which can be seen as discriminatory.
- Any act done for, or any decision made on behalf of a patient who lacks capacity must be done, or made, in the persons Best Interest.
- Further information can be found in the MCA policy (PAT/PA19) and the Code of Practice, both available on the Hive.

There is no single definition of Best Interest. *Best Interest is determined on an individual basis. All factors relevant to the decision must be taken into account, family and friends should be consulted, and the decision should be in the best interest of the individual.*

4.1 Risk Assessment

All staff within the organisation must follow risk assessments in place for manual handling tasks for both people and loads. Formal Risk Assessments should be completed using the Trusts Manual Handling risk assessment guidance & templates (see Manual Handling Hive pages). Those carrying out formal manual handling load risk assessments must receive/complete appropriate training and ensure risk assessments are accessible to all appropriate employees (and where applicable volunteers). In addition to following formal risk assessments, staff are required to perform informal (on the job) risk assessments, to ensure their safety and that of other service users. Where a risk is identified that requires formal assessment this should be identified to the ward/department manager.

Detailed load handling and generic risk assessment forms should be stored at a location accessible to all appropriate staff with a 'Summary of all Manual Handling Activities – Loads' (inclusive of low-risk activities). For each activity identified, a risk rating score should be generated. Any activity with a risk rating of 4 (moderate risk) or above must include a more detailed assessment with action plan (Please see full guidance in Risk Identification, Assessment and Management Policy – CORP/RISK 30). All designated staff must review their area's load handling risk assessments and summary sheets on an annual basis and share any changes with staff. The ward/department manager is responsible for gathering signatory evidence of this. Some assessments may need to be reviewed or added more frequently between the annual reviews in the event of an incident, change in circumstances or new activity.

Individual people handling assessments should be carried out within 24 hours of admission and reviewed when new information becomes available, there is a change in patient condition, change of ward or weekly (whichever comes first). In exceptional circumstances, where a patient has a prolonged admission and their manual handling requirements are not expected to change, the assessment review period may be increased provided there is sufficient documentation in the medical/nursing records to support this.

4.2 Equipment

The Trust will ensure that all staff are provided with adequate information, training and supervision as appropriate; so that they may safely use manual handling equipment relevant to their role.

Equipment must be provided (where practicable) to reduce risks during manual handling. Equipment should be maintained and inspected in line with national guidance. Training should be provided where required for equipment use, and if needed, staff are required to request further training/support. Colleagues should check equipment prior and post use (in line with training) to ensure safe working condition. Any faulty equipment should be taken out of use and reported immediately. Equipment supplies should be replenished as appropriate and correct systems followed (eg for battery charging). Any issues identified with equipment should be reported to the Medical Equipment Library.

As a member of the Medical Equipment Management Group, a representative from Manual Handling Services will work with all relevant wards/depts to ensure the availability of appropriate manual handling equipment across the Trust. Equipment audits will be conducted by both the Medical Technical Services and Manual Handling Services teams as needed and the results of these audits will be presented to the Patient Safety Review Group and Health & Safety Committee.

5. TRAINING AND SUPPORT

Manual Handling support and advice is available for all Trust staff by contacting Manual Handling Services. If support is required out of standard office hours, please contact your line manager or the clinical site team for advice.

All new Trust employees must undertake Manual Handling training relevant to their needs within 3 months of their start date. Until this time, manual handling techniques should only be performed as an assisting role with competent/trained staff.

Both people handlers and load handlers should have a basic understanding of the relevant underpinning knowledge, which is the framework for safe back care and manual handling, this information is contained within the Manual Handling e-learning package.

In addition, the Trust will provide appropriate and sufficient face to face classroom-based training for some colleagues; this training will be provided in line with the Core Skills Training Framework.

The Education team are responsible for updating individual staff records of attendance at Manual Handling on the Oracle Learning Management (OLM) system.

Students attending on placement from educational establishments must have received adequate manual handling training from the educational establishment to enable them to carry out tasks within the scope of the experience they require whilst in the Trust.

6. MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where Reported to
Training attendance & non-attendance	Clinical Education Manager, Directorate Education Leads & Managers	Monthly	All training is recorded on OLM & monthly reports generated. This report is made available to all Directors and Heads of Nursing, Midwifery & Therapies.

Completion of Manual (Load) Handling Risk Assessments	Ward/Department Managers Manual Handling Team	At least Annually	Ward /dept managers to ensure all Load Manual Handling risk assessments are completed, reviewed, acted upon. Evidence staff have read them should be gathered and submitted. Audit carried out & results shared with Wards/Depts through the Health & Safety Committee.
Completion of the Patient Handling Assessment tool	Ward/Department Managers	Monthly	Ongoing review of completion of digital assessments
Manual Handling incident reviews	Manual Handling Services will monitor and where necessary contribute to all Manual Handling Incident reports	Monthly	Monitor and, where necessary contribute to, all Manual Handling incident investigations and provide a six-monthly report to the Health & Safety Committee.

7. DEFINITIONS

Formal risk assessment – A risk assessment that is documented and shared using a formal system or document. A formal assessment will include an analysis of the risks and detail the required action to reduce or eliminate the risks.

Informal risk assessment – The use of thought processes to consider a situation/task and any associated risks before deciding on action. Also known as ‘dynamic risk assessment’ or ‘on the job risk assessment’.

Load - A discrete moveable object.

Load Handlers - Staff involved in the handling of loads not including patients.

Manual Handling Operations - Transporting or supporting of a load by hand or bodily force, including the lifting, putting down, pushing, pulling, carrying or moving.

People Handlers - Staff involved in the moving & handling of patients.

8. EQUALITY IMPACT ASSESSMENT

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are disadvantaged over others. Our objectives and responsibilities relating to equality and diversity are outlined within our equality schemes. When considering the needs and assessing the impact of a procedural document any discriminatory factors must be identified.

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27).

The purpose of the EIA is to minimise and if possible, remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified (See Appendix 1).

9. ASSOCIATED TRUST PROCEDURAL DOCUMENTS

This policy should be read in conjunction with the Trust's:

Health and Safety Policy - **CORP/HSFS 1**

Handling of the Larger Person Policy - **CORP/HSFS 23**

Risk Identification, Assessment and Management Policy - **CORP/RISK 30**

Statutory and Essential Training (SET) Policy - **CORP/EMP 29**

Dress Code and Uniform Policy - **CORP/EMP 20**

Incident Management Policy - **CORP/RISK 33**

Fire Safety Policy - **CORP/HSFS 14**

Pressure Ulcer and Moisture Associated Skin Damage Policy - **PAT/T 3**

Mental Capacity Act 2005 Policy and Guidance, including Deprivation of Liberty Safeguards (DoLS) - **PAT/PA 19**

Eliminating Mixed Sex Accommodation, whilst Maintaining Privacy and Dignity Policy - **PAT/PA 28**

Equality Analysis Policy - **CORP/EMP 27**

10. DATA PROTECTION

Any personal data processing associated with this policy will be carried out under 'Current data protection legislation' as in the Data Protection Act 2018 and the UK General Data Protection Regulation (GDPR) 2021.

For further information on data processing carried out by the trust, please refer to our Privacy Notices and other information which you can find on the trust website: <https://www.dbth.nhs.uk/about-us/our-publications/information-governance/>

11. REFERENCES

1. HSE (1974) Health and Safety at Work etc. Act 1974 HMSO
2. HSE (2000) Management of Health and Safety at Work. *Management of Health and Safety at Work Regulations 1999 Approved Code of Practice L21 revised* 2000. HSE Books
3. HSE (2004) Manual Handling. *Manual Handling Operations Regulations 1992 (as amended) Guidance on Regulations L23 3rd ed.* 2004. HSE Books
4. Guidance for safer handling during resuscitation in healthcare settings. Working group of the Resuscitation council (UK) November 2009.
5. Department of Constitutional Affairs *Mental Capacity Act (2005): Code of Practice, 2007*
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/497253/Mental-capacity-act-code-of-practice.pdf

APPENDIX 1 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

Service/Function/Policy/ Project/Strategy	CSU/Executive Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Manual Handling Policy - CORP/HSFS 4	Manual Handling Services, Training and Education, Education & Research	Amanda Day	Existing Policy review	February 2025
1) Who is responsible for this policy? Manual Handling Services, Training & Education, Education & Research				
2) Describe the purpose of the service / function / policy / project/ strategy? To ensure the safety of staff & patients				
3) Are there any associated objectives? Manual Handling Operations Regulations (1992) are implemented				
4) What factors contribute or detract from achieving intended outcomes? – Staff Compliance & Availability of Equipment				
5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? NO				
<ul style="list-style-type: none"> If yes, please describe current or planned activities to address the impact [e.g. Monitoring, consultation] – 				
6) Is there any scope for new measures which would promote equality? Monitor implementation of Policy in line with Equality Legislation e.g. Monitor Incidents/Complaints				
7) Are any of the following groups adversely affected by the policy?				
Protected Characteristics	Affected ?	Impact		
a) Age	NO			
b) Disability	NO			
c) Gender	NO			
d) Gender Reassignment	NO			
e) Marriage/Civil Partnership	NO			
f) Maternity/Pregnancy	NO			
g) Race	NO			
h) Religion/Belief	NO			
i) Sexual Orientation	NO			
8) Provide the Equality Rating of the service / function /policy / project / strategy – tick outcome box				
Outcome 1 <input checked="" type="checkbox"/>	Outcome 2 <input type="checkbox"/>	Outcome 3 <input type="checkbox"/>	Outcome 4 <input type="checkbox"/>	
<i>*If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a Detailed Equality Analysis form in Appendix 4</i>				
Date for next review: February 2028				
Checked by: Nicola Vickers		Date: 7 February 2025		