

4.1

15:45 - 273 Manual Handling Policy and 649 Workplace Trips, Slips, Falls Policy

*Presenter: Mandy Rayani*

Item 4.1 273 and 649 Policies for Approval

Appendix 1 273-Manual Handling Policy-V3 draft for HSAC approval

Appendix 2 649-Workplace Slips, Trips and Falls Policy-v2 draft to HSAC approval

Appendix 3 Equality Impact Assessment (EqIA)



## HEALTH & SAFETY ASSURANCE COMMITTEE PWYLLGOR ANSAWDD IECHYD A DIOGELWCH

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	02 November 2020
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	273 – Manual Handling Policy 649 – Workplace, Slips, Trips and Falls Policy
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Mandy Rayani, Director of Nursing, Quality and Patient Experience
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Adam Springthorpe, Health & Safety Manager

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Ar Gyfer Penderfyniad/For Decision

### ADRODDIAD SCAA

#### SBAR REPORT

##### Sefyllfa / Situation

In line with Hywel Dda University Health Board's (HDdUHB's) written control documentation process, the Health and Safety Assurance Committee (HSAC) is asked to approve the following revised policy documents:

- 273 – Manual Handling Policy (Appendix 1)
- 649 – Workplace, Slips, Trips and Falls Policy (Appendix 2)

The report provides the required assurance that the Written Control Documentation (WCD) Policy (policy number 190) has been adhered to in the development of the above mentioned written control document and that therefore the document is in line with legislation/regulations, available evidence base and can be implemented within the Health Board.

##### Cefndir / Background

It is imperative that HDdUHB has up to date and accurate written control documentation in order to comply with relevant legislation and to minimise any associated risks.

##### 273 – Manual Handling Policy

In summary, this policy provides a framework for the provision of manual handling systems and processes for Hywel Dda University Health Board.

The scope of this policy is to cover all employees or other persons who may have occasion to visit HDdUHB premises or who may be affected by the actions of HDdUHB employees whilst carrying out their duties. Where employees work in environments not directly controlled by HDdUHB (e.g. staff providing services in the community), or in a varied number of locations (e.g. Estates staff), there is an additional emphasis on these persons to take special care of their own health and safety, and for that of others.

##### 649 – Workplace, Slips, Trips and Falls Policy

In summary, this policy contains information and guidance on the management of non-patient slip, trip and fall risks within HDdUHB.

The scope of this policy includes all paid employees of HDdUHB and all individuals who are not direct employees, but who undertake duties on any premises owned, leased or managed by HDdUHB, including bank or agency staff, volunteers, contractors or suppliers working on HDdUHB premises.

### **Asesiad / Assessment**

#### **273 – Manual Handling Policy**

The revised policy has been reviewed with the involvement of key stakeholders including:

- Professional Development Nursing Team
- Health & Safety Team
- Health & Safety Advisory Group

The revised policy has been out for global consultation between 1<sup>st</sup> September and 14<sup>th</sup> September 2020 and all comments received from this and from targeted consultation have been considered in the revised version of the policy. A screening Equality Impact Assessment (EqIA) has also been undertaken (Appendix 3).

Following approval, the policy will be shared with representatives of the Moving & Handling Team and Health Board staff via the intranet and Global email outlining the changes made to the document by the following:

#### **649 – Workplace, Slips, Trips and Falls Policy**

The revised policy has been reviewed with the involvement of key stakeholders including:

- Health & Safety Advisory Group,
- Health and Safety Team,
- Moving & Handling Team,
- Occupational Health
- Legal and Risk

Given that only minimal changes, which do not affect the main content of the policy, global consultation was not required.

Following approval, the policy will be shared with relevant staff via Global e-mail, and reinforced by meetings attended by the Health & Safety Team.

### **Argymhelliad / Recommendation**

For the Health and Safety Assurance Committee prior to approval, that both 273 – Manual Handling Policy and 649 – Workplace, Slips, Trips and Falls Policy have been reviewed in line with Policy 190 and to recommend the document for uploading to the Policy Co-ordination Officer onto the intranet.

### **Amcanion: (rhaid cwblhau)**

#### **Objectives: (must be completed)**

Committee ToR Reference:

Cyfeirnod Cylch Gorchwyl y Pwyllgor:

5.14 Approve organisational Health and Safety Policies, Procedures, Guidelines and Codes of Practice (policies within the scope of the Committee).

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability
Nodau Gwella Ansawdd: Quality Improvement Goal(s):	Protect Patients From Avoidable Harm From care
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019</a>	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Legislation and national policy
Rhestr Termiau: Glossary of Terms:	Contained within each written control document
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd Iechyd a Diogelwch: Parties / Committees consulted prior to Health and Safety Assurance Committee:	As detailed in the assessment

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Unforeseen and unbudgeted costs of investigations and/or defence of any legal action could arise from non-adherence to the Policies
Ansawdd / Gofal Claf: Quality / Patient Care:	Staff accessing written control documentation which is out of date, no longer relevant or contradicts current guidance may have a negative effect on the quality, safety and experience of care. It may also lead to unwarranted variation in care delivery

<b>Gweithlu: Workforce:</b>	The Policies apply to all staff
<b>Risg: Risk:</b>	The presence of written control documentation on the intranet, outside of the Policies, Procedures and other Written Control Documentation intranet webpage, may result in staff accessing documents which are out of date, no longer relevant, or contradicting current guidance
<b>Cyfreithiol: Legal:</b>	It is essential that the UHB has up to date policies and procedures in place
<b>Enw Da: Reputational:</b>	Not applicable
<b>Gyfrinachedd: Privacy:</b>	Not applicable
<b>Cydraddoldeb: Equality:</b>	A full equality impact assessment has been undertaken for each separate policy/procedure



**GIG**  
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Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

## Manual Handling Policy

**THIS IS A DRAFT DOCUMENT FOR APPROVAL PURPOSES ONLY**

**The Policy is for approval by HSAC on 2<sup>nd</sup> November 2020**

**Approved Hywel Dda University Health Board policies can be found on the [Policies and Procedures Approved section of the intranet](#)**

Policy Number:	273	Supersedes:	V2	Classification	Corporate
Version No	Date of EqlA:	Approved by:	Date of Approval:	Date made Active:	Review Date:
V3		HASAC			September 2023

Brief Summary of Document:	Provides a framework for the provision of manual handling systems and processes for Hywel Dda University Health Board.
Scope:	Organisation wide All service areas
To be read in conjunction with:	199 – Risk Management Procedure 100 – Organisational Induction Policy 113 – Learning and Development Policy 139 – Uniform Policy and Dress Code for Nurses, Midwives & Specialist Community Public Health Nurses 201 – All Wales Disciplinary Policy 289 – Policy For Record Keeping For Nurses and Midwives 037 – Tissue Viability and Wound Management Guidelines All Infection Control Policies

Owning Committee/ Group	Health & Safety Advisory Group
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## HYWEL DDA UNIVERSITY HEALTH BOARD

Executive Director:	Mandy Rayani	Job Title	Director of Nursing, Quality and Patient Experience
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Reviews and updates		
Version no:	Summary of Amendments:	Date Approved:
1	New Policy	2015
2	Amendments and full review	14/09/2017
3	Amendments	

Keywords	Manual Handling, Moving and Handling
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# HYWEL DDA UNIVERSITY HEALTH BOARD

## CONTENTS

<b>1. Introduction</b>	<b>4</b>
<b>2. Policy Statement</b>	<b>4</b>
<b>3. Legislation</b>	<b>4</b>
<b>4. Definition</b>	<b>5</b>
4.1 Minimal Manual Handling	5
<b>5. Scope</b>	<b>5</b>
<b>6. Aim</b>	<b>6</b>
<b>7. Objectives</b>	<b>6</b>
<b>8. Responsibilities</b>	<b>7</b>
8.1 Chief Executive	7
8.2 Director of Workforce and OD	7
8.3 Assistant/Associate Directors, County Directors, General/Senior Managers, Clinical Leads, Heads of Service/Divisions	7
8.4 Managers	8
8.5 Manual Handling Co-ordinators	8
8.6 Manual Handling Trainers	9
8.7 Manual Handling Workplace Assessors	9
8.8 Employees (contracted and honorary)	10
8.9 Voluntary Workers	10
8.10 Individuals	10
<b>9. Manual Handling Risk Assessments</b>	<b>10</b>
<b>10. Incidents</b>	<b>11</b>
<b>11. Equipment</b>	<b>11</b>
<b>12. Training</b>	<b>12</b>
<b>13. Monitoring and Review</b>	<b>13</b>
<b>14. Key Performance Indicators</b>	<b>13</b>
<b>15. Occupational Health</b>	<b>13</b>
<b>16. Disciplinary Procedure</b>	<b>14</b>
<b>17. References</b>	<b>14</b>
<b>18. Appendix 1 - Manual Handling Investigation Report Form</b>	<b>15</b>
<b>19. Appendix 2 - Flowchart for staff who experience manual handling injury or     musculoskeletal disorder at work</b>	<b>19</b>
<b>20. Appendix 3 - Handling Assessment Form</b>	<b>21</b>
<b>21. Appendix 4 - Patient Manual Handling Assessment Form</b>	<b>29</b>



# HYWEL DDA UNIVERSITY HEALTH BOARD

## 1. Introduction

Manual handling injuries are part of a wider group of musculoskeletal problems. In 2018/19 an estimated 6.9 million working days were lost to work-related musculoskeletal disorders (MSDs), an average of 14 days lost for each case; this represents 29% of all days lost due to work related ill-health (Health & Safety Executive (HSE) 2019).

In the Health Service, musculoskeletal disorders account for 37% of new and long-standing cases of work-related ill health in 2018/19 (HSE) 2019).

The Health and Safety at Work Act 1974 (Section 2) and Management of Health and Safety at Work Regulations 1999 (Regulations 10 and 13) require employers to provide employees with health and safety information and training, with updates as required. This should be supplemented as necessary with more specific information and training and updating on manual handling injury risks and prevention, as part of the steps to reduce risk required by the Manual Handling Operations Regulations (MHOR) 1992 (as amended).

As an NHS organisation, the University Health Board has to comply with the above legislation to help ensure the safety of their staff, patients and others.

This policy relates specifically to above legislation and will also comply with the standards as set by the All Wales NHS Manual Handling Training Passport and Information Scheme (2003 (revised 2020)).

## 2. Policy Statement

The implementation of this policy will ensure a suitable framework exists within the organisation to manage risks associated with manual handling. This, in turn, will protect and promote the health and wellbeing of all employees and service users, whilst providing optimal care for our patients.

This policy is compiled in order for the University Health Board to comply with its responsibilities under the relevant legislation and regulations as stated below.

The implementation of the standards and guidelines within the All Wales NHS Manual Handling Training Passport and Information Scheme enables the University Health Board to comply with all aspects of the legislative requirements.

## 3. Legislation

### 3.1 Principal legislation and publications referred to:

- Health & Safety at Work etc. Act 1974
- Management of Health & Safety at Work Regulations 1999
- Manual Handling Operations Regulations 1992 (as amended)
- Provision and Use of Work Equipment Regulations 1998
- Lifting Operations Lifting Equipment Regulation 1998
- Guide to the handling of people [RCN] NBPA 2011 [6<sup>th</sup> Edition]
- Workplace (Health, Safety & Welfare) Regulations 1992
- All Wales NHS Manual Handling Training Passport and Information Scheme 2003 (revised 2020)
- Display Screen Equipment Regulations (2002)

### 3.2 Specifically:

The Health & Safety at Work Act 1974 places a general duty on the employer “to ensure so far as is reasonably practicable, the Health and Welfare at work of all employees”. Section 2 (1). These duties include providing:

## HYWEL DDA UNIVERSITY HEALTH BOARD

- Information; Instruction; Training and Supervision to ensure the health and safety of all employees.
- There are further duties placed on the employees which require them to take “reasonable care for the Health and Safety of themselves and of other persons who may be affected by their acts or omissions”.

### 4. DEFINITION:-

The Manual Handling Operation Regulations 1992 (as amended) refers to the moving of loads whether the load is animate or inanimate and apply to the:

**“transporting, supporting, lifting, pushing, pulling and carrying of loads”** and places a statutory duty on the University Health Board to control risks associated with the handling of loads, and where the risks are deemed significant to reduce or eliminate those risks to employees.

The MHOR regulations place a requirement on the employer to: -

- Avoid – the need for hazardous manual handling, so far as is reasonably practicable.
- Assess – the risk to staff and clients/loads, where manual handling operation cannot be avoided.
- Reduce – take appropriate steps to reduce the risk of injury to the lowest level reasonably practicable. Develop and implement safe systems of work
- Inform – All relevant staff of outcome of risk assessment and recommended controls
- Review – to take place on an annual basis, or if there has been significant changes or it is no longer valid

#### 4.1 Minimal Manual Handling

Hywel Dda University Health Board recognises that the handling of patients and inanimate loads presents a risk of injury to staff, service users and other people, and that The Manual Handling Operation Regulations 1992 (as amended) places a statutory duty on the University Health Board to control risks associated with the handling of loads, and where the risks are deemed significant to reduce or eliminate those risks to employees.

In complying with relevant manual handling regulations the University Health Board considers the total elimination of patient handling to be impracticable. A balance will be sought between the needs and ability of the patients and the safety of staff. Patients must, wherever practicable, be encouraged to assist in handling activities. The University Health Board is committed to developing a minimal manual handling/lifting approach.

In all respects the University Health Board will address manual handling legislation, and its effects, in a reasonable manner having regard to all the circumstances. Risk assessment and planning can eliminate or reduce identified manual handling hazards. However, where assessments indicate there is absolutely no alternative but to lift animate or inanimate loads manually, a more detailed assessment of risk and methods must be undertaken and recorded.

Animate loads – the manual lifting of a patient is eliminated in all but exceptional or life threatening situations. Patients are encouraged to assist in their own transfers and handling aids should be used whenever they can, in order to help to reduce risks.

### 5. Scope

The scope of this policy is to cover all employees or other persons who may have occasion to visit University Health Board premises or who may be affected by the actions of University Health Board employees whilst carrying out their duties.

## HYWEL DDA UNIVERSITY HEALTH BOARD

Where employees work in environments not directly controlled by this University Health Board (e.g. staff providing services in the community), or in a varied number of locations (e.g. Estates staff), there is an added emphasis on these persons to take special care of their own health and safety, and for that of others.

### 6. Aim

- For the University Health Board to comply with relevant legislation
- To comply with all aspects of the All Wales NHS Manual Handling Training Passport and Information Scheme.
- To protect and promote the health and wellbeing of all employees and patients
- To protect other persons who may have occasion to visit University Health Board premises or who may be affected by the actions of University Health Board employees whilst carrying out their duties.

### 7. Objectives

- To ensure a suitable framework exists within the organisation to manage risks associated with manual handling activities.
- To ensure that suitable arrangements are in place for systematic audit for manual handling activities.
- To ensure that the University Health Board provides competent persons to advise, assess risk and deliver training as appropriate and to lead the development of the service both locally and nationally.
- To ensure the Manual handling Advisors, Trainers and Workplace Assessors maintain up-to-date knowledge of best practice and equipment by regular training, development and suitable networking.
- To implement all aspects of the All Wales NHS Manual Handling Training Passport and Information Scheme
- To ensure that those with managerial responsibility have appropriate knowledge and skills to be able to identify, assess, reduce and control risks arising from manual handling activities within the University Health Board.
- To ensure that every effort is made to make those premises which are not within the normal precincts of the University Health Board, in which employees have to work, safe and free from risks.
- To ensure suitable systems are in place for managers to monitor and review manual handling arrangements.
- To ensure that all staff have the relevant skills and knowledge of safe manual handling working practices by accessing and attending appropriate training prior to commencing workplace activities.
- To ensure that systems are in place for all staff to attend classroom update training/workplace assessment as appropriate
- To ensure those providing workplace assessments have access to appropriate training and development to undertake the role in a competent manner
- To ensure that sufficient and appropriate equipment is provided by the University Health Board, maintained and used for its intended purpose.
- To ensure the safety of patients and staff is not compromised which may include the limiting/withdrawing of handling activities.
- To ensure that all records of training attendance are kept centrally on the Electronic Staff Record System.
- To ensure that there is a system in place to investigate manual handling accidents, incidents and near misses and that appropriate action is taken to prevent reoccurrence (Appendix 1)..

## HYWEL DDA UNIVERSITY HEALTH BOARD

- To ensure that there is a system in place for staff to access advice and support from the occupational health services, in conjunction with the manual handling co-ordinator, in the event of musculoskeletal disorders and or absence from work (Appendix 2)

### 8. RESPONSIBILITIES

#### 8.1 Chief Executive

The Chief Executive has overall responsibility to ensure that the University Health Board complies with health and safety legislation and guidelines and for the organisational arrangements necessary to achieve these aims and will keep the University Health Board informed of developments.

The Chief Executive will delegate strategic manual handling management to an appropriate Executive within the University Health Board.

The Chief Executive also delegates to Director of Workforce and OD the responsibility for the effective management of manual handling within their Directorates.

#### 8.2 Director of Nursing, Quality and Patient Experience

The Director of Nursing, Quality and Patient Experience is the Executive Lead with responsibility for manual handling. The main responsibilities of this post are to determine overall policy including the organisational development needs of the University Health Board.

Included in this role is monitoring and review of the manual handling status of the University Health Board and the taking of appropriate action where deficiencies are identified.

This post shall not have specific responsibility for the management of manual handling within each Service but will be responsible to the Chief Executive for:

1. Determining overall (University Health Board) manual handling strategy and performance including the organisation arrangements, policies, instructions and compliance with legislation, guidelines and strategies;
2. The provision of advice as necessary to General Managers or Service Heads and Senior Managers on aspects of manual handling;

All the above responsibilities will be undertaken by an appropriate Senior Manager, on behalf of the Director of Nursing.

#### 8.3 Assistant/Associate Directors, County Directors, General/Senior Managers, Clinical Leads, Heads of Service/Divisions

Assistant/Associate Directors, County Directors, General/Senior Managers, Clinical Leads, Heads of Service/Divisions are responsible for all aspects of health and safety of staff, patients and others in areas where they provide a service or under their control. This includes compliance with legislation and the following:

- The implementation of University Health Board policy to ensure the effective management of manual handling
- The identification, assessment and control of manual handling risk, in line with the University Health Board's Risk Management Guidelines
- Ensuring that equipment, premises and systems of work are safe
- The provision of training and information to staff and others, as appropriate
- The investigation of accidents and incidents, taking appropriate corrective action to prevent a recurrence and reporting details promptly
- Monitoring and review of manual handling performance

## 8.4 Managers

### Responsibilities:

- To attend appropriate training sessions to enable them to be aware of their responsibilities in relation of manual handling to include the risk assessment process
- To ensure that Manual handling risk assessments are carried out and safe systems of work are devised and implemented
- That incidents are correctly recorded and investigated and remedial actions are taken
- That Workplace Assessors are supported by ensuring that sufficient time and resources are given to allow them to undertake the full range of their duties
- That Staff are supported by being released to attend all appropriate manual handling training provided by the University Health Board
- That monitoring and auditing of manual handling activities within their area are undertaken and any findings are acted upon.
- That all mechanical and handling equipment is regularly maintained in accordance with legislation, and that records are maintained
- That patients and relatives receive information about the University Health Board's Manual handling Policy, and are made aware that patients and staff will not be placed at risk whilst handling patients

## 8.5 Manual handling Co-ordinator

### Role:

To support Assistant/Associate Directors, County Directors, General/Senior Managers, Clinical Leads, Heads of Service/Divisions and Managers in ensuring that robust arrangements are in place to ensure that risks within their area of responsibility are effectively managed and minimised to a level acceptable to both the service and the University Health Board.

### Responsibility:

- To provide evidence-based, competent advice to the University Health Board, enabling the University Health Board to comply with current legislation and relevant standards
- Maintain an up to date knowledge of legislation and current best practice and lead the development of the service both locally and nationally
- To ensure there are systems in place to enable the manual handling teams to access advice and support from senior management/clinicians representing all areas of the organisation
- Undertake regular review of manual handling policy and develop supporting guidance as necessary
- To ensure the University Health Board's Manual handling policy is implemented through monitoring and audit via the health & safety audit tool, the outcome of which is reported to the appropriate channels.
- Reports will be provided on a regular basis to the appropriate committees.
- To ensure managers have access to advice and support when managing and monitoring the risks associated with manual handling
- Provide managers and staff with appropriate advice and support when investigating manual handling incidents/accidents/near misses
- Provide advice and support in complex handling situations
- Provide advice on equipment/furniture provision and purchase
- Provide advice on new builds and refurbishments
- To ensure the development and implementation of appropriate training programmes in line with current best practice and commensurate with the employee role is in place
- To ensure those providing training/update training have access to appropriate training and development to undertake the role in a competent and confident manner



## HYWEL DDA UNIVERSITY HEALTH BOARD

- To provide support to the manual handling team by ensuring regular team meetings are in place to enable discussion and review of current practice
- Ensure that the delivery and content of all training is of sufficient standard to ensure compliance with the All Wales NHS Manual Handling Training Passport and Information Scheme
- Ensure there is an appropriate system in place to record all manual handling training activity on the Electronic Staff Record System
- To raise awareness of the services available to staff from the Occupational Health department, staff psychological health and wellbeing service etc.
- To actively promote an organisational climate that encourages the reporting of adverse incidents whilst ensuring that lessons are learnt from events as they occur

### 8.6 MANUAL HANDLING TRAINERS

#### Role:

- To facilitate manual handling provisions through direct delivery, to meet the learning needs amongst the various professions within Hywel Dda University Health Board

#### Responsibilities:

- Maintain up to date knowledge of manual handling issues and disseminate through training programmes
- Assist the Manual handling Co-ordinators in the implementation of the University Health Boards' Manual handling Policy
- Implement, review and deliver training programmes in order to comply with the All Wales NHS Manual Handling Training Passport and Information Scheme for patient handlers and non-patient handlers as specified
- Develop and support the workplace assessor network and provide update training on an annual basis and advise as necessary
- Work with the manual handling co-ordinators in the appropriate selection and provision of equipment, furniture and aids
- Assist managers in the investigation of manual handling incidents where appropriate
- Assist with manual handling risk assessments as appropriate

### 8.7 MANUAL HANDLING WORKPLACE ASSESSORS

- Liaise with Manual handling Team to assist in the implementation of the organisation's Manual handling Policy and the All Wales NHS Manual Handling Training Passport and Information Scheme.
- Attend appropriate training sessions to develop the skills and knowledge required to undertake role
- Attend appropriate update sessions and meetings to maintain an up to date knowledge of manual handling issues.
- To undertake workplace competency assessments on an allocated group of staff
- Time commitment will be dependent on area of work, and numbers of staff requiring assessment
- Act as a resource for staff to pass on concerns raised in relation to manual handling issues.
- To assist managers in undertaking the manual handling risk assessments, including the monitoring and review processes as required
- Ensure records of workplace assessments undertaken are forwarded to the manual handling department as soon as is practicable.
- Ensure accurate record keeping is in place in regard to training, workplace assessments, and equipment inventory etc, providing copies to the individual managers and to the manual handling department.

## HYWEL DDA UNIVERSITY HEALTH BOARD

- Continue to raise the profile of manual handling in their own areas of work and liaise/co-operate with other manual handling workplace assessors to provide and receive support.

### **8.8 EMPLOYEES (CONTRACTED AND HONORARY) WILL:**

Take reasonable care for their own health and safety and for that of others who may be affected by their acts or omissions.

- Attend manual handling training sessions organised by the University Health Board commensurate with their role.
- Participate in the Risk Assessment process.
- Report to managers, and document any incidents, hazards, near misses related to manual handling using the University Health Board's incident reporting procedure. Including non-compliance of other staff with the requirements of this policy
- Use appropriate manual handling or lifting equipment provided to minimise the risk of injury in accordance with instruction or training received and which is documented in the manual handling risk assessment.
- Inform their manager / supervisor if they become aware of any medical condition and pregnancy which may place them at increased risk when performing any manual handling task. This information, when possible, is to be treated as confidential.
- Report to their manager and/or take appropriate action regarding defects in equipment.
- Adhere to any policy that affects the provision of safe manual handling operations

### **8.9 VOLUNTARY WORKERS ETC (NON UNIVERSITY HEALTH BOARD EMPLOYEES)**

- The University Health Board will ensure that appropriate training is provided, and that they adhere to any policy that affects the provision of safe manual handling operations

### **8.10 INDIVIDUALS SUCH AS:**

Suppliers, service engineers, who work on University Health Board premises, will:

- Take reasonable care to ensure their safety and that of others in relation to Manual Handling.
- Report to University Health Board managers any incidents relating to Manual Handling.

## **9. Manual handling Risk Assessments**

It is a manager's responsibility to ensure that manual handling risk assessments are undertaken within their area of responsibility and that safe systems of work are devised, implemented and communicated to all relevant staff

Managers who supervise staff or a delegated competent person must undertake manual handling risk assessments.

Training, guidance and support in undertaking manual handling risk assessments is available from the manual handling co-ordinators and trainers. All those undertaking such assessments must have the necessary knowledge and skills to do so

Advice may also be sought from the Health & Safety Adviser.

In order to implement a suitable and sufficient process the following tools will be used: -

### **Generic Manual handling Risk Assessment Form (See Appendix 3)**

Generic risk assessment should be undertaken and reviewed annually or when changes in work activities occur. Review should also take place whenever there is a reason to suppose that the assessment is no longer valid e.g. because the working conditions, the personnel carrying out

## HYWEL DDA UNIVERSITY HEALTH BOARD

the operation, the manual handling operation itself has changed, or following a near-miss incident or personal injury.

Upon completion, records of the risk assessment should be retained locally at department level. Any work place redesign, equipment and training needs identified will be incorporated into an action plan, which will be implemented so far as is reasonably practicable. It is the responsibility of the manager to ensure that action is taken and that action should ensure the risk is reduced to its lowest practicable level. Unresolved risks need to be reported via the directorates' risk management system, to be included into the University Health Board risk register. A copy of the action plan should be forwarded to the Manual handling Co-ordinator.

Tasks requiring a safe system of work should have a documented procedure. This should be kept in an accessible place and reviewed annually along with the risk assessments.

Managers should carry out a systematic review of the risk assessments on an annual basis or sooner as appropriate (e.g. following incident or accident).

### **Individual Patient Manual handling Risk Assessment Form (See Appendix 4)**

Completion of the patient handling assessment will be the responsibility of the registered practitioner, directly involved in that patient's care, excluding medical staff. The handling plan will ideally be kept at the end of the patient's bed and should be easily accessible to those needing to assist the patient. This information needs to accompany the patient to other departments e.g. Radiography, Theatre

The re-assessment of individual patients should occur daily/weekly or as appropriate or if there is a change in their condition.

### **10. INCIDENTS**

Following a near miss, incident, or accident, the Datix Form should be completed within 24 hours and forwarded to the Line Manager who is responsible for investigating the incident and taking the appropriate action. The Manual handling Co-ordinators may need to advise further action.

The Manual handling Incident and Accident statistics will be collated and presented as part of the annual Manual handling Report.

Any identified issues will be fed into the appropriate advisory group for further analysis.

### **11. Equipment**

- Appropriate handling equipment, for both patients and inanimate loads should be provided where a risk has been identified. It is essential that the Managers are aware of the availability, suitability, and maintenance of equipment within their own Directorate/Department.
- To ensure this is carried out, the following steps must be taken:
- Each Associate Medical Director/General Manager has the responsibility to provide equipment required following a risk assessment so far as is reasonably practicable
- If a need for further manual handling equipment is identified by staff or managers, the Manual handling Coordinator/Trainer should be consulted for advice on selection and suitability.
- Prior to purchase/hire/trial, all manual handling equipment should be evaluated by the appropriate group to ensure its fitness for purpose.



## HYWEL DDA UNIVERSITY HEALTH BOARD

- Departments wishing to purchase/hire/trial equipment should contact the Procurement Department.
- Staff must not use equipment until appropriate training has been received.
- Routine maintenance of mechanical equipment must be carried out as per University Health Board 'Maintenance Policy' and in accordance with LOLER Regulations 1998.
- Other non-mechanical equipment must be regularly inspected / maintained on a departmental basis by a competent person.

### 12. TRAINING

Training and instruction in safe handling should occur in conjunction with other risk control measures. Sole reliance on training is not effective in controlling risk. It is recognised that there are manual handling risks specific to each ward and department in the University Health Board, which cannot be highlighted during Induction. Therefore the department/ward manager has a duty to provide information and/or training covering such risks before the new employee is exposed to those risks

The University Health Board will provide an induction programme and training in accordance with best practice and will comply with the 'Passport Scheme'. This will ensure consistency of manual handling training/assessment within the NHS in Wales. It will allow staff to transfer their skills when moving between Health Boards, and ensuring consistency across Wales thus minimising duplication and time lost to the service.

All managers and staff must support and implement the contents of the 'Passport Scheme'

No new employee should perform a manual handling activity unless they have received appropriate training and instruction

In order to achieve this, the University Health Board will ensure that:

- The Manual handling Coordinators / Trainers receive adequate training and updating in order to ensure that up to date knowledge and skills are maintained.
- Unless exceptional circumstances prevent them from doing so, all new employees must attend the University Health Board induction sessions to include Manual handling foundation training prior to commencing workplace activities. This comprises of modules commensurate with their role, unless a current manual handling 'Passport' can be produced and verified. In such cases, the employee must attend update training as soon practicable. Training provided will reflect the individual's duties and include a work-based assessment where appropriate. On completion of this training, each employee will then be issued with a Manual handling Passport. New staff will be made aware of workplace manual handling arrangements during their local induction session
- All employees who have a significant change in role will be assessed for further manual handling training needs by their manager. The manager will be responsible for booking any further training as needed.
- Training records will be kept centrally on the Electronic Staff Record system
- Training records will be accessible through the Employee Self Service System
- Bank staff will not commence employment until foundation manual handling training is completed, or a current manual handling 'Passport' is produced and verified by the Manual handling department.
- Staff that are unable to demonstrate the required level of skill and knowledge will be given further training. The trainer will liaise with the individual's line manager who, if necessary may seek guidance from other specialist University Health Board departments.

## HYWEL DDA UNIVERSITY HEALTH BOARD

- Attendances at manual handling courses are mandatory, and the trainer will record all attendance. Non-attendance at induction training will be reported to the appropriate manager, all other non-attendance will be communicated to the manager by the Manual handling team.
- Appropriate clothing and footwear should be worn for training sessions and in the workplace in accordance with the University Health Board's Uniform Policy

### Refresher Training

All staff will have access to regular updating in manual handling. The level of risk in the workplace area and the needs of the individual, will determine the content. Generally, patient handling staff will require an annual intervention of either a workplace assessment or update training in the classroom dependant on their needs.

Non patient handling staff will require updating interventions between one and three years depending on the risks associated with their role.

The workplace assessments will be undertaken by the manual handling workplace assessors and the update training will be provided by members of the moving & handling team, either in the workplace, or the classroom as required. The number of classroom based training sessions will be determined by an annual training needs analysis across the University Health Board.

### 13. Monitoring & Review

The Manual handling Coordinator, in conjunction with the manual handling team, will carry out regular review of the implementation process of the manual handling policy which includes all of the training programmes. The review will consider the manual handling operations, the results of assessments, audits, incident reports and the development of techniques, equipment and other control measures, and will include current best practice.

### 14. Key Performance Indicators

- Annual audit to ensure that the University Health Board is compliant with relevant legislation
- A representative from the University Health Board to participate in regular meetings of the All Wales Manual Handling Advisory Group to ensure that the University Health Board is regularly updated in order to comply with all aspects of the All Wales NHS Manual Handling Training Passport and Information Scheme
- Maintain an 80% compliance rate in manual handling training
- Monthly Datix review to ensure that there is appropriate investigation of accidents and incidents, and that suitable corrective action has been taken to prevent a recurrence
- Risk assessment documentation is completed and appropriately reviewed

### 15. Occupational Health

Prospective employees receive pre-employment assessment by the Occupational Health Department to ensure that individuals are fit for the job and the job is 'suitable' for the individual.

Knowledge of the capabilities of the employee, the nature of the working environment and demands of the job allow the Occupational Health staff to make an appropriate assessment.

A change in health status for example, pregnancy or the development and progression of an illness, or return to work following musculoskeletal injury, should result in an assessment of competence being undertaken by the manager and if necessary reported to the Occupational

## HYWEL DDA UNIVERSITY HEALTH BOARD

Health Department so that appropriate advice can be given. [see Guidelines for Pregnant Workers].

### 16. DISCIPLINARY PROCEDURE

The University Health Board reserves the right to take disciplinary action against any University Health Board employee who fails to follow safe practice, or puts themselves or others at risk by their own omission or neglect. Please refer to disciplinary procedure for further guidance.

### 17. References

All Wales NHS Manual Handling Training Passport and Information Scheme 2003 (revised 2020)

Health and Safety at Work etc. Act 1974, HMSO, London

Health & Safety Executive 1992. Manual Handling Operations Regulations (as amended) HSE books, London

Health and Safety Executive 2015 Work-related Musculoskeletal Disorder (WRMSDs) Statistics, Great Britain, 2019 [www.hse.gov.uk/statistics/](http://www.hse.gov.uk/statistics/)

Management of Health and Safety at Work Regulations 1999 SI 1999 No 2051 ISBN 0 11 25051 6

Lifting Operations and Lifting Equipment Regulations, No 2307 1998 ISBN 9780717616282

Manual handling in the health services. 1998, HSC, HSE books, ISBN 9780717612482

Provision and Use of Work Equipment Regulations 1998 SI 1998/2306 ISBN 0 11 179599 7

The Guide to the Handling of People, 2011, 6<sup>th</sup> edn. BackCare, Teddington.

Workplace (Health, Safety and Welfare) Regulations 1992 Approved Code of Practice ISBN 978 0 7176 0413 5

# APPENDIX 1

DRAFT

# HYWEL DDA UNIVERSITY HEALTH BOARD

## MANUAL HANDLING INVESTIGATION REPORT FORM

**Datix Reference:**

### INCIDENT INFORMATION – FACTS ONLY

**Please ensure any equipment/aids that have been used in an incident are taken out of use until the appropriate tests/investigations are completed**

**Background information:**

**Staff members involved:**

**Description of Incident:**  
Describe maneuver, method equipment/aids used and number of staff involved. Consider: Task, Load, Individual Capability, Environment and other factors.  
(Reconstruction of the event may be useful to determine accuracy)

**Immediate action taken:**

**Staff members involved in investigation:**

**Were there any particular factors or difficulties with the activity on this occasion that had not been experienced before?**

☐ Yes

☐ No

If YES – please describe:

**Have witness statements been provided from all involved?**

☐ Yes

☐ No

**Comments:**

**No of staff working at time:**

**Workload:**

**Skill mix:**

**Photographs/drawings:**

☐ Yes

☐ No

**If required, has an Individual Patient Manual Handling Risk Assessment been completed?**

☐ Yes

☐ No

If NO – please explain why not:

If Yes – Is the information accurate?

**If a patient handling incident, are there any other assessments available e.g. Physio/OT?**

☐ Yes

☐ No

**Is there a current written procedure or safe system of work for this activity?**

☐ Yes

☐ No

If NO – please explain why not:

## HYWEL DDA UNIVERSITY HEALTH BOARD

<b>Was the above being followed when the incident occurred?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If NO – please explain why not:			
<b>How are departmental written procedures, risk assessments and /or safe system of work communicated to all staff?</b>			
<b>Has the written procedure, risk assessment and /or safe system of work been reviewed following the incident, documented and communicated to all staff?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If NO – please explain why not:			
<b>Was the injured person familiar with:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Location (eg. were they casual or temporary staff)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Equipment used (if relevant)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Task/activity being undertaken	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Patient/Load	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If NO – please explain why not:			
<b>Was there a problem with, or failure of, the equipment at the time of the incident?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If YES – please provide required information and ensure the item is marked and taken out of use until examined			
<b>Has the injured person/ any other person involved received appropriate training?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Are there detailed training records available for all involved?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Please record dates:			
If NO – please explain why not:			
<b>Has the injured person existing medical condition/s?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Describe extent of current injury (if appropriate)</b>			
<b>Does the person require A&amp;E/Occupational Health referral?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Does the injured person require workplace assessment/update?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If YES – when will this be undertaken?			
<b>Have there been other similar incidents?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If YES – please provide details:			
<b>Has the person had any similar injuries?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If YES – please provide details:			

## HYWEL DDA UNIVERSITY HEALTH BOARD

<b>Date of last PDR (if applicable):</b>	
------------------------------------------	--

ADDITIONAL INFORMATION:			
<b>Media interest (actual or potential)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Please state:</b>			
<b>Have other agencies been informed and involved in this incident?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Possibility of a complaint or litigation?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>What lessons have been learnt as a result of the incident?</b>			
<b>Summary</b>			
<b>Considerations/recommendations:</b>			
<b>Could this be of value to other Directorates/other health bodies or the NHS as a whole?</b>			
<b>What action(s) need to be undertaken to either prevent recurrence or reduce the level of risk?</b>			
<b>Action(s) Needed</b>	<b>By Who</b>	<b>By When</b>	<b>Review Date</b>
<b>Investigation report and action plan agreed:</b>			

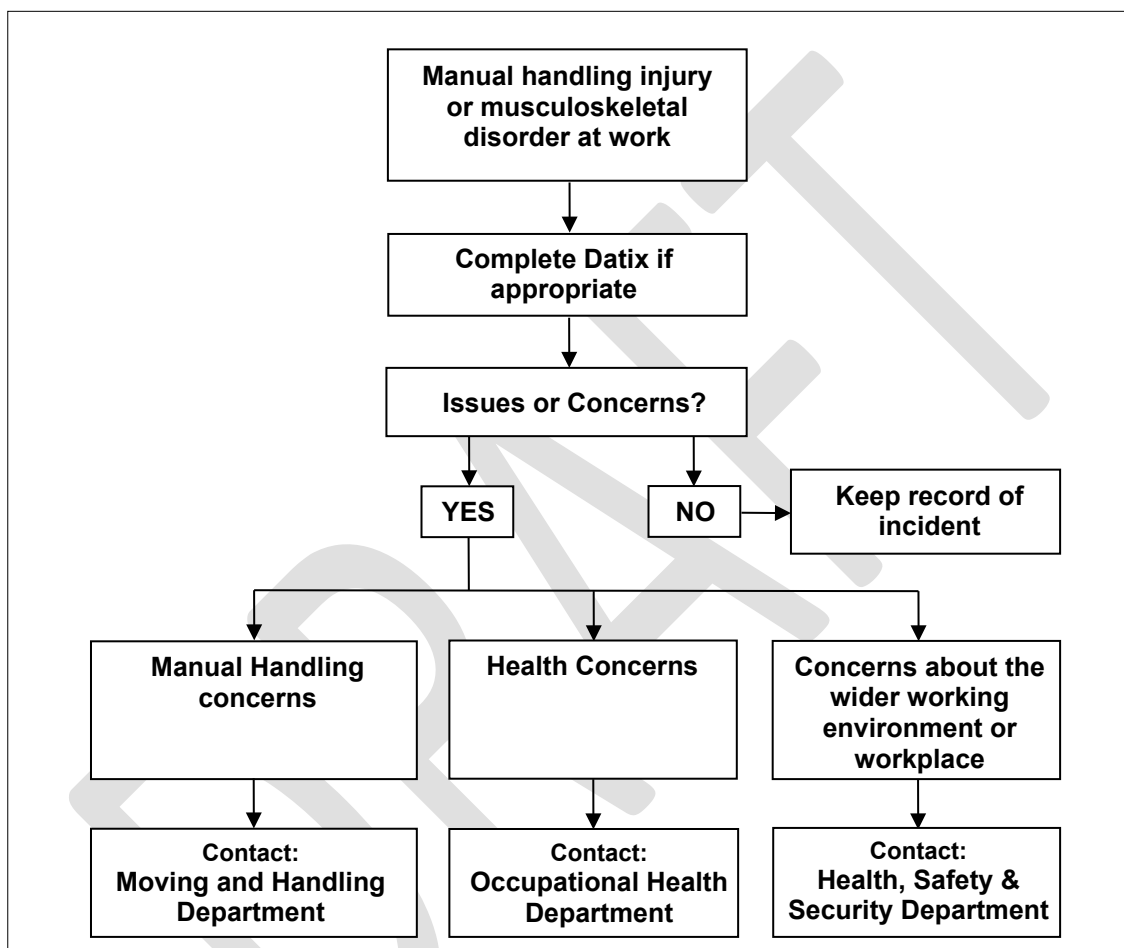
<b>Senior Nurse/Manager</b>	Name:	Signature:	<b>Date</b>	
<b>Directorate Manager or Equivalent</b>	Name:	Signature:	<b>Date</b>	

# APPENDIX 2

DRAFT



## Flowchart for staff who experience manual handling injury or musculoskeletal disorder at work



# APPENDIX 3

DRAFT

# HYWEL DDA UNIVERSITY HEALTH BOARD



## HANDLING ASSESSMENT FORM

### SECTION A: ADMINISTRATION DETAILS

<b>Primary Location:</b>	<b>Date of Review:</b> .....
<b>Secondary Location:</b>	<b>Signature of Assessor:</b> .....
<b>Precise Location:</b>	<b>Date of Review:</b> .....
	<b>Signature of Assessor:</b> .....
<b>Name of Assessor:</b>	<b>Date of Review:</b> .....
<b>Designation:</b>	<b>Signature of Assessor:</b> .....
<b>Date of Initial Assessment:</b>	<b>Date of Review:</b> .....
	<b>Signature of Assessor:</b> .....

### SECTION B: MANUAL HANDLING TASK

Description of task:
Personnel involved

### SECTION C: CURRENT RISK CONTROL MEASURES

Control measures currently in use:	Equipment currently in use:
------------------------------------	-----------------------------

## HYWEL DDA UNIVERSITY HEALTH BOARD

### Manual Handling Risk Level

In each of the sections, task, load, individual capability, environment - tick the appropriate box [yes or no]  
A 'Yes' tick indicates that further action is required to reduce the risk

#### SECTION D: ASSESSMENT OF RISK

Initial Assessment	Task	Initial Assessment	Load
Does the task involve	Yes    No	Is the load/patient	Yes    No
Holding load away from trunk		Heavy? Indicate weight [    ]	
Twisting		Body/unwieldy one side heavier > 75cm in diameter	
Stooping		Difficult to grasp – no conventional hand holds	
Reaching upwards		Unsteady/unpredictable	
Large vertical movements from floor		Harmful, e.g. sharp, hot, contaminated, patient behaviour	
Long carrying distances			
Strenuous pushing/pulling			
Initial Assessment	Individual Capability	Initial Assessment	Environment
Does the task:	Yes    No	Does the environment have:	Yes    No
Require unusual capabilities ie strength, height, age		Constraints on posture ie restricted space, low work surfaces	
Constitute a hazard to those with health problems		Poor floors, eg uneven, slippery, unstable	
Constitute a hazard to those who are pregnant		Strong air movements	
Require special information and/or training		Poor lighting conditions	
Require personal protective clothing		Hot, cold, humid condition	
Other Factors			

#### SECTION E: FREQUENCY OF TASK

Record the number of times the activity takes place during one working shift. The frequency could require additional control measures.

Frequency of activity  Number of staff involved in the task

#### SECTION F: INITIAL RISK RATING FIGURE

Initial Risk Rating Figure: (to calculate see Risk Matrix)

Potential consequence rating  x  Possible likelihood rating  = Risk Rating Figure

## HYWEL DDA UNIVERSITY HEALTH BOARD

### SECTION G: Additional Risk Control Measures Required

Additional control measures to be recorded within this box. The request for these measures should be subjected to a risk priority along with other risks within the location and will form part of a prioritised risk register

No	Risk Reduction Measures

If the above control measures are implemented, calculate the New Risk rating Figure:

Potential consequence rating  x Possible likelihood Rating  = Risk Rating Figure:

### SECTION H: Action Plan Agreed with Manager

No	Action Plan	Responsible Person	Projected Completion Date	Date Completed/ Signature

Once the above action has been implemented, calculate the final Risk Rating Figure

Potential consequence rating  x Possible likelihood rating  = Risk Rating Figure:

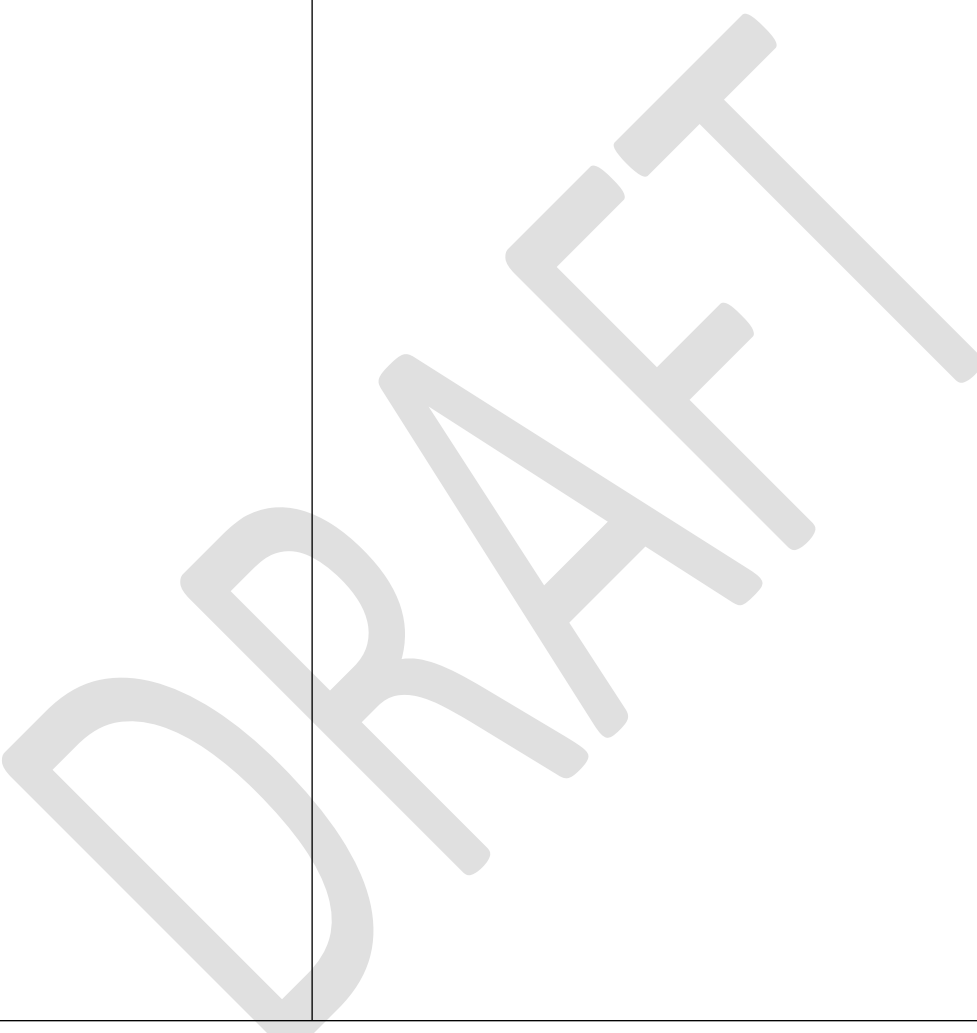
### Additional Comments

# HYWEL DDA UNIVERSITY HEALTH BOARD

## Safe System of Work

Task:.....

Area:.....

Equipment No of Staff etc	Method/Technique
	
<b>Risk Assessor:-</b> .....	
<b>Risk Assessor Signature:-</b> .....	
<b>Date:-</b> .....	

## HYWEL DDA UNIVERSITY HEALTH BOARD

### MANUAL HANDLING RISK ASSESSMENT ACTION PLAN

Risk Identified	Risk Rating	Action Recommended	Time Frame	Person Responsible	Review Date

SIGNED.....

RISK ASSESSOR:.....

MANAGERS SIGNATURE .....

## MANUAL HANDLING RISK ASSESSMENT FORM

### GUIDELINES FOR USE

**This form can be used for assessing inanimate load handling tasks or generic patient tasks.  
There is a separate Risk Assessment Form for individual/named patient handling tasks.**

The Manual Handling Operations Regulations 1992, require that tasks that involve risk should be eliminated. Only when this is not possible should an assessment be carried out to reduce the risks associated with that task to the lowest level that is reasonably practicable.

#### HAZARD

Source of potential harm or damage or a situation with potential for harm or damage

#### RISK

Is a combination of the likelihood and severity of a specified hazard occurring?

The manual Handling Operations Regulations 1992 support the Health and Safety at Work etc Act 1974. A breach of these statutory requirements is a criminal offence

#### ACCOUNTABILITY

- lies with the head of services/designated director/manager

#### RESPONSIBILITY

- day to day responsibility of managing risk lies with departmental/ward managers

The person carrying out a manual handling assessment (assessor) should be a competent member of staff who has undertaken the appropriate training in Manual Handling Risk Assessment. The assessment should be reviewed in accordance with the specified review period, whenever there is any change of following a manual handling incident. The objective of risk management is to identify and reduce the **LIKELIHOOD** of incidents occurring that could have significant consequences for staff, patients or the Trust, as far as is reasonably practicable.

There are no absolute values for incidents, but effective risk assessment, applying appropriate control measures and monitoring those measures, together with training, can help minimise the potential for injury and/or other losses. The Risk Matrix will help with this process.

**The completed form must be accessible at all times.**



**SECTION A:****Filling in the form:**

Primary Location, e.g. hospital/premises/community

Secondary Location. e.g. ward/department, clinic, residential/care facility

Precise Location, e.g. side room, store-cupboard, corridor

**SECTION B: Description of Manual Handling Task**

Write down the step by step details of the task for which the assessment applies, e.g. moving people, heavy equipment etc.

Personnel involved:

Identify the staff that are likely to be involved in the task, remember to consider students and other personnel e.g. porters, store men, nurses, care workers etc.

**SECTION C: Current Risk Control Measures**

List control measures currently in use e.g. staff training, written information/protocols. List any equipment in use in the appropriate column.

**SECTION D: Assessment of Risk**

Consider the headings Task, Patient/Load, Individual Capability and Environment. Tick the appropriate box that reflects most accurately what is involved in the manual handling task.

**SECTION E: Frequency of the Task**

Record the estimated number of times the task takes place during any one working shift. The frequency of task may identify the need for additional control measures, e.g. more than one hoist to be accessible, more appropriate equipment required etc. Make reference to the number of staff involved in the task.

**SECTION F: Initial Risk Rating Figure**

Refer to the risk matrix.

**SECTION G: Additional Risk Control Measures Required**

This part of the form is used to determine and justify the need for additional risk control measures. There will be occasions when the additional control measures required may take some time to implement. The request for these controls should form part of the Action Plan (agreed with the manager). The new Risk Rating Number will quantify the projected reduction in risk.

**SECTION H: Action Plan Agreed with the Manager**

The Action Plan is documented confirmation that the additional risk control measures have been identified and agreed with the manager. This should identify the expected completion date and confirm when controls have been implemented. A final Risk Rating Number should then be calculated.

# APPENDIX 4

NHS Number  
Hospital No.  
Forename(s)  
Surname  
Date of Birth DD / MM / YYYY  
Address






DD / MM / YYYY

Postcode:

## PATIENT HANDLING ASSESSMENT & SAFER HANDLING PLAN



TO BE COMPLETED IN BLACK INK

<b>Overall Mobility Classification</b>      <b>A B C D E</b>				<b>Fully Independent</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>Risk of Falls</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Manual Handling Risk Factors / Constraints</b> (tick if present)				Lack of comprehension / understanding <input type="checkbox"/> Disability <input type="checkbox"/>		Has confusion / agitation <input type="checkbox"/> Weakness <input type="checkbox"/>	
Lack of co-operation / compliance <input type="checkbox"/> Pain <input type="checkbox"/>				Skin lesions / wounds <input type="checkbox"/> Infusion / catheter / drain etc. <input type="checkbox"/>		Day / Night variation <input type="checkbox"/> Cultural considerations <input type="checkbox"/>	
Other e.g. traction, limb oedema (state) <input type="checkbox"/>				(Consult patients notes for detail)			

<b>Moving in bed</b> (i.e. rolling, turning & up/down bed)				<b>Staff 1 2 3 other</b>	
<b>Rolling/Turning</b>		<b>Up/down bed</b>		<b>Equipment (if reqd.)</b>	
Independent		Independent		Slide sheets	
Supervision / verbal prompt		Supervision / verbal prompt		Grab handle	
Assisted		Assisted		Other	
				Additional information: e.g. method/manoeuvre, other equipment etc.	

<b>Supine ↔ sitting on edge of bed</b>				<b>Bed Rest</b>		<b>Staff 1 2 3 other</b>	
<b>Supine to sitting on edge of bed</b>		<b>Sitting on edge of bed to supine</b>		<b>Equipment (if reqd.)</b>		<b>Additional information: e.g. method/manoeuvre, other equipment etc.</b>	
Independent		Independent		Slide sheets			
Supervision / verbal prompt		Supervision / verbal prompt		Grab handle			
Assisted		Assisted		Leg lifter			

<b>Showering</b>		<b>Equipment</b>		<b>Staff 1 2 3 other</b>	
Independent		Hi-low hygiene chair		Additional information: e.g. method/manoeuvre, other equipment etc.	
Supervision / verbal prompt		Fixed Height Shower chair			
Assisted		Shower trolley			

<b>Bathing</b>		<b>Equipment</b>		<b>Staff 1 2 3 other</b>	
Independent		Bath / Hi-low bath		Additional information: e.g. method/manoeuvre, other equipment etc.	
Supervision / verbal prompt		Bath trolley / hoist			
Assisted		Hoist & sling		Bathing sling size S M L LL XL	

Version: 1.1

Review Date:

Issue Date:

Approved by:

ADDRESSOGRAPH

# PATIENT HANDLING ASSESSMENT & SAFER HANDLING PLAN



TO BE COMPLETED IN BLACK INK

Washing		Equipment		Staff 1 2 3 other
Independent		Bed/assisted wash		Additional information: e.g. method/manoeuvre, other equipment etc.
Supervision / verbal prompt		Chair		
Assisted				

Toileting		Equipment		Staff 1 2 3 other
Independent		Toilet		Additional information: e.g. method/manoeuvre, other equipment etc.
Supervision / verbal prompt		Commode		
Assisted		Bedpan		

Walking		Equipment		Staff 1 2 3 other
Independent		Walking stick		Additional information: e.g. method/manoeuvre, other equipment etc.
Supervision / verbal prompt		Walking Frame		
Assisted		Walking Hoist		

All Transfers (i.e to/from bed, chair, commode, toilet etc.)				Staff 1 2 3 other
Independent	Equipment			Additional information: e.g. method/manoeuvre, other equipment etc.
Supervision / verbal prompt	Standing turntable	Standing Aid		
Assisted	Bed assist, stand	Transfer Board		
Active/Standing Hoist	Model:	Sling size S M L XL		
Passive Hoist	Model:	Sling size S M L LL XL		

Other Specific Risks e.g. environmental, equipment or task-related etc.		
Details		Risk Reduction Measures
Assessor Name		Date
		Mobility Classification Tool (LOCOMotor ©)

ADDITIONAL RESOURCES REQUIRED				
Resource Required	Reason/ Justification	Specification	Date Requested	Date Provided
Manager Name		Signature	Date	

Version: 1.0

Review Date: 06/12/2018

Issue Date:






Approved by:






ADDRESSOGRAPH

# PATIENT HANDLING ASSESSMENT & SAFER HANDLING PLAN



TO BE COMPLETED IN BLACK INK

SAFER HANDLING PLAN REVIEW								
Reason for Review	Routine		More assistance reqd		Less assistance reqd.		Following Incident	
Activity	Change(s) to Documented plan				Overall Mobility Classification			
					    			
Moving in Bed					A B C D E			
Getting in/out of bed								
Showering / bathing / washing								
Toileting								
Transfers								
Walking								
Other relevant information:								
Assessor Name				Signature			Date	

SAFER HANDLING PLAN REVIEW								
Reason for Review	Routine		More assistance reqd.		Less assistance reqd.		Following Incident	
Activity	Change(s) to Documented Plan				Overall Mobility Classification			
					    			
Moving in Bed					A B C D E			
Getting in/out of bed								
Showering / bathing / washing								
Toileting								
Transfers								
Walking								
Other relevant information:								
Assessor Name				Signature			Date	

Version: 1.1  
Review Date:

Issue Date:

Approved by:






ADDRESSOGRAPH

# PATIENT HANDLING ASSESSMENT & SAFER HANDLING PLAN



TO BE COMPLETED IN BLACK INK

SAFER HANDLING PLAN REVIEW					
Reason for Review	Routine	More assistance reqd	Less assistance reqd.	Following Incident	
Activity	Change(s) to Documented plan		<b>Overall Mobility Classification</b>      <b>A      B      C      D      E</b>		
Moving in Bed					
Getting in/out of bed					
Showering / bathing / washing					
Toileting					
Transfers					
Walking					
Other relevant information:					
Assessor Name			Signature		Date

SAFER HANDLING PLAN REVIEW					
Reason for Review	Routine	More assistance reqd.	Less assistance reqd.	Following Incident	
Activity	Change(s) to Documented Plan		<b>Overall Mobility Classification</b>      <b>A      B      C      D      E</b>		
Moving in Bed					
Getting in/out of bed					
Showering / bathing / washing					
Toileting					
Transfers					
Walking					
Other relevant information:					
Assessor Name			Signature		Date

Version: 1.0

Review Date: 06/12/2018

Issue Date:

Approved by:





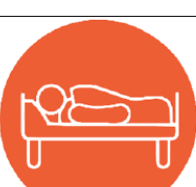
# PATIENT HANDLING ASSESSMENT & SAFER HANDLING PLAN

## Guidance Notes: Patient Handling Risk Assessment & Safer Handling Plan

**Whom should complete this assessment:** A Registered Healthcare Professional (RHP). If a suitably experienced person who is not an RHP completes the assessment form, then it must be checked and countersigned by an RHP.

**Fix Patient Addressograph:** Ensure correct addressograph is attached, if not available write patient's details in the box.

**Functional Mobility Level:** Consider the level of the patient's functional mobility i.e. what the patient is physically able to do in assisting with each task. Record this level using the Mobility classification tool (LOCOMotor ©) as detailed below **A,B,C,D or E** where indicated on the form.

Mobility Classification Tool (LOCOMotor ©)	
	<b><u>A</u></b> Ambulatory, but may use a walking stick for support Independent, can clean and dress oneself. Usually no risk of dynamic or static overload to carer. Stimulation of functional mobility is very important
	<b><u>B</u></b> Can support oneself to some degree and uses walking frame or similar. Dependant on carer in some situations. Usually no risk of dynamic overload to carer. A risk of static overload to carer can occur if not using proper equipment. Stimulation of functional mobility is very important
	<b><u>C</u></b> Is able to partially weight bear on at least one leg. Often sits in a wheelchair and has some trunk stability. Dependant on carer in many situations. A risk of dynamic and static overload to carer when not using proper aids. Stimulation of functional mobility is very important
	<b><u>D</u></b> Cannot stand and is not able to weight bear. Is able to sit if well supported. Dependant on carer in most situations. A high risk of dynamic and static overload to carer when not using proper equipment. Stimulation of functional participation is very important
	<b><u>E</u></b> Might be almost completely bedridden, can sit out only in a special chair. Always dependent on carer. A high risk of dynamic and static overload to carer when not using proper equipment. Stimulation of functional participation is not a primary goal



**Fully Independent:** If **Yes**, sign the form, no further action required. If **No**, complete the remainder of the assessment form.

**Risk of Falls:** If **High**, ensure this is taken into account when prescribing techniques or equipment for the various manoeuvres with this patient.

**Height and Weight** It is important to ensure that the size, shape and safe working load (SWL) of any aid or equipment prescribed is suitable for the patient's weight, stature and height.

**Manual Handling Risk Factors / Constraints:** This is to identify any other factors that could affect the patient's mobility, and/or may impact on patient safety or safety of the carer. Please indicate any relevant clinical conditions. For the confidentiality of forms left at the bedside please only tick here, Staff must refer to patient notes for detail.

**Sensory Factors:** Sensory deficit(s) can impact on the patient's compliance. Ensure glasses and / or hearing aid are available, functioning and used.

**Manoeuvres:** In order to ensure that the patient is handled in a consistent and safe manner, these sections should prescribe the method, level of assistance, equipment including for example the manufacturer, type and size of hoist sling used, number of staff required, etc and any other relevant information as necessary.

**Other Specialist Risk:** Additional risks along with measures taken to reduce these should be documented to reduce the risk of incident / injury. Ensure usual specialist footwear or prosthetic appliances are fitted correctly and recorded under other specific risks.

**Signature:** The RHP must complete, or at least countersign this section.

**Additional Resources:** Are additional resources are required? For instance bariatric equipment hire? If so, what resource is needed, provide justification and specification for needing it and ensure the Manager is informed.

**Reviews:** in the paper version there is space to document two reviews, after which a new form should be completed to ensure legibility, instructions are clear and risks are highlighted.

Review of the assessment should be carried out a as minimum weekly or more frequently if there is a deterioration or change in the patient's condition or following an incident or a fall.

The Patient Handling Risk Assessment & Safer Handling Plan **MUST** be communicated/sent with the patient to other wards / departments: e.g., Radiology, Theatres, etc.





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Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

# Workplace Slips, Trips & Falls Policy

**THIS IS A DRAFT DOCUMENT FOR APPROVAL PURPOSES ONLY**

**The Policy is for approval by HSAC on 2<sup>nd</sup> November 2020**

**Approved Hywel Dda University Health Board policies can be found on the [Policies and Procedures Approved section of the intranet](#)**

Policy Number:	649	Supersedes:	N/A	Classification	Corporate
Version No	Date of EqIA:	Approved by:	Date of Approval:	Date made Active:	Review Date:
V1	25/9/17	H&S EPC	20/11/2017	28/11/2020	3 years
V2	25/9/20	HASAC			3 years

Brief Summary of Document:	This policy contains information and guidance on the management of non-patient slip, trip and fall risks within Hywel Dda University Health Board.
Scope:	The scope of this policy includes all paid employees of HDUHB and all individuals who are not direct employees, but who undertake duties on any premises owned, leased or managed by HDUHB, including bank or agency staff, volunteers, contractors or suppliers working on HDUHB premises.
To be read in conjunction with:	010 Health and Safety Policy 156 Risk Management Strategy & Policy 199 Risk Management Procedure 273 Manual Handling Policy 401 Preventing Falls and Post Fall Care in In-patient Areas Policy 696 First Aid at Work Procedure
Owning Committee/ Group	Health and Safety Advisory Group

## HYWEL DDA UNIVERSITY HEALTH BOARD

Executive Director:	Mandy Rayani	Job Title	Director of Nursing, Quality and Patient Experience
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Reviews and updates		
Version no:	Summary of Amendments:	Date Approved:
1	New Policy	20/11/2017
2	3 Yearly Review	

### Glossary of terms

Term	Definition
STF	Slip, Trip or/and Fall

Keywords	Slips, Trips, Falls, STF, Non-Patient, Workplace, RIDDOR
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# HYWEL DDA UNIVERSITY HEALTH BOARD

## CONTENTS

1. INTRODUCTION.....	4
2. POLICY STATEMENT .....	4
3. SCOPE.....	4
4. AIM.....	4
5. OBJECTIVES.....	4
6. DEFINITIONS .....	4
7. RESPONSIBILITIES .....	5
8. HAZARD IDENTIFICATION AND RISK ASSESSMENT .....	6
9. INFORMATION, INSTRUCTION AND TRAINING.....	7
10. RIDDOR REPORTING.....	7
11. MONITORING AND REVIEW .....	7
12. SAFETY ADVICE .....	7
13. ACKNOWLEDGEMENTS & REFERENCE MATERIAL.....	8
14. APPENDIX 1 - SLIPS, TRIPS AND FALLS WORKPLACE CHECKLIST.....	9

# HYWEL DDA UNIVERSITY HEALTH BOARD

## 1. Introduction

The Hywel Dda University Health Board (HDUHB) has statutory obligations under the Health and Safety at Work Act (HSWA) to ensure the health and safety of all employees and anyone affected by their work, so far as is reasonably practicable. This includes taking steps to control slip, trip and fall (STF) risks.

Regulation 3 of the Management of Health and Safety at Work Regulations 1999 (MHSWR) builds on the HSWA and includes duties on employers to assess risks (including STF risks) and take action where necessary. The Workplace Health, Safety and Welfare Regulations 1992 (WHSWR) require any floor surface to be in good condition, suitable for its purpose and kept free from hazard or obstruction which may cause a person to slip, trip or fall.

## 2. Policy Statement

People should be able to move around safely. This policy outlines HDUHB's requirement to assess the risks associated with non-patient slips, trips and falls on its premises and to make provision to remove or reduce the associated risks of harm occurring.

## 3. Scope

The contents and requirements of this policy are applicable to the following groups;

- All paid employees of Hywel Dda University Health Board,
- Individuals who are not direct employees but who undertake duties on any premises owned, leased or managed by HDUHB. These may include:
  - Bank or agency staff
  - Volunteers
  - Contractors and suppliers working on HDUHB premises.

## 4. Aim

The aim of this policy is to set out the measures required to ensure that the risks of non-patient STFs in the workplace are identified and that appropriate measures are in place to reduce the risk of incidents occurring.

A recent benchmarking exercise highlighted that 53% of HDUHB notifications to the Health and Safety Executive (HSE) under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2015 (RIDDOR) over a 12 month period were as a result of a slip, trip or fall on the same level (i.e. not from height).

The main causes of STFs, both at HDUHB and in the wider workplace environment are:

- Slippery surfaces due to being wet, dusty or contaminated by other substances or fluids;
- Obstructions of passageways and aisles, either permanent or temporary;
- Uneven surfaces and changes of level such as unmarked ramps;
- Environmental conditions such as poor lighting, wet weather etc.

## 5. Objectives

The main objective of this policy is to reduce preventable workplace non-patient STF incidents through appropriate risk assessment, effective planning and positive management.

## 6. Definitions

**Slip** -To slide unintentionally for a short distance by losing balance, footing or by unintended sliding, usually resulting in either the regaining of balance or a fall.

# HYWEL DDA UNIVERSITY HEALTH BOARD

**Trip** - To make a false or unintended step or stumble over an obstacle by unintentionally making contact with that obstacle with part of the anatomy, usually resulting in the regaining of balance or a fall.

**Fall** – 1. If someone or something falls, they move quickly downwards onto or towards the ground, by accident or because of a natural force. 2. To move from a higher to a lower level, typically rapidly and without control.

## 7. Responsibilities

**All Employees** have a responsibility to ensure that the workplace is maintained in a condition that will minimise the risks of injury or ill health to others. All employees can play their part in reducing STF's in the workplace by following these simple steps, as suggested by the HSE in their publication *Preventing slips and trips at work*, INDG225(rev2) 2012:

- If you have an accident or a near miss, make sure you report it to your line manager promptly. The Health Board can use this information to prevent future accidents. (All incidents and near misses must be reported via the Datix system).
- If you see a spillage, clean it up or make arrangements for it to be cleaned.
- Report any damaged floors or mats.
- Play your part and keep the workplace tidy.
- If you see items on the floor where someone could trip over them, remove them or arrange for them to be removed or for the situation to be made safe.
- If you are given PPE, wear it and look after it. Report any faults or damage to your employer and make arrangements for a replacement.
- Tell your employer about any work situation that you think is dangerous, or if you notice that something has gone wrong with their health and safety arrangements.

**The Chief Executive** has overall responsibility for this policy, to ensure a safe working environment where reasonably practicable control measures can be applied to minimise the risks from slips, trips and falls.

**The Director of Nursing, Quality and Patient Experience** has delegated Executive Board responsibility for the management of Health and Safety and therefore operational implementation of this and other Health and Safety policies.

**Departmental and Premises Managers** are responsible for ensuring that the Workplace Slips, Trips and Falls Policy is implemented and monitored within their areas of responsibility. In particular they must identify any potential STF related hazards in their areas, risk assess any hazards identified and implement measures to control any identified risks. For specific details see Section 8. Additionally, departmental and premises managers should:

- Investigate all STF incidents ensuring that a post incident risk assessment is completed;
- Ensure good housekeeping standards are adhered to in their areas to minimise STF hazards. This includes ensuring that all articles are stored in designated areas;
- Promptly remove equipment that is not safe or suitable for its purpose;
- Raise awareness in relation to the management of STF's.

**The Head of Facilities, Estates & Capital Management** is responsible for:

- Ensuring cleaning regimes are adequately risk assessed and sufficient safety equipment is provided for employees so they may comply with the preventative and protective measures designed to reduce STF's;

## HYWEL DDA UNIVERSITY HEALTH BOARD

- Ensuring floor surfaces replaced or newly fitted as part of a modification, extension or new build comply with standards of slip resistance/surface roughness;
- Ensuring adequate control of contractors to ensure potential hazards associated with their work that may cause persons to slip, trip or fall are eliminated where possible or are adequately controlled;
- Ensuring sufficient arrangements are in place to deal promptly with leaks and other defects which may cause a person to slip and fall;
- Ensuring that arrangements are in place for gritting of external areas in the event of adverse weather conditions.

**The Health and Safety Assurance Committee** is responsible for:

- Monitoring all staff accidents and incidents, including those events and claims relating to STFs;
- Discussion of specific risks and potential escalation to the appropriate HDUHB risk register.

**The Health, Safety and Security Team** are responsible for:

- Providing advice to managers and staff on the prevention of STFs within the work environment;
- Supporting managers as required in the investigation of incidents that have occurred;
- Monitoring the environment during inspections and audits and providing advice to managers on areas of non-compliance or when hazards are identified;
- Reporting incidents to the Health and Safety Executive (HSE) as required by the Reporting of Incidents, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) as appropriate.

**The Occupational Health Departments** are responsible for:

- Providing advice and support to employees and management following slip, trip or fall injuries;
- Supporting employees to return to work or other courses of action as appropriate, taking into account both the health and wellbeing of the employee, and the needs of the service.

### 8. Hazard Identification and Risk Assessment

In line with the Management of Health and Safety Regulations and the Workplace (Health, Safety and Welfare) Regulations, HDUHB is required to assess the workplace for STF hazards and outline the control measures in place to ensure the risks of injury are removed or kept as low as possible. At HDUHB this responsibility sits with the Departmental and Premises Managers. In particular the managers must:

- Identify any potential STF related hazards within their areas of responsibility or control. The Slips, Trips and Falls Workplace Checklist in Appendix 1 can be used to assist the process of hazard identification;
- Ensure that risk assessments are undertaken for any hazards identified on the Checklist using the HDUHB general risk assessment (see 199 - Risk Management Procedure) and attaching the completed checklist to the assessment;
- Immediately implement measures to control any identified risks;
- Escalate any risks for which the controls cannot be immediately implemented to the local risk register until those controls become effective;
- Escalate any risks that cannot be controlled locally to their director for review and potential inclusion on the departmental risk register.

# HYWEL DDA UNIVERSITY HEALTH BOARD

## 9. Information, Instruction and Training

Awareness information on slips, trips and falls prevention and/or reduction is included in:

- Health Board corporate induction for new starters;
- Local induction;
- The Mandatory Health & Safety E-learning module.

In addition to the training modules, managers should make their employees aware of the findings of any STF risk assessments that have been conducted and any subsequent controls that have been put in place.

Managers should also ensure that the findings of any investigations into STF incidents and the lessons learned are shared with the relevant employees.

The HSE has a free online learning tool, called the Slips and Trips eLearning Package, referred to as 'STEP' ([www.hse.gov.uk/slips/step/start.htm](http://www.hse.gov.uk/slips/step/start.htm)). This tool is designed for both employers and workers in all sectors, providing help on assessing and managing slip and trip risks in the workplace. It provides an overview of slips and trips, how they are caused and how to prevent them, from introductory to advanced level.

## 10. RIDDOR Reporting

If an STF incident is reportable to the Health and Safety Executive (HSE) under the Reporting of Incidents, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR), the line manager must contact a member of the Health, Safety and Security Team at the earliest opportunity to ensure that the incident is promptly reported in line with statutory requirements.

## 11. Monitoring and Review

The effectiveness of this policy will be assessed by the analysis of Datix STF incident data and RIDDOR reportable data. This data will also be used to identify causal trends to allow measures to be taken to prevent future accidents. STF incidents will form part of an annual report presented to the Health, Safety and Emergency Planning Sub-Committee.

The Health, Safety and Security Team will monitor and review this policy on a three-yearly basis (or sooner in light of changes in legislation or practice). This will provide a measurement of performance and ensure adequate processes and structures are in place, as well as continuing compliance with statutory responsibilities.

## 12. Safety Advice

Advice on safety issues associated with flooring and slip, trip and fall risks can be obtained from a number of sources as follows:

Health, Safety and Security Department:

- Head of Health, Safety and Security 01437 773771 (WGH)
- Health and Safety Manager 01267 227334 (GGH)
- Health, Safety and Security Officer 07929 832707 (CICC)
- Health, Safety and Security Officer 07811 711426 (PPH)

Occupational Health:

- Bronglais Hospital 01970 635811
- Prince Philip Hospital 01554 783518
- Glangwili Hospital 01267 227338
- Withybush Hospital 01437 773215



# HYWEL DDA UNIVERSITY HEALTH BOARD

To report defective flooring, please contact your local Maintenance Help Desk:

- Bronglais Hospital 01970 623131 ext 5770
- Prince Philip Hospital 01554 783689 ext 3689
- Glangwili Hospital 01267 235151 ext 2942
- Withybush Hospital 01437 764545 ext 3463

## 13. Acknowledgements & Reference Material

The following reference sources have been used in the compilation of this Workplace Slips, Trips & Falls Policy:

- Workplace Slips, Trips & Falls Policy, Portsmouth Hospitals NHS Trust, 2013
- Slips, Trips & Falls Policy (Staff), East Cheshire NHS Trust, 2015
- Slips, Trips & Falls Policy (Staff), Wirral Community NHS Trust, 2013
- Slips, Trips & Falls Policy for Staff, Visitors and Contractors, Worcester Acute Hospitals NHS Trust, 2015
- Slips, Trips & Falls Policy for Employees, Worcestershire Health & Care NHS Trust, 2014
- Preventing slips and trips at work, A brief guide, HSE Guidance INDG225(rev2), 2012
- Slips and Trips, Hazard spotting checklist, HSE Checklist CK4), 2013
- Preventing slips and trips in kitchens and food service, HSE Information Sheet No.6 CAIS6(rev2), 2012
- Assessing the slip resistance of flooring, HSE Technical Information Sheet GEIS2, 2012
- Slips and trips: The importance of floor cleaning, HSE Information Sheets Slips and Trips 2, 2005
- Framework/ Strategy for Managing Slips, Trips and Falls, Louise Jenkins, Clinical Specialist Physiotherapist Occupational Health, HDUHB, 2017

Relevant law:

- Health and Safety at Work etc Act 1974
- Management of Health and Safety at Work Regulations 1999
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
- Workplace (Health, Safety and Welfare) Regulations 1992
- Provision and Use of Work Equipment Regulations 1998
- Construction (Design and Management) Regulations 2015
- Personal Protective Equipment at Work Regulations 2002
- Work at Height Regulations 2005

Further information is available on the HSE website:

<http://www.hse.gov.uk/slips/index.htm>



# HYWEL DDA UNIVERSITY HEALTH BOARD

## 14. Appendix 1 - Slips, Trips and Falls Workplace Checklist

Hospital Site:			
Ward / Department:			
Area being assessed			
Name of Assessors:			
Job Titles:			
Contact Telephone:		Date:	

Hazard	Please tick if hazard relevant to area being assessed	
	Yes	No
Loose flooring		
Loose and worn mats / carpets		
Uneven indoor / outdoor surfaces		
Holes / cracks / pot holes		
Bumps / ridges / protruding nails		
Spills and splashes of liquids, solids or dusts		
Presence of mists, smoke, dust or vapour clouds		
Unsigned / unguarded wet floors (e.g. following cleaning)		
Cleaning at unsuitable times		
Unsuitable footwear		
Adverse weather (e.g. rain, sleet, snow or loose leaves)		
Change from a wet to dry surface (footwear still wet)		
Passageways with heavy pedestrian / trolley traffic use		
Unsuitable floor surface / covering		
Dusty / dirty floors		
Accumulation of waste		
Low wall and floor fixtures		
Filing systems or drawers that can open at ground level		
Poor location of electrical and telephone sockets		
Items stored on floor - lack of storage		
Unmarked sloping surfaces		
Lack of hand rails on severe slopes / steps / stairs		
Grab rails are suitable and sufficient for purpose		
Equipment not stowed appropriately		
Unsecured cables, service pipes or conduits		
Use of extension leads		
Unguarded floor openings		
Unsuitable lighting levels		
Distracting noises / levels		
Vulnerable staff (e.g. poor eyesight, general health, fatigue, lack of care etc.)		

If the 'YES' box has been ticked, please confirm what control measures are being implemented by completing the HDUHB general risk assessment document and attaching this completed checklist to the assessment.

**These forms are designed for use with the NHS Centre for Equality and Human Rights Toolkit for Equality Impact Assessment.**

**You can access the toolkit from the Policies and Procedures Pages of the Hywel Dda Intranet site.**

**The Toolkit must be followed when completing these forms.**

When undertaking an Equality Impact Assessment, it is recommended that the following 5 questions are used as a guide to formulate the basis of the report:-

- What is the purpose of the policy/change/decision? – outline in EqIA
- Have those affected by the policy/decision been involved?– state who and how
- Have potential positive and negative impacts been identified?– state what they are
- Are there plans to alleviate any negative impact? – give outline of plans
- Are there plans to monitor the actual impact of the proposal? – give outline of plans

Further advice on how to use the Toolkit and undertake an Equality Impact Assessment can be provided by Jackie Hooper, Equality and Diversity Advisor, c/o Human Resources Dept, Glangwilli General Hospital - TEL 01267 227015 ( Direct Line)

## 1.1. Form 1 : Preparation

1.	What are you equality impact assessing?	<b>Manual Handling Policy</b> <b>Review August 2020</b>
2.	Policy Aims and Brief Description	Provides a framework for the provision of manual handling systems and processes for Hywel Dda University Health Board
3.	Who is responsible for the Policy/work?	J. Bryant, Moving and Handling Co-ordinator
4.	Who is Involved in undertaking this EqIA?	Jeni Bryant – Manual Handling Lead Jane Whalley, Equality and Diversity Officer Jackie Hooper, Equality and Diversity Advisor  <b>Review Aug 2020</b> Lorraine Dawson - Manual Handling Lead Jackie Hooper – Senior Equality and Diversity Officer, Strategy, Policy and Advice
5.	Is the Policy related to other Policies/areas of work?	All Wales NHS Manual Handling Training Passport and Information Scheme 2019 Health and Safety Policies Organisational Induction Policy Maintenance Policy Infection Control Policy Tissue Viability Policy Dress Code Policy Health & Safety at Work Act 1974 Management of Health & Safety at Work Regs 1999 Manual Handling Operations Regulations 1992 (amended 2002)

		Provision and Use of Work Equipment Regulations 1998 Lifting Operations Lifting Equipment Regulation 1998 Guide to the handling of people Manual Handling in the Health Service 1998 Workplace (Health, Safety & Welfare) Regulations 1992
6.	<b>Stakeholders</b>	All Staff Patients Voluntary workers Suppliers/Service engineers Contractors
7.	<b>What might help/hinder the success of the Policy?</b>	The main factors that affect the outcome of this policy are:- Lack of resources Lack of time Lack of training for managers to control risk in the area of responsibility Lack of support from managers  Staff may not follow guidance Staff not being up to date with their training therefore not using the equipment safely

## 1.2. Form 2 : Information Gathering

	Race	Disability	Gender	Sexual Orientation	Age	Religion Belief	Welsh Language
Is the policy relevant to the public specific duties relating to each equality strand? Tick as appropriate (for a definition of Relevance, refer to Page 22)							
In other words, should the Policy:	Yes	Yes	Yes	Yes	Yes	Yes	
• eliminate discrimination and eliminate harassment in relation to:							
• promote equality of opportunity in relation to:	Yes	Yes	Yes	Yes	Yes	Yes	Yes
• promote good relationships and positive attitudes in relation to:	Yes	Yes	Yes	Yes	Yes	Yes	Yes
• encourage participation in public life in relation to:							
In relation to disability only, should the Policy take account of difference, even if it involves treating some individuals more favourably?		Yes					

The Human Rights Act contains 15 rights, all of which NHS organisations have a duty to act compatibly with and to respect, protect and fulfil. The 6 rights that are particularly relevant to healthcare are listed below. For a fuller explanation of these rights and other rights in the Human Rights Act please refer to **Appendix A: The Legislative Framework**.

Depending on the Policy you are considering, you may find the examples below helpful in relation to the Articles.

	Yes	No
<b>Consider, is the Policy relevant to:</b>		
<b>Article 2 : The right to life</b>  <b>Examples:</b> The protection and promotion of the safety and welfare of patients and staff; issues of patient restraint and control	Yes	
<b>Article 3 : The right not be tortured or treated in an inhuman or degrading way</b>  <b>Examples:</b> Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; Issues of patient restraint and control	Yes	
<b>Article 5 : The right to liberty</b>  <b>Examples:</b> Issues of patient choice, control, empowerment and independence; issues of patient restraint and control	Yes	
<b>Article 6 : The right to a fair trial</b>  <b>Example:</b> issues of patient choice, control, empowerment and independence	Yes	

	Yes	No
<b>Article 8 : The right to respect for private and family life, home and correspondence; Issues of patient restraint and control</b>  <b>Examples:</b> Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; the right of a patient or employee to enjoy their family and/or private life	Yes	
<b>Article 11 : The right to freedom of thought, conscience and religion</b>  <b>Examples:</b> The protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers	Yes	

Equality Strand	Information Gathered
Race	<p><b>No evidence gathered to indicate a negative impact</b></p> <p>The Moving and Handling policy promotes and encourages good safe working practices for everyone.</p>
<p><b>Disability</b> (including mental health and people diagnosed as clinically obese)</p>	<p>The Moving and Handling policy promotes and encourages good safe working practices for everyone.</p> <p>A bariatric patient will be defined as anyone regardless of age, who has limitations in health and social care due to their weight, physical size, shape, width, health, mobility, tissue viability and environmental access with one or more of the following area'</p> <p>1.1 Has a Body Mass Index (BMI) &gt; 40 kg/m<sup>2</sup> and or are 40kg above ideal weight for height (NICE 2004)</p> <p>1.2 Exceeds the Working load limit (WLL) and dimensions of the support surface such as a bed, chair, wheelchair, couch, Trolley, toilet, mattress</p> <p><b>Is there an assessment of this patient and if so what is the decision?</b></p> <p><b>Is there a different policy for moving/manual handling these patients?</b></p> <p><b>This is being addressed by developing supporting guidance for bariatric patients</b></p> <p>There is the potential for an adverse impact, where staff have a disability, for example back/shoulder pain. This is addressed via the risk assessment process, Manual Handling Team advice, Occupational health dept. and incident reporting</p> <p>Staff may require the policy in large print/Braille/other formats and this should be provided where needed</p>
Gender	<p><b>No evidence gathered to indicate a negative impact</b></p> <p>The Moving and Handling policy promotes and encourages good safe working practices for everyone.</p>



<b>Sexual Orientation</b>	<p><b>No evidence gathered to indicate a negative impact</b></p> <p>The Moving and Handling policy promotes and encourages good safe working practices for everyone.</p>
<b>Age</b>	<p><b>No evidence gathered to indicate a negative impact</b></p> <p>The Moving and Handling policy promotes and encourages good safe working practices for everyone.</p>
<b>Religion or Belief</b>	<p><b>No evidence gathered to indicate a negative impact</b></p> <p>The Moving and Handling policy promotes and encourages good safe working practices for everyone.</p>
<b>Welsh Language</b>	<p><b>No evidence gathered to indicate a negative impact</b></p> <p>The Moving and Handling policy promotes and encourages good safe working practices for everyone.</p> <p>The policy will be available in Welsh.</p>
<b>Equality Strand</b>	
<b>Human Rights</b>	<p><b>No evidence gathered to indicate a negative impact. It is designed to uphold the right to life in aiming to minimise the risk of injury.</b></p> <p>The Moving and Handling policy promotes and encourages good safe working practices for everyone.</p>
<b>Gender Reassignment</b> (People who are having or have had a sex change, transvestites and transgender people)	<p><b>No evidence gathered to indicate a negative impact</b></p> <p>The Moving and Handling policy promotes and encourages good safe working practices for everyone.</p>
<b>Marriage and Civil Partnership</b>	<p><b>No evidence gathered to indicate a negative impact</b></p> <p>The Moving and Handling policy promotes and encourages good safe working practices for everyone.</p>

**Pregnancy and Maternity**

A change in health status for example, pregnancy, should result in an assessment of competence being undertaken by the manager and if necessary reported to the Occupational Health

The Moving and Handling policy promotes and encourages good safe working practices for everyone.

## 1.3. Form 3 : Assessment of Relevance and Priority

<b>Equality Strand</b>	<b>Evidence: Existing Information to suggest some groups affected. Gathered from Step 2. (See Scoring Chart A)</b>	<b>Potential Impact: Nature, profile, scale, cost, numbers affected, significance. Insert one overall score (See Scoring Chart B)</b>	<b>Decision: Multiply 'evidence' score by 'potential impact' score. (See Scoring Chart C)</b>
<b>Race</b>	<b>3</b>	<b>3</b>	<b>9</b>
<b>Disability</b> (Including mental health and people diagnosed as clinically obese)	<b>3</b>	<b>3</b>	<b>9</b>
<b>Gender</b>	<b>3</b>	<b>3</b>	<b>9</b>
<b>Sexual Orientation</b>	<b>3</b>	<b>3</b>	<b>9</b>
<b>Age</b>	<b>3</b>	<b>3</b>	<b>9</b>
<b>Religion or Belief</b>	<b>3</b>	<b>3</b>	<b>9</b>

<b>Welsh Language</b>	<b>3</b>	<b>3</b>	<b>9</b>
<b>Equality Strand</b>	<b>Evidence: Existing Information to suggest some groups affected. Gathered from Step 2. (See Scoring Chart A)</b>	<b>Potential Impact: Nature, profile, scale, cost, numbers affected, significance. Insert one overall score (See Scoring Chart B)</b>	<b>Decision: Multiply 'evidence' score by 'potential impact' score. (See Scoring Chart C)</b>
<b>Human Rights</b>	<b>3</b>	<b>3</b>	<b>9</b>
<b>Marriage and Civil Partnership</b>	<b>3</b>	<b>3</b>	<b>9</b>
<b>Pregnancy and Maternity</b>	<b>3</b>	<b>3</b>	<b>9</b>
<b>Gender Reassignment</b> (People who are having or have had a sex change, transvestites and transgender people)	<b>3</b>	<b>3</b>	<b>9</b>

**Scoring Chart A: Evidence Available**

3	Existing data/research
2	Anecdotal/awareness data only
1	No evidence or suggestion

**Scoring Chart B: Potential Impact**

-3	High negative
-2	Medium negative
-1	Low negative
0	No impact

**Scoring Chart C: Impact Decision**

-6 to -9	High Impact (H)
-3 to -5	Medium Impact (M)
-1 to -2	Low Impact (L)
0	No Impact (N)


+1	Low positive
+2	Medium positive
+3	High positive

1 to 9	Positive Impact (P)

**1.4. Form 4 : Examine the Information Gathered So Far**

<b>1.</b>	<b>Do you have adequate information? Refer to Form 2 : Information Gathering for assistance</b>	Yes
<b>2.</b>	<b>Can you proceed with the Policy during EqIA?</b>	Yes
<b>3.</b>	<b>Does the information collected relate to all equality strands?</b>	Yes
<b>4.</b>	<b>What additional information (if any) is required?</b>	None
<b>5.</b>	<b>How are you going to collect any additional information needed? State which representative bodies you will be liaising with in order to achieve this</b>	N/a

## 1.5. Form 5 : Judge/Assess the Potential Impact of the Policy across the Equality Strands

	Information gathered on Forms 2 and 4	Consider the likely/potential impact of the evidence	Positive	Differential	Negative
<b>Age</b>	No evidence gathered to indicate a negative impact.	The Moving and Handling policy promotes and encourages good safe working practices for everyone		X	
<b>Disability</b> (Including mental health and people diagnosed as clinically obese)	No evidence gathered to indicate a negative impact.	The Moving and Handling policy promotes and encourages good safe working practices for everyone		X	
<b>Gender</b>	No evidence gathered to indicate a negative impact	The Moving and Handling policy promotes and encourages good safe working practices for everyone		X	
<b>Race</b>	No evidence gathered to indicate a negative impact	The Moving and Handling policy promotes and encourages good safe working practices for everyone		X	
<b>Religion or Belief</b>	No evidence gathered to indicate a negative impact	The Moving and Handling policy promotes and encourages good safe working practices for everyone		X	
<b>Sexual Orientation</b>	No evidence gathered to indicate a negative impact	The Moving and Handling policy promotes and encourages good safe working practices for everyone		X	

<b>Welsh Language</b>	<b>No evidence gathered to indicate a negative impact</b>	The Moving and Handling policy promotes and encourages good safe working practices for everyone		x	
<b>Human Rights</b>	<b>No evidence gathered to indicate a negative impact.</b>	The Moving and Handling policy promotes and encourages good safe working practices for everyone		X	
<b>Gender Reassignment</b> (People who are having or have had a sex change, transvestites and transgender people)	<b>No evidence gathered to indicate a negative impact</b>	The Moving and Handling policy promotes and encourages good safe working practices for everyone		X	
<b>Marriage or Civil Partnership</b>	<b>No evidence gathered to indicate a negative impact</b>	The Moving and Handling policy promotes and encourages good safe working practices for everyone		X	
<b>Pregnancy and Maternity</b>	<b>No evidence gathered to indicate a negative impact.</b>	The Moving and Handling policy promotes and encourages good safe working practices for everyone		X	



**1.6. Form 6 : Consider Any Alternatives to the Policy which will Reduce or Eliminate any Negative Impact**

<b>1.</b>	<b>Describe any mitigating actions taken to reduce negative impact</b>	N/a
<b>2.</b>	<b>Is there a handling strategy for any unavoidable but not unlawful negative impacts that cannot be mitigated?</b>	N/a
<b>3.</b>	<b>Describe any actions taken to maximise the opportunity to promote equality, ie: changes to the Policy, regulation, guidance, communication, monitoring or review</b>	n/a
<b>4.</b>	<b>What changes to the Policy have been made as a result of conducting this EqIA?</b>	None

## 1.7. Form 7 : Outcome Report

<b>Organisation:</b>	Hywel Dda Health Board
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<b>Proposal Sponsored by:</b>	<b>Name:</b>	Review 2020 – Lisa Gostling
	<b>Title:</b>	Director of Workforce and OD
	<b>Department:</b>	Workforce and OD

<b>Policy Title:</b>	Manual Handling Policy
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<b>Brief Aims and Objectives of Policy:</b>	The implementation of this policy will ensure a suitable framework exists within Hywel Dda Health Board to manage risks associated with manual handling. This in turn, will protect and promote the health and well being of all employees and service users, whilst providing optimal care for our patients.
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<b>Was the decision reached to proceed to full Equality Impact Assessment?:</b>		No ✓
	<b>Record Reasons for Decision:</b> The policy is designed to protect and ensure the safety of all individuals, irrespective of any protected characteristic and taking into account individual needs. .	
	<b>Review August 2020</b> No changes have been made to the policy which would impact adversely on protected groups in relation to single or multiple protected characteristics. . No complaints have been received in relation to equality, diversity or human rights since implementation of the original policy.	
	An updated search of similar policies elsewhere indicated a positive or neutral impact on protected groups.	

	<a href="https://www.google.co.uk/search?q=Manual+Handling+Policy+nhs+wales+equality+impact+assessment+&amp;oq=Manual+Handling+Policy+nhs+wales+equality+impact+assessment+&amp;gs_l=psy-ab.12...4951.6757.0.8903.12.9.0.0.0.0.446.1495.3-3j1.4.0....0...1.1.64.psy-ab..8.2.715...33i21k1j33i160k1.QnkT4rqXDoY">https://www.google.co.uk/search?q=Manual+Handling+Policy+nhs+wales+equality+impact+assessment+&amp;oq=Manual+Handling+Policy+nhs+wales+equality+impact+assessment+&amp;gs_l=psy-ab.12...4951.6757.0.8903.12.9.0.0.0.0.446.1495.3-3j1.4.0....0...1.1.64.psy-ab..8.2.715...33i21k1j33i160k1.QnkT4rqXDoY</a>	
If no, are there any issues to be addressed?		No ✓
	Record Details:	

Is the Policy Lawful?	Yes ✓	
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Will the Policy be adopted?	Yes ✓	
	If no, please record the reason and any further action required:	

Are monitoring arrangements in place?	Yes ✓	No ●
	<p>Refer to Action Plan (Form 8) Any complaints received regarding the implementation of the policy around issues of equality and diversity will be addressed appropriately on an individual basis. Data used from Incident forms act as a source for assessing the effectiveness of this Policy</p> <p>Occupational Health department and Human Resources department used to identify numbers of musculoskeletal (MSI) injuries and trends</p> <p>Following a near miss, incident, or accident, the Datix/IR1 Form should be completed within 24 hours and forwarded to the Line Manager who is</p>	

	<p>responsible for investigating the incident and taking the appropriate action. The Moving &amp; Handling Co-ordinators may need to advise further action.</p> <p>The Moving &amp; Handling Incident and Accident statistics will be collated and presented as part of the annual Moving &amp; Handling Report.</p>
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<b>Who is the Lead Officer?</b>	<b>Name:</b>	J Bryant Review 2020
	<b>Title:</b>	<b>Moving &amp; Handling Co-ordinator</b>
	<b>Department:</b>	<b>Moving and Handling</b>
<b>Review Date of Policy:</b>	<b>Three yearly</b>	

<b>Signature of all parties:</b>	<b>Name</b>	<b>Title</b>	<b>Signature</b>
	J Bryant	Moving and Handling Co-ordinator	<i>Jeni Bryant</i> <b>August 2020</b>
	Jane Whalley	Equality and Diversity Officer	
	Jackie Hooper	Equality and Diversity Advisor  Senior Equality and Diversity Officer, Strategy, Policy and Advice	

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**Please Note: An Action Plan should be attached to this Outcome Report prior to signature**  
**No action plan required as no negative impact has been identified.**

### 1.8. Form 8 : Action Plan

You are advised to use the template below to detail any actions that are planned following the completion of EQiA. You should include any remedial changes that have been made to reduce or eliminate the effects of potential or actual negative impact, as well as any arrangements to collect data or undertake further research. **This Action Plan should be completed in conjunction with the Outcome Report.**

	Response	Proposed Actions	Lead Officer Identified	Timescale	Progress
1. Will the Policy be adopted?	Yes				
2. If No please give reasons and any alternative action(s) agreed:  (If the Policy is not to be adopted please proceed to step 9).					
3. How will the Policy be monitored?					
4. What monitoring data will be collected?					
5. How will this data be collected?					

	Response	Proposed Actions	Lead Officer Identified	Timescale	Progress
<b>6. When will the monitoring data be analysed?</b>					
<b>7. Who will analyse the data?</b>					
<b>8. What changes have been made to the Policy as a result of EqIA?</b>					
<b>9. Where a Policy may have differential impact on certain groups, state what arrangements are in place or are proposed to mitigate these impacts?</b>					
<b>10. Justification: for when a policy may have a negative impact on certain groups, but there is good reason not to mitigate</b>					

	Response	Proposed Actions	Lead Officer Identified	Timescale	Progress
11. Provide details of any actions planned or taken to promote equality					
12. Describe the arrangements for publishing the EqlA Outcome Report					
13. When will the Policy be subject to further Review?					



## Flowchart of EqIA Stages and Process

