



# Health and Safety Policy (Appendix A) Minimal Lifting Policy

<b>DOCUMENT INFORMATION</b>	
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## 1. Introduction

- 1.1 The South Central Ambulance Service NHS Foundation Trust recognises its duty to comply with the Health and Safety at Work Act (HSWA) 1974 and all subordinate regulations, such as the Management of Health and Safety at Work Regulations 1992 (Amended 1999) and the Manual Handling Operations Regulations 1992 (Amended 2015). Therefore, the Trust is committed to ensuring, so far as is reasonably practicable, the health, safety and welfare of all of its employees and will do all that is reasonably practicable to protect staff and patients within its care from manual handling hazards.
- 1.2 The Trust is also committed to avoiding, so far as reasonably practicable, all hazardous manual handling activities and where it is not possible to do this carrying out suitable and sufficient manual handling risk assessments to reduce the risk of injury so far as is reasonably practicable.

## 2. Scope

- 2.1 This policy applies to all who work for or carry out work on behalf of the Trust, including volunteers and work experience students. It also applies to all patients within the care and control of the Trust and any contractors and visitors who may be affected by the activities of the Trust.

## 3. Equality statement

- 3.1 The Trust is committed to promoting positive measures that eliminate all forms of unlawful or unfair discrimination on the grounds of age, marriage and civil partnership, disability, race, gender, religion/belief, sexual orientation, gender reassignment and pregnancy/maternity or any other basis not justified by law or relevant to the requirements of the post. The Trust will therefore take every possible step to ensure that this procedure is applied fairly to all employees regardless of the afore mentioned protected characteristics, whether full or part time or employed under a permanent or a fixed term contract or any other irrelevant factor.
- 3.2 By committing to a policy encouraging equality of opportunity and diversity, the Trust values differences between members of the community and within its existing workforce, and actively seeks to benefit from their differing skills, knowledge, and experiences in order to provide an exemplary healthcare service. The Trust is committed to promoting equality and diversity best practice both within the workforce and in any other area where it has influence.
- 3.3 Where there are barriers to understanding; for example, an employee has difficulty in reading or writing, or where English is not their first language, additional support will be put in place wherever necessary to ensure that the process to be followed is understood and that the employee is not disadvantaged at any stage in the procedure. Further information on the support available can be sought from the HR Department.

## 4. Aim

- 4.1 The aim of the policy is to set out the arrangements for the identification, assessment and management of the manual handling hazards and risks to staff and patients (within its care and control); and contractors and visitors affected by the activities of the Trust and to provide and maintain a safe working environment.



4.2 The objectives are to ensure that the Trust has clear and defined arrangements for:

- the identification of manual handling hazards
- the carrying out of suitable and sufficient risk assessments on hazardous manual handling
- the introduction and maintenance of controls to reduce the potential for injury from identified manual handling hazards
- the management and control of risks from identified manual handling hazards
- the regular review of these risk assessments.

## **5. Roles and Responsibilities**

### **5.1 Trust Board**

5.1.1 The Trust Board will ensure that there suitable and sufficient arrangements and adequate resources for the identification, assessment and management and control of the risks to staff and patients (within its care), volunteers, work experience students, contractors and visitors (affected by the activities of the Trust) from manual handling hazards.

### **5.2 Chief Executive**

5.2.1 The Chief Executive has overall responsibility for:

- the effective implementation of this policy within the Trust and for ensuring that there are suitable and sufficient arrangements for identification, assessment and management and control of the risks to staff and patients (within its care), volunteers, work experience students, contractors and visitors to the Trust from manual handling hazards.
- ensuring the allocation of sufficient resources to maintain efficient and effective health and safety arrangements to provide and maintain a safe working environment and prevent manual handling hazards and incidents
- ensuring that policies are reviewed to secure compliance with existing legislation and any changes to this legislation.

### **5.3 Executive Directors**

5.3 Executive Directors are responsible for the effective implementation of this policy within their directorates and for ensuring that there are adequate resources available to fulfil the requirements of this policy.

### **5.4 Director of Patient Care and Service Transformation**

5.4.1 The Director of Patient Care and Service Transformation is directly accountable to the Chief Executive and will advise and assist the Trust Board in fulfilling its duties



under the relevant statutory legislation. In particular, the Director of Patient Care and Service Transformation is responsible for:

- ensuring that workplace health, safety and welfare procedures are constantly reviewed
- ensuring that there are arrangements for liaising with the Health and Safety Executive (HSE)
- ensuring that the Trust Board are kept abreast of relevant new legislation and guidance in order to ensure on-going compliance with the law.

## **5.5 Managers and Supervisors**

5.5.1 Managers and supervisors' responsibilities include:

- attending any training to enable them to fulfil their responsibilities outlined in this policy
- bringing this policy to the attention of staff within their area of responsibility
- ensuring that all staff within their area of responsibility attend initial manual handling training and refresher manual handling training
- encouraging staff within their area of responsibility to report all manual handling issues and incidents using the Trust's Incident reporting system, Datix
- carrying out or arranging for the carrying out of suitable and sufficient risk assessments on manual handling activities; and any revisions to these assessments
- communicating the significant findings of these assessments to the staff within their areas of responsibility
- making arrangements to ensure, so far as is reasonably practicable, that all identified controls and further controls identified by the assessment and any subsequent reviews are put into place
- making arrangements to ensure that all of the staff within their area of responsibility receive appropriate information, instruction and training about the significant hazards and risks associated with the work they carry out for the Trust; and how to avoid such problems and what to do if problems occur
- bringing all relevant safe systems of work or safe operational procedures to prevent injury from manual handling hazards and activities to the attention of the staff within their area of responsibility;
- ensuring that staff within their area of responsibility abide by any safe systems of work or safe operating procedures in relation to manual handling
- arranging for the investigation of any matters raised by the staff within their area of responsibility and any incidents involving manual handling; including arranging for the carrying out any revisions to the risk assessments
- notifying the Risk Department immediately of any staff within their area of responsibility who inform them that they are any experiencing health related problems associated with the work that they carry out for the Trust
- where necessary, referring any staff to Occupational Health for assessment.

## **5.6 All staff**

5.6.1 Staff have the following responsibilities:

- to make themselves fully aware of the policy and to abide by it



- to comply with any information, instruction and training provided for them to carry out their work safely and avoid manual handling incidents
- to maintain a level of fitness commensurate with the work they are employed to carry out (a good standard of general fitness can help reduce injuries from manual handling activities)
- to report to their manager (in confidence) any personal condition which may be detrimentally affected by any manual handling activity or have an effect on their ability to carry out manual handling tasks safely
- to take reasonable care for their own health and safety and that of others who may be affected by their acts or omissions
- to carry out a dynamic risk assessment, including a TILE assessment, before carrying out any manual handling activity and to request assistance from the Clinical Contact Centre where necessary
- to co-operate with the Trust in relation to the completion of any risk assessment on the work they carry out for the Trust
- to utilise any equipment provided to aid and support safe manual handling and thereby reduce the risk of manual handling incidents
- to adhere to any safety measures put in place to ensure their safety, including any safe systems of work or safe operating procedures
- to notify their manager immediately if they are pregnant or are a new Mother so that a risk assessment can be carried out in accordance with the Trust's New or expectant mother's policy. Upon notification that they are pregnant, Operations staff will immediately be taken off front line duties and deployed to alternative duties.
- to notify their manager of any work-related problems they are experiencing whilst carrying out their work for the Trust; and if it cannot easily be resolved to report any health and safety related concerns using the Trust's incident reporting system, Datix
- to report any manual handling incidents arising from the carrying out of their work using the Trust's incident reporting system, Datix. This includes reporting any incidents involving patients, contractors or visitors who have been affected by their work and which has resulted in a manual handling incident
- to report any defective manual handling equipment using the Trust's Incident reporting system, Datix
- to attend the Occupational Health department, if referred by their manager because of possible work-related problems associated with the work they carry out for the Trust.

## **5.7 Head of Risk and Security**

- 5.7.1 The Head of Risk and Security will be responsible to the Director of Patient Care and Service Transformation for the development of effective health and safety policies and procedures to assist the Trust in providing a safe environment for staff and patients and thereby help to prevent manual handling incidents. This should also help to reduce the numbers of manual handling and patient handling incidents reported and the number of potential claims.
- 5.7.2 The Head of Risk and Security will also carry out or assist with the carrying out of suitable and sufficient risk assessments on hazardous manual handling tasks. They will also advise managers and staff on the manual hazards associated with their work and what should be considered in any associated risk assessment.



- 5.7.3 The Head of Risk and Security will ensure that there are arrangements in place for the reporting of all notifiable manual handling injuries in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR) 2013 to the Health and Safety Executive (HSE) within the specified timeframes.

## **5.8 Non-Clinical Risk Manager**

- 5.8.1 The Non-Clinical Risk Manager will assist and support the Head of Risk and Security and the Trust by carrying out or assisting with the carrying out of suitable and sufficient risk assessments on hazardous manual handling tasks.
- 5.8.2 The Non-Clinical Risk Manager will provide specialist advice to line managers and teams by:
- Supporting investigations, safety audits and inspections. Developing a comprehensive risk assessment register and associated safe systems of work
  - Instigating and monitoring area wide action plans arising from the risk assessment process as necessary
  - Analysing manual handling related incidents for reporting to the Health, Safety and Risk Group
  - Raising awareness of the risks associated with manual handling through campaigns, articles in Staff Matters and possible Hot News bulletins.
- 5.8.3 The Non-Clinical Risk Manager will also ensure that all reported manual handling incidents which are notifiable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013 are reported to the Health and Safety Executive (HSE) within the specified timeframes.

## **5.9 Clinical Coordination Centre (CCC)**

- 5.9.1 The Clinical Coordination Centre will, upon receiving a request from Operational Crews for manual handling assistance, endeavour to arrange support by deploying additional equipment or resources.
- 5.9.2 A central record of vehicle location and equipment is held at each Clinical Coordination Centre (CCC).

## **5.10 Equipment and Vehicle Review Group**

- 5.10.1 The Trust, via the Equipment and Vehicle Review Group (EVRG), will continually seek to improve the range of equipment supplied to mechanise and minimise the risk from manual handling. As such, the EVRG will review and evaluate all new equipment, including manual handling equipment, that could potentially be used within the Trust.
- 5.10.2 The EVRG will also review and evaluate all new equipment purchased by the Trust and ensure that a suitable and sufficient risk assessment on the use and operation of this equipment is carried out.



## 5.11 Occupational Health

5.11.1 The Occupational Health Department, commissioned by the Trust, have the following responsibilities:

- a) to advise the Trust of all aspects of health in the workplace in order to assist the Trust in complying with legal requirements
- b) to assess any managers and staff who have been referred to Occupational Health with suspected work-related ill-health and to advise the Trust of the action that should be taken
- c) to carry out assessments of medical fitness on staff prior to employment
- d) to carry out assessments and advise on the manager or staff member's suitability to return-to-work following an injury or musculoskeletal injuries
- e) to provide a physiotherapy service. Any member of staff requiring the service is advised to contact the Occupational Health Provider through the relevant HR departments
- f) to provide a comprehensive rehabilitation programme for staff who have sustained a musculoskeletal injury and meet certain criteria to assist in their recovery to a safe level of fitness so that they can return to work.

## 6. Definitions

- 6.1 **Manual handling** encompasses the transporting or supporting of a load by hand or bodily force including lifting, lowering, pushing, pulling, carrying, either a person or an inanimate object. All of these manual handling activities are covered by this Minimal lifting policy. Manual handling may also be referred to as 'moving and handling'.
- 6.2 A **Load** is defined as a separate moveable object. This can be a person or an inanimate object such as equipment, tools, storage boxes and machines.
- 6.3 **Ergonomics** is the interaction between people and their environment, which takes account of the activity and the equipment used within the activity. It is about making the job fit the person and not the person fit the job.
- 6.4 **Safer handling:** The Trust recognises that lifting a patient's full weight poses a risk. For those patients unable to move themselves they will be assisted so that they can be transferred or will be moved with the aid of manual handling equipment where reasonable and practicable.
- 6.5 **Musculoskeletal disorders (MSD's)** indicate problems such as low back pain, joint injuries and repetitive strain injuries of various sorts. They can arise from manual handling incidents or from periods of static posture (such as sitting for a long period) or regular stooping, twisting or bending, and are often the result of cumulative effects rather than being attributable to a specific incident.
- 6.6 **Bariatric** is defined as a patient who is over 25 stone. For the purposes of this policy, the Trust has chosen to widen its definition of a bariatric person to include any person with a heavy body size/shape which will significantly impact on the management of an event involving Service Providers.
- 6.7 **Care Homes** are defined as those premises that are registered with the Care Quality



Commission (CQC) to provide care to their respective residents.

- 6.8 **Care Homes with Nursing** are defined as premises which are registered with the Care Quality Commission to provide care, including clinical and nursing care, to their respective residents.

## 7. Suitable and sufficient manual handling risk assessments

- 7.1 The Trust will carry out suitable and sufficient 'task' based risk assessments using the Trust's generic risk assessment form which can be found in the Risk management strategy; and if the task includes a hazardous manual handling activity then the Trust will carry out a further assessment using either the Trust's manual handling lifting and carrying assessment form in appendix 2 and/or the Trust's manual handling pushing and pulling risk assessment form in appendix 3.
- 7.2 When carrying out these assessments, the Trust will take an ergonomic approach and look at the manual handling task as a whole and consider the range of relevant factors included in Schedule 1 to the Manual Handling Operations Regulations such as:
- The nature of the **task**
  - The **load**
  - The working **environment**
  - An **individual's capability** to lift
  - And any **other factors**, such as the wearing of personal protective equipment.
- 7.3 The risk assessment forms in appendix 2 and 3 have been designed to reflect the relevant factors in Schedule 1 of the Manual handling operations regulations. The use of these assessment forms will ensure that a systematic examination of all of the potential risk elements of the manual handling task is carried out.
- 7.4 The suitable and sufficient risk assessment should identify hazards and the existing controls in place (if any) to protect staff and patients from those hazards and from this evaluate the level of risk. The level of risk should be reduced to the lowest level so far as is reasonably practicable. Therefore, it may be necessary to introduce further measures to manage and control the risks effectively. The significant hazards, risks and controls should be recorded on the risk assessment form.
- 7.5 The risk assessment should be reviewed periodically to check and ensure that all of the controls that are in place are working effectively.
- 7.6 The risk assessment should also be reviewed and revised if there is reason to suspect it is no longer valid; and following any significant changes to any aspect of the manual handling operations to which it relates. For instance, if there is a change in working practices or changes in the equipment used or the work place/working environment. It should also be reviewed following the reporting of any notifiable manual handling incident to the Health and Safety Executive as per RIDDOR; and/or if an employee carrying out the manual handling tasks suffers an illness, injury or onset of a disability which makes them more vulnerable to risk. All revisions and changes to the risk assessment should be recorded.
- 7.7 The Health and Safety Executive recognise that due to the emergency nature of the work of the Trust it may not be easy to ascertain what is 'reasonably practicable' and



recent case law suggests that Ambulance personnel whose job involves lifting people may be asked to accept a greater risk of injury than someone who is employed to move inanimate objects. Nonetheless, this should not prevent the Trust and their staff from trying to ascertain what is 'reasonably practicable' and when doing so, the Trust and their staff need to consider:

- The seriousness of the need for the lifting operation
- The Trust's duties to the public and to the particular member of the public who has called for the Trust's help.

7.8 Taking these factors into account, the level of risk which the Trust may ask an employee in Operations to accept may, in appropriate circumstances, be higher when considering the health and safety of those in danger, although this does not mean that employees in Operations can be exposed to an unacceptable risk of injury.

## 8. Dynamic risk assessments

8.1 Due to the nature of the work carried out by the Trust, staff can often work in environments where the Trust has little or no control over either the manual handling hazards that may be encountered or the environment. In these circumstances, it is imperative that staff carry out a dynamic risk assessment before carrying out the manual handling activity and take measures to avoid, control or remove any identified hazards.

8.2 When carrying out a dynamic manual handling risk assessment the member of staff should initially consider whether or not the patient needs to be lifted and whether or not they have sufficient mobility to be able to walk (with assistance if necessary) to or from the vehicle.

8.3 If the patient does need to be lifted or manoeuvred the member of staff, as part of the dynamic risk assessment, should remember the mnemonic TILE and consider the hazards associated with the:

- nature of the **Task**
- **Individual capability** of the person/s performing the task
- size, weight, and shape of the **Load**
- **Environment** in which the activity is being carried out.

8.4 In circumstances where there is a limit to the Trust's and the member of staff's ability to influence the working environment, they will still retain control over the task and the load and this together with effective training should enable them to establish a safe system of work for manual handling which takes place away from the Trust's premises.

8.5 However, if as a result of doing this dynamic risk assessment, staff identify that they need further assistance/resources, then they should contact the Clinical Coordination Centre and request this assistance.

## 9. Provision of manual handling equipment

9.1 In an effort to improve safety and reduce the number of manual handling incidents, the Trust will, where possible and appropriate, provide the following



equipment:

- Ambulances with electric tail lifts to reduce the lifting in and out of vehicles
- Patient Transport Service vehicles with ramps and tail lifts to reduce the lifting in and out of vehicles
- Easy load stretchers powered by pump action or battery operated to raise and lower the stretcher to the required height
- Carry chairs with the capacity to be guided up or down stairs in order to prevent carrying patients up or down flights of stairs
- Manual handling kits which include banana boards, lifting belts and slide sheets to assist with the transferring of patient from one place to another
- Mangar Elk/Lifting cushions powered by batteries – which can be used for instance to lift patients from the floor and out of baths. (If the mangar elk is used for other reasons such as with a scoop stretcher then it should be supported by a dynamic risk assessment and should only be used if it is safe (for the patient and the staff) to do so)
- Patient hoists (which are strategically placed around the Trust)
- Bariatric vehicles (within the Trust) and which contain appropriate equipment to convey this type of patient. (See the Trust's Bariatric Policy)
- Trolleys (for administration staff in Northern House, Southern House and in the Education and Training departments).

## **10. Maintenance of manual handling equipment and aids**

- 10.1 With regard to the purchase and maintenance of manual handling equipment and aids and in finding solutions to manual handling requirements, the Trust maintains close links with the associated manufacturers of this equipment and aids.
- 10.2 The Trust also employs maintenance Technicians, who have received accredited training, to service and maintain certain types of manual handling equipment such as: stretchers, scoop stretchers and carry chairs.
- 10.3 Other equipment such as hoists are serviced and maintained by accredited external engineers.

## **11. Partners in managing manual handling risks**

- 11.1 There are potential benefits in working with other local agencies and NHS bodies that are involved in moving and handling people. Sharing information and having consistent policies and procedures will assist the Trust in reducing the likelihood of untoward incidents arising and thereby ensuring the smooth transfer and conveyance of patients.
- 11.2 The Trust has good relationships with local hospitals and it aims to establish liaison groups for manual handling activities with the intention of having a uniform approach and the sharing of best practice.



- 11.3 There are occasions when the task of moving a patient safely poses a high risk and yet, in view of the patient's clinical condition, it is unavoidable. In certain situations it may be necessary to seek assistance from other agencies to ensure the safety of both the patient and the staff. The Trust is attempting to establish clear, joint working procedures with other agencies so that such operations go as smoothly as possible and do not cause any unnecessary delay in moving the patient or compromise the patient's dignity or safety.

## **12. Care Homes and Care Homes with Nursing**

- 12.1 Care Homes and Care Homes with Nursing have to abide by the Health and Safety at Work Act 1974 and all relevant subordinate legislation such as the Manual Handling Operations Regulations 1992 (Amended 2015). As such, they, like this Trust, have to avoid all hazardous manual handling and where it cannot be avoided they have to carry out their own suitable and sufficient manual handling risk assessments. These assessments should also include assessments to safely move and handle each individual resident aligned to their needs.
- 12.2 Care Homes and Care Homes with Nursing are also expected to provide training for their staff on manual and patient handling and provide suitable equipment for their staff to enable them to carry out their work activities safely.
- 12.3 The Trust deems it unacceptable for Care Homes and Care Homes with Nursing to routinely request ambulance crews to lift uninjured patients from the floor and return them to bed. In these instances the Trust expects Care Homes and Care Homes with Nursing to utilize their own staff and safe systems of work.
- 12.4 In compliance with the legislation it is expected that the Care Homes and Care homes with Nursing will have suitable manual handling equipment including hoists and suitably trained, competent staff who can assist crews in transferring patients in both Emergency and Non-Emergency situations. It is not the responsibility of SCAS to lift un-injured patients from the floor. However SCAS crews will use their discretion in assisting Care Homes and Care Homes with Nursing with manual handling when it is in the patient's best interest.
- 12.5 Care Homes and Care Homes with Nursing cannot have, or quote a 'no lift' policy. They are encouraged to have a 'minimal lifting' policy which clearly sets out their safe systems of work for moving and handling their residents. SCAS crews should report Care Homes and Care Homes with Nursing that quote 'No lift' policies or refuse to assist with moving and handling non-injury patients, via the [Demandprac@SCAS.NHS.uk](mailto:Demandprac@SCAS.NHS.uk) mail box and this will be forwarded to the locality Demand Practitioner who will work in partnership with the Care Home and Care Home with Nursing to assist them in the development of an appropriate policy to support their residents and safe systems of work.
- 12.6 SCAS will always support patients in Care Homes and Care Homes with Nursing with emergency care and provide expert guidance and assistance to non-clinical staff.



### 13. Bariatric Patients

13.1 For further details on the conveyance of bariatric patients, Managers and staff should see the Trust’s Bariatric policy.

### 14. Health and Safety Executive

14.1 The Trust recognises the Health and Safety Executive as a valuable source of expertise and will consult with them, when appropriate, regarding particularly complicated or high-risk manual handling issues.

### 15. Training

15.1 Managers and staff will receive manual handling training in accordance with the Trust’s training needs analysis and its statutory and mandatory training programme.

15.2 The manual handling training provided to managers and staff will include:

- How to carry out safe manual handling, including good handling technique
- Appropriate safe systems of work for the task and environment
- The safe use of manual handling equipment and mechanical aids. No item of manual handling equipment is to be used without prior training
- Appropriate safe systems of work for the task and environment
- Potentially hazardous manual handling operations and how injuries can occur.

15.3 Managers and Supervisors who have to carry out risk assessments on manual handling tasks must obtain training in how to do so from the Risk Team prior to undertaking any risk assessments as per this policy.

### 16. Equality and Diversity

16.1 An equality and diversity impact assessment has been carried out on this policy and can be found at appendix 5.

### 17. Monitoring

17.1 The effectiveness of this policy will be monitored in the following way.

Standard process / issue	Monitoring and audit			
	Method	By	Committee	Frequency
a) The number of manual handling risk assessments completed as per legislation and policy in a financial year.	a) Report from the Risk Team on the number of manual handling risk assessments completed in a financial year.	a) Risk Team.	Health, Safety and Risk Group.	Annually, as a minimum.



<p>b) Actions taken as a result of the risk assessments.</p> <p>c) The number and percentage of staff completing statutory and mandatory manual handling training in a financial year.</p> <p>d) The number of manual handling incidents reported via the Trust's Incident reporting system (Datix) in a financial year.</p> <p>e) The number of manual handling incidents reported to the Health and Safety Executive (HSE) as per RIDDOR in a financial year.</p>	<p>b) Audit on 10% of the manual handling risk assessments completed in a financial year.</p> <p>c) Report from the Education and Training Department on the number and percentage of staff completing statutory and mandatory manual handling training in a financial year.</p> <p>d) Report from the Risk Team on the number of manual handling incidents reported in a financial year.</p> <p>e) Report from the Risk Team on the number of manual handling incidents reported to the HSE in a financial year.</p>	<p>b) Risk Team.</p> <p>c) Education and Training Department.</p> <p>d) Risk Team.</p> <p>e) Risk Team.</p>		
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**18. Consultation and Review**

18.1 A consultation exercise on the policy will be carried out with the stakeholders listed below.

18.2 This policy will be reviewed every three years or sooner if there are any relevant changes to legislation or best practice.

Stakeholder or Group Title	Consultation Period (From-to)	Comments received (Yes/No)
All Managers and Staff	31/12/2015 to 20/1/2016	Y



Health, Safety and Risk Group	31/12/2015 20/1/2016	to	N
Health, Safety and Risk Group	14/11/2018 21/11/2018	to	Y

### 19. Implementation (including raising awareness)

19.1 The policy will be implemented and communicated to managers and staff within the Trust via the weekly newsletter, Staff Matters. Emails will also be sent to senior managers and area managers asking them to bring the existence of the policy to their staff.

### 20. References

- Health and Safety at Work Etc. Act 1974
- Management of Health Safety at Work Regulations 1992 (Amended 1999)
- Manual Handling Regulations 1992 (Amended 2015)
- Workplace Health, Safety and Welfare Regulations 1992
- Provision and Use of Work Equipment Regulations 1992 (Amended 1998)
- The Supply of Machinery (Safety) Regulations 1992
- The Lifting Operations and Lifting Equipment Regulations 1998
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013.

### 21. Associated documentation

- Health and safety policy
- Bariatric policy
- New or expectant mothers policy
- Adverse incident reporting policy
- Reporting of Injuries, diseases and dangerous occurrences regulations (RIDDOR) policy
- Risk management strategy



**22. Appendix 1: Review Table**

Version	Reason for change	Overview of change
V4	Review of policy.	<p>Adoption of new policy template.</p> <p>Policy completely rewritten and changes to all sections.</p>
V5	Review of policy	<p>3.4 Deleted.</p> <p>5.4 Reference to Director of Quality and Patient Care changed to Director of Patient Care and Service Transformation, both here and throughout the document (5.4.1; 5.7.1).</p> <p>5.7.1 Addition of 'health and safety' so the sentence reads: "...for the development of effective health and safety policies and procedures..."</p> <p>5.7.3 Addition of 2013 after (RIDDOR).</p> <p>5.8.3 The date of 1995 after (RIDDOR) Changed to 2013.</p> <p>5.9 Reference to Clinical Contact Centre changed to Clinical Coordination Centre, both here and throughout the document (5.9.1; 5.9.2).</p> <p>6.1 "All these manual handling activities..." changed to "All of these manual handling activities..."</p> <p>7.8 'Asks' changed to 'Ask'.</p> <p>8.5 Reference to Clinical Contact Centre changed to Clinical Coordination Centre.</p> <p>9.1 Reference to 'manger' changed to 'mangar'.</p> <p>20. References: Addition of (RIDDOR) 2013 added to Reporting of Injuries, Diseases and Dangerous Occurrences.</p> <p>Section 25: Appendix 4: All references to Director of Quality and Patient Care have been changed to Director of Patient Care and Service Transformation.</p> <p>Director of Clinical Services changed to Director of Patient Care and Service Transformation.</p> <p>Clinical Review Group changed to</p>



		<p>Patient Safety Group.</p> <p>Section 26: Appendix 5; Equality Impact Assessment.</p> <p>The headings on the second part of the form, namely Positive impact, Negative impact and Reasons have been put in bold; and the words 'it could disadvantage' have been deleted.</p> <p>The headings, Disability, Sexual Orientation and Religion/Belief added and put in bold.</p> <p>The words Disabled people; Lesbians, gay men and bisexuals are no longer in bold type.</p> <p>The reference to Trans people has been deleted.</p> <p>The word, Notes has been put in bold.</p> <p>Section 27: Appendix 6: The format and content of Part A and Part B has been amended. The EQIA Action plan has been added.</p> <p>Section 28: Ratification checklist. A new date for the Equality Impact assessment has been added.</p> <p>The name of the Accountable Group Chair has been changed from Will Hancock to Philip Astle.</p>
V6	Amendments following discussion at Health, Safety and Risk Group.	<p>Section 9.1 Insertion of "where possible and appropriate" after "...the Trust will..."</p> <p>Section 28: Appendix 1: section 2: Deletion of Philip Astle's name before Chief Operating Officer.</p>



**23. Appendix 2: Manual Handling: Lifting and carrying assessment form**

<b>Manual handling assessment: Lifting and carrying of loads</b> (This includes the factors listed in Schedule 1 that should be considered when making an assessment of manual handling operations)					
<b>Section A – Preliminary assessment</b>					
Preliminary assessment completed by:			Date:		
Task name:					
Task description:					
Load weight:		Frequency of lift:			
Carry distances (if applicable):		Are other manual handling tasks carried out by these operators?			
Assessment discussed with employees/safety representatives:		Is an assessment required? (An assessment will be needed if there is a potential risk of injury) Y/N			
If an assessment is required complete section B below					
<b>Section B: Lifting and carrying – more detailed assessment</b>					
<b>The Tasks</b>	<b>If yes, tick the appropriate level of risk</b> (If not applicable, put N/A)			<b>Problems occurring from the task</b>	<b>Possible remedial action, e.g. changes that need to be made.</b>
<b>Do they involve:</b>	Low	Med	High		
Holding or manipulating loads at a distance from the trunk?					
Unsatisfactory bodily movement or posture, such as: <ul style="list-style-type: none"> <li>Twisting the trunk/</li> <li>Stooping?</li> <li>Reaching upwards?</li> </ul>					
Excessive movement of loads, such as: <ul style="list-style-type: none"> <li>Excessive lifting or lowering distances? (large vertical movement)</li> <li>Excessive carrying distances? (long carrying distances)</li> </ul>					
Excessive pushing and pulling of loads? (strenuous pushing or pulling)					
Risk of sudden movement of loads? (unpredictable movement of loads)					
Frequent or prolonged physical effort? (repetitive handling)					
Insufficient rest or recovery periods?					
A rate of work imposed by a process?					
<b>The loads</b>					
<b>Are they:</b>					
Heavy?					
Bulky or unwieldy?					
Difficult to grasp?					
Unstable, or with contents likely to shift? (unstable/unpredictable)					
Sharp, hot or otherwise potentially damaging?					
<b>The working environment</b>					
<b>Are there:</b>					
Space constraints preventing good posture?					



Uneven, slippery or unstable floors? (poor floors)				
Variations in levels of floors or work surfaces?				
Extremes of temperature or humidity? (hot/cold/humid conditions)				
Conditions causing ventilation problems or gusts of wind? (strong air movements)				
Poor lighting conditions?				
<b>Individual capability</b>				
<b>Does the job:</b>				
Require unusual strength, height, etc? (unusual capability)				
Pose a risk to those with a health problem or a physical or learning disability?				
Pose a risk to those who are pregnant?				
Require special information or training for its safe performance?				
<b>Other Factors to consider</b>	<b>Yes/No</b> (Please circle whichever is applicable)	<b>Problems occurring from the task</b>	<b>Possible remedial action, e.g. changes that need to be made.</b>	
Is the movement of posture hindered by personal protective equipment or clothing?	Yes/ No			
Is there any absence of the correct/suitable personal protective equipment being worn?	Yes/No			
<b>Work organisation (psychosocial factors)</b>				
Do employees feel there has been a lack of consideration given to planning and scheduling of tasks/rest breaks?	Yes/No			
Do employees feel that there is poor communication between managers and employees (e.g. not involved in risk assessments or decisions on changes in workstation design)?	Yes/No			
Are there sudden changes in workload, or seasonal changes in volume without mechanisms for dealing with the change?	Yes/No			
Do workers feel they have not been given enough training and information to carry out the task successfully?	Yes/No			
<b>Section C: Remedial action to be taken (Action plan)</b>				
<b>Remedial steps (actions) that should be taken, in order of priority:</b>	<b>Person responsible for implementing controls</b>	<b>Target implementation date</b>	<b>Completed Y/N</b>	
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
<b>Date by which all actions should be completed:</b>				



Date of assessment: .....	Date of review of assessment: .....
Assessor's name: .....	Assessor's job title: .....
Assessor's signature: .....	



### 24. Appendix 3: Manual Handling: Pushing and pulling of loads assessment form

<b>Manual handling assessment: Pushing and pulling of loads</b> (This includes the factors listed in Schedule 1 that should be considered when making an assessment of manual handling operations)					
<b>Section A – Preliminary assessment</b>					
Preliminary assessment completed by:			Date:		
Task name:					
Task description:					
Load weight:		Frequency of operation:			
Push/pull distances:		Are other push/pull tasks carried out by these operators?			
Assessment discussed with employees/safety representatives:		Is an assessment required? (An assessment will be needed if there is a potential risk of injury) <span style="float: right;">Y/N</span>			
If an assessment is required complete section B below					
<b>Section B: Pushing and pulling – more detailed assessment</b>					
The Tasks	If yes, tick the appropriate level of risk (If not applicable, put N/A)			Problems occurring from the task	Possible remedial action, e.g. changes that need to be made.
	Low	Med	High		
<b>Do they involve:</b>					
High initial forces to get the load moving?					
High forces to keep the load in motion?					
Sudden movements to start, stop or manoeuvre the load?					
Twisting/manoeuvring of the load into position or around obstacles?					
One handed operations?					
The hands below the waist or above shoulder height?					
Movement at high speed?					
Movement over long distances?					
Repetitive pushing and pulling?					
<b>The loads or object to be moved</b>					
Does it lack good handholds?					
Is it unstable/unpredictable?					
Is vision over/around it restricted?					
<b>If on wheels/castors, are they:</b>					
Unsuitable for the type of load?					
Unsuitable for the floor surface/work environment?					



Difficult to steer?				
Easily damaged or defective?				
Without brakes or difficult to stop?				
With brakes, but the brakes are poor/ineffective?				
Without a planned inspection and maintenance regime based on a frequency that keeps them in working order?				
<b>The working environment</b>				
<b>Are there:</b>				
Constraints on body posture/positioning?				
Confined spaces/narrow doorways?				
Surfaces or edges to cause cuts/abrasions/burns to hands or body?				
Rutted/damaged/slippery floors?				
Ramps/slopes/uneven surfaces?				
Trapping or tripping hazards?				
Poor lighting conditions?				
Hot/cold/humid conditions?				
Strong air movements?				
<b>Individual capability</b>				
<b>Does the job:</b>				
Require unusual capability?				
Pose a risk to those with a health problem or a physical or learning disability?				
Pose a risk to those who are pregnant?				
Require special information or training?				
<b>Other Factors to consider</b>	<b>Yes/No</b> (Please circle whichever is applicable)	<b>Problems occurring from the task</b>	<b>Possible remedial action, e.g. changes that need to be made.</b>	
<b>Equipment</b>				
Is the movement of posture hindered by personal protective equipment or clothing?	Yes/No			
Is there any absence of the correct/suitable personal protective equipment being worn?	Yes/No			
Are trolleys/carts poorly maintained/cleaned/repaired?	Yes/No			



Are floor surfaces poorly maintained/cleaned/repaired?	Yes/No		
Is there a lack of regular maintenance procedures for the equipment?	Yes/No		
<b>Work organisation</b>			
Do employees feel there has been a lack of consideration given to planning and scheduling of tasks/rest breaks?	Yes/No		
Do employees feel that there is poor communication between managers and others (e.g. managers, purchasers, etc)?	Yes/No		
Are there sudden changes in workload, or seasonal changes in volume without mechanisms for dealing with the change?	Yes/No		
Do workers feel they have not been given enough training and information to carry out the task successfully?	Yes/No		

**Section C: Remedial action to be taken (Action plan)**

Remedial steps (actions) that should be taken, in order of priority:	Person responsible for implementing controls	Target implementation date	Completed Y/N
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

**Date by which all actions should be completed:**

Date of assessment: .....	Date of review of assessment: .....
Assessor's name: .....	Assessor's job title: .....

Assessor's signature: .....



**25. Appendix 4: Responsibility Matrix – Policies, Procedures and Strategies**

Policy Group	Lead Director / Officer	Working Group	Committee	Board Ratification
Strategies	As appropriate	As appropriate	As appropriate	Required
Standing Orders & Standing Financial Instructions	Chief Executive + Director of Finance	Not applicable	Audit Committee	Required
Corporate Policies	Chief Executive + Director of Patient Care and Service Transformation	As appropriate	Quality and Safety Committee	Required/ Committee decision
Health and Safety Policies and Procedures	Director of Patient Care and Service Transformation	Strategic Health, Safety and Risk Group	Quality and Safety Committee	Health and Safety Policy – Required H&S Appendices – Committee decision
Control of Infection Policy and Procedures	Director of Patient Care and Service Transformation	Clinical Review Group	Quality and Safety Committee	Required
Human Resources Policies and Procedures	HR Director	Staff Consultation Group	Quality and Safety Committee	Required for new policies. Committee decision for revisions
Financial Policies and Procedures.	Director of Finance	Not applicable	Audit Committee	Required for new Policies. Committee decision for procedural changes.
Operational Policies and Procedures	Chief Operations Officer	As appropriate or through Team Meeting	Quality and Safety Committee	Committee decision
Information and IT Policies and Procedures	Associated Director of Information Management and Technology (IM&T).	Information Management and Technology Control Board.	Audit Committee	Committee decision



Emergency Operational Centre Policies and Procedures	Chief Operations Officer	As appropriate	Quality and Safety Committee	Committee decision
Clinical Policies and Procedures	Director of Patient Care and Service Transformation	Patient Safety Group	Quality and Safety Committee	Committee decision



**26. Appendix 5: Equality Impact Assessment Form Section One – Screening**

Name of Function, Policy or Strategy: Minimal Lifting Policy

Officer completing assessment: John Dunn, Head of Risk and Security.

Telephone: 07788 584786.

1. What is the main purpose of the strategy, function or policy?
The aim of the policy is to set out the arrangements for the identification, assessment and management of the manual handling hazards and risks to staff and patients (within its care and control), volunteers, work experience students, contractors and visitors to the Trust and to provide and maintain a safe working environment.
2. List the main activities of the function or policy? (for strategies list the main policy areas)
<p>The objectives are to ensure that the Trust has clear and defined arrangements for:</p> <ul style="list-style-type: none"> <li>• the identification of manual handling hazards</li> <li>• the carrying out of suitable and sufficient risk assessments on hazardous manual handling</li> <li>• the introduction and maintenance of controls to reduce the potential for injury from identified manual handling hazards</li> <li>• the management and control of risks from identified manual handling hazards</li> <li>• the regular review of these risk assessments.</li> </ul>
3. Who will be the main beneficiaries of the strategy/function/policy?
All staff, patients (within the care and control of the Trust) volunteers, work experience students, contractors and visitors to the Trust.
<p>1. Use the table overleaf to indicate the following:-</p> <p>a. Where do you think that the strategy/function/policy could have an adverse impact on any equality group, i.e. it could disadvantage them?</p> <p>b. Where do you think that there could be a positive impact on any of the groups or contribute to promoting equality, equal opportunities or improving relations within equality target groups?</p>



		Positive Impact	Negative Impact	Reasons
<b>GENDER</b>	Women	✓	N/A	Policy is designed to protect all staff and people who carry out work for or on behalf of the Trust.
	Men	✓	N/A	Policy is designed to protect all staff and people who carry out work for or on behalf of the Trust.
<b>RACE</b>	Asian or Asian British People	✓	N/A	Policy is designed to protect all staff and people who carry out work for or on behalf of the Trust.
	Black or Black British People	✓	N/A	Policy is designed to protect all staff and people who carry out work for or on behalf of the Trust.
	Chinese people and other people	✓	N/A	Policy is designed to protect all staff and people who carry out work for or on behalf of the Trust.
	People of Mixed Race	✓	N/A	Policy is designed to protect all staff and people who carry out work for or on behalf of the Trust.
	White people (including Irish people)	✓	N/A	Policy is designed to protect all staff and people who carry out work for or on behalf of the Trust.
<b>DISABILITY</b>	Disabled People	✓	N/A	Policy is designed to protect all staff and people who carry out work for or on behalf of the Trust.
<b>SEXUAL ORIENTATION</b>	Lesbians, gay men and bisexuals	✓	N/A	Policy is designed to protect all staff and people who carry out work for or on behalf of the Trust.
<b>AGE</b>	Older People (60+)	✓	N/A	Policy is designed to protect all staff and people who carry out work for or on behalf of the Trust.
	Younger People (17 to 25) and children	✓	N/A	Policy is designed to protect all staff and people who carry out work for or on behalf of the Trust.



<b>RELIGION/BELIEF</b>	Faith Groups	✓	N/A	Policy is designed to protect all staff and people who carry out work for or on behalf of the Trust.
	Equal Opportunities and/or improved relations	✓	N/A	Policy is designed to protect all staff and people who carry out work for or on behalf of the Trust.

**Notes:**

Faith groups cover a wide range of groupings, the most common of which are Muslims, Buddhists, Jews, Christians, Sikhs and Hindus. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the race section refer to those used in the 2001 Census. Consideration should be given to the specific communities within the broad categories such as Bangladeshi people and to the needs of other communities that do not appear as separate categories in the Census, for example, Polish.



5. If you have indicated that there is a negative impact, is that impact:		
	<b>Yes</b>	<b>No</b>
<b>Legal</b> (it is not discriminatory under anti-discriminatory law)	<input type="checkbox"/>	✓
<b>Intended</b>	<input type="checkbox"/>	✓
<b>Level of Impact</b>	<b>High</b>	<b>Low</b>
	<input type="checkbox"/>	✓
If the negative impact is possibly discriminatory and not intended and/or of high impact then please complete a thorough assessment after completing the rest of this form.		
6(a). Could you minimise or remove any negative impact that is of low significance? Explain how below:		
6(b). Could you improve the strategy, function or policy positive impact? Explain how below:		
7. If there is no evidence that the strategy, function or policy promotes equality, equal opportunities or improves relations – could it be adopted so it does? How		
Please sign and date this form, keep one copy and send one copy to the Trust's Equality Lead.		
Signed:.....		
Name: John Dunn, Head of Risk and Security.		
Date: 14/11/2018.		



**27. Appendix 6: Equality Impact Assessment Form Section Two – Full Assessment**

Name of Function, Policy or Strategy: Minimal Lifting Policy.

Officer completing assessment: John Dunn, Head of Risk and Security.

Telephone: 07788 584786.

**Part A**

Looking back at section one of the EqIA, in what areas are there concerns that the strategy, policy or project could have a negative impact?

- Gender
- Race
- Disability
- Sexual Orientation
- Age
- Religion/Belief

2. Summarise the likely negative impacts:-

.....

.....

.....

3. Using the table below, give a summary of what previous or planned consultation on this topic, policy, function or strategy has or will take place with groups or individuals from the equality target groups and what has this consultation noted about the likely negative impact?



Equality Target Groups	Summary of consultation planned or taken place
Gender	
Race	
Disability	
Sexual Orientation	
Age	
Religion/Belief	

4. What consultation has taken place or is planned with Trust staff including staff that have or will have direct experience of implementing the strategy, policy or function?

.....  
.....

5. Check that any research, reports, studies concerning the equality target groups and the likely impact have been used to plan the project and guide or indicate what research you intend to carry out:-

Equality Target Groups	Title/type of/details of research/report
Gender	
Race	



Disability	
Sexuality Orientation	
Age	
Religion/Belief	

6. If there are gaps in your previous or planned consultation and research, are there any experts/relevant groups that can be contacted to get further views or evidence on the issues?

Yes (Please list them and explain how you will obtain their views)

.....

.....

No

**Part B**

Complete this section when consultation and research has been carried out

7a. As a result of this assessment and available evidence collected, including consultation, state whether there will be any changes made/planned to the policy, strategy or function.

7b. As a result of this assessment and available evidence is it important that the Trust commission specific research on this issue or carry out monitoring/data collection?

(You may want to add this information directly on to the action plan at the end of this assessment form)

.....

.....

.....

.....



8. Will the changes planned ensure that negative impact is:

Legal?

(not discriminatory, under anti-discriminatory legislation)

Intended?

Low impact?

9a. Have you set up a monitoring/evaluation/review process to check the successful implementation of the strategy, function or policy?

Yes

No

9b. How will this monitoring/evaluation further assess the impact on the equality target groups/ensure that the strategy/policy/function is non-discriminatory?

Details:

.....  
 .....  
 .....  
 .....

Please complete the action plan overleaf, sign the EQIA, retain a copy and send a copy of the full EQIA and Action Plan to the Trust's Equality Lead.

Signed:.....

Name:.....

Date:.....



**EQIA ACTION PLAN**

Issue	Action Required	Lead Officer	Timescale	Resource Implications	Comments

Please continue on another sheet if you need to.



**28. Appendix 7: Ratification Checklist**

**Section 1: To be completed by Author prior to submission for ratification**

<b>Policy Title</b>	Minimal Lifting Policy
<b>Author's Name and Job Title</b>	John Dunn, Head of Risk and Security
<b>Review Deadline</b>	21/1/2016
<b>Consultation From – To (dates)</b>	31/1/2015 to 21/1/2016; 14/11/2018 to 21/11/2018
<b>Comments Received? (Y/N)</b>	Y
<b>All Comments Incorporated? (Y/N)</b>	Y
<b>If No, please list comments not included along with reasons</b>	N/A
<b>Equality Impact Assessment completed (date)</b>	21/12/2015; 14/11/2018.
<b>Name of Accountable Group</b>	Health, Safety and Risk Group
<b>Date of Submission for Ratification</b>	

**Section 2: To be completed by Accountable Group**

<b>Template Policy Used (Y/N)</b>	Y
<b>All Sections Completed (Y/N)</b>	Y
<b>Monitoring Section Completed (Y/N)</b>	Y
<b>Date of Ratification</b>	
<b>Date Policy is Active</b>	
<b>Date Next Review Due</b>	28/11/2021.
<b>Signature of Accountable Group Chair (or Deputy)</b>	
<b>Name of Accountable Group Chair (or Deputy)</b>	Chief Operating Officer.