

Manual Handling and People Handling Policy, 2018

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<u>Addendum</u>

The Policy document has been reviewed and amended in the context of COVID-19.

The Policy document will be reviewed **(2021)** in line with the requirements of the HSE National Framework for developing Policies, Procedures, Protocols and Guidelines (PPPGs) 2016.

Version	Date Approved	List section numbers changed	Author
1	August 2020	7.8 Education and Training- inserted reference to the	NHSF
		following documents:	
		HSE Prompt Sheet PS:037 COVID-19 Manual Handling	
		Training	
		 HSE Manual Handling Practical-Risk Assessment Form 	
		(COVID-19)	
		 HSE Manual Handling Training-High Level Risk 	
		Assessment-Rationale	
1	August 2020	10.0 Bibliography and Further Reading, inserted reference to	NHSF
		HPSC (2020) Current recommendations for the use of	
		Personal Protective Equipment (PPE) for Possible or	
		Confirmed COVID-19 in a pandemic setting	
1	June 2020	Appendix V Sample People Handling Risk Assessment Form –	NHSF
		Inserted wording under note. Inserted No. 8 PPE	
		Requirements	
1	June 2020	Appendix V Guidance on the use of People Handling Risk	NHSF
		Assessment Form – Inserted No. 8 PPE Requirements	







Signature Sheet

I have read, understood and agree to adhere to the attached Policy and Procedure:

Print Name	Signature	Area of Work	Date

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1.0 Policy Statement

It is the policy of the HSE to reduce, so far as is reasonably practicable, the risks associated with manual handling and people handling activities in line with legislative requirements and best practice.

The HSE operates a "Minimal Handling Policy".

The HSE acknowledges the range and diversity of the services it provides. Where the manual handling of loads i.e. people and inanimate loads (all loads excluding people) cannot be avoided, the HSE will take appropriate organisational measures or employ appropriate means to satisfactorily reduce any associated risks through risk assessment. In the case of people handling, the assessment will include the manual handling needs of the service user and the safest way of undertaking these tasks. This is achieved through good planning, consultation and the systematic management of risks by providing a safe working environment; safe systems of work; adequate information, instruction, training and supervision and suitable aids and equipment. The principles of ergonomics will be applied in the design and refurbishment of workplaces and when purchasing equipment and furniture.

Where employees are required to work in uncontrolled environments (such as Ambulance Services, services delivered in peoples' homes by Healthcare Professionals, Care Assistants and others) a suitable and sufficient hazard identification and risk assessment exercise must be conducted to enable the development and implementation of appropriate control measures (such as training and the procurement and use of equipment) to satisfactorily manage the risks to which employees are exposed.

The HSE will continuously monitor and review service arrangements for manual handling and people handling to ensure that appropriate resources are available to implement the Policy.

2.0 Purpose

The HSE aims to promote a safe manual handling and people handling culture to reflect current best practice and legislation. The purpose of this policy is to provide guidance to employees and managers:

- 1. To avoid or reduce, so far as is reasonably practicable, the risks associated with manual handling and people handling activities.
- 2. Provide the highest quality of care to service users.
- 3. To ensure compliance with relevant statutory requirements and standards and guidelines such as those published by the Health and Safety Authority (HSA) and Health Information and Quality Authority (HIQA).

Individual services must develop local Guidelines and/or Standard Operating Procedures to support implementation and ongoing monitoring of this policy

3.0 Scope

This policy is applicable across all services within the HSE including but not limited to its hospitals and community settings, and covers all manual handling and people handling activities undertaken by employees during the course of their work. This Policy supersedes the HSE Manual and People Handling Policy, 2012.

This Policy applies to all HSE employees, fixed term employees, temporary employees and students. It also applies to agency workers, contractors or any other persons who carry out manual handling and people handling activities as part of their work for the HSE.

4.0 Legislation/Other Related Policies

- The Safety, Health and Welfare at Work Act, 2005
- The Safety, Health and Welfare at Work (General Application) Regulations, 2007:
 - o Part 2, Chapter 4 Manual Handling of Loads
 - o Chapter 2 of Part 2 Use of Work Equipment
 - Part 6 Sensitive Risk Groups
 - Protection of Children and Young People
 - Protection of Pregnant, Post Natal and Breastfeeding Employees.
 - Night Work and Shift Work
- Employment Equality Act, 1998
- Human Rights Commission Act, 2005
- Disability Act, 2005
- Qualifications and Quality Assurance (Education and Training) Act, 2012

4.0 Glossary of Terms and Definitions

Audit	Used to seek independent assurance that an appropriate and			
	effective system of managing occupational safety, health and			
	welfare is in place and that the necessary levels of controls and			
	monitoring are being implemented.			
	(Ref: Auditing a Safety and Health Management System.			
	A Safety and Health Audit Tool for the Healthcare Sector 2006)			
Bariatric	There is no universally agreed definition of bariatrics.			
	The term 'bariatric' is used to describe the field of medicine that			
	focuses on the causes, prevention, treatment and management of			
	obesity and its associated diseases (Mosby's Medical Dictionary, 2006)			
	The National Institute of Clinical Excellence (NICE) recommends the use			
	of Body Mass Index (BMI) in conjunction with waist circumference as			
	the means for measuring overweight and obesity and determining			
	health risks i.e.			
	nearth risks her			
	Body Mass Index (BMI) greater than 35 kg/m2 plus co-			
	morbidities or over 40kg/m2 (NICE 2006) National Obesity			
	Observatory 2010) and			
	observatory 2010, una			
	Waist circumference greater than 88cm for women and 102cm			
	for men (NICE, 2014)			
	for men (NICE, 2014)			
	(Ref: NICE (2014) Obesity: identification, assessment and management,			
	Clinical Guidance (CG189)			
Competent Person	(a) For the purposes of the relevant statutory provisions, a person			
	is deemed to be a competent person where, having regard to			
	the task he or she is required to perform and taking account of			
	the size or hazards (or both of them) of the undertaking or			
	establishment in which he or she undertakes work, the person			

Contractor	possesses sufficient training, experience and knowledge appropriate to the nature of the work to be undertaken (b) Account shall be taken, as appropriate, for the purpose of paragraph (a) of the framework of qualifications referred to in the Qualifications (Education and Training) Act 1999 (Ref: Safety Health and Welfare at Work Act, 2005) A person or firm who contracts to supply materials (any machinery, appliance, apparatus, tool or installation) for use at work as defined by the Safety, Health and Welfare at Work (General Application) Regulations 2007 as amended) or labour (Collins Dictionary 2000) (Para's 4.1, 4.12 and 4.13 refer). In this document the term "contractor" is used broadly and is intended to cover Contractors, Agencies and Temporary Employment Businesses.
	(Ref: HSE Policy on Statutory Occupational Safety and Health Training, 2016)
Control Measure	A mechanism, process, procedure or action which can be verified which seeks to reduce the likelihood and/or consequence of a risk. Controls include any process, policy, device, practice or other actions which modify risk. They can be required as additional in order to further mitigate the risk. (Ref: HSE Integrated Risk Management Policy, 2017)
Employee	Means any person who has entered into or works under (or, where the employment has ceased, entered into or worked under) a contract of employment and includes a fixed-term employee and a temporary employee and references, in relation to an employer, to an employee shall be construed as references to an employee employed by that employer. (Ref: Safety, Health & Welfare at Work Act, 2005)
Employer	 In relation to an employee: (a) Means the person or persons with whom the employee has entered into or for whom the employee works under (or, where the employment has ceased, entered into or worked under) a contract of employment, (b) Includes a person (other than an employee of that person) under whose control and direction an employee works, and includes where appropriate the successor of the employer or an associated employer of the employer. (Ref: Safety, Health & Welfare at Work Act, 2005)
Ergonomics	The science of fitting the job to the worker. Also, Ergonomics applies information about human behavior, abilities and limitations and other characteristics to the design of tools, machines, tasks, jobs and environments for productive, safe, comfortable and effective human use. (Ref: HSA Guidance on the Management of Manual Handling in the Workplace 2005)
Fixed Term Employee	Means an employee whose employment is governed by a contract of employment for a fixed-term or for a specified purpose, being a purpose of a kind that the duration of the contract was limited but was, at the time of its making, incapable of precise ascertainment.

	Whilst these employees are commonly known as "Temporary", care
	should be taken not to confuse this term with "Temporary Employee"
	(Para. 4.12 refers) as given in the Act 2005 and used throughout this
	policy document.
	(Ref: HSE Policy on Statutory Occupational Safety and Health Training,
	2016)
Full Body Lifts	The manual lifting of the full body weight of a person (please refer to
1 am 2 ca, 2 m c	Guideline lifting and lowering weights by work zone – Appendix II
Hazard	A potential source of harm or adverse health effect on a person or
	persons.
	(Ref: HSE Integrated Risk Management Policy, 2017)
Hazard Identification	The process of recognising that a hazard exists and defining its
Tidzara identification	characteristics
	(Ref: BS OSHAS 18001-2007)
Incident	An event or circumstance which could have, or did lead to unintended
	and/or unnecessary harm. Incidents include adverse events which
	result in harm; near-misses which could have resulted in harm, but did
	not cause harm, either by chance or timely intervention; and staff or
	service user complaints which are associated with harm. Incidents can
	be clinical or non-clinical and include Incidents associated with harm to:
	• patients, servicers users, staff and visitors
	• the attainment of HSE objectives
	• ICT systems
	data security e.g. data protection breaches
	• the environment
	(Ref: HSE Incident Management Framework, 2018)
Load	Means any transporting or supporting of a load by one or more
	employees and includes lifting, putting down, pushing, pulling,
	carrying or moving a load, which, by reason of its characteristics or
	of unfavourable ergonomic conditions, involves risk, particularly of
	back injury, to employees.
	Inanimate Load – all loads excluding people (ref: HSE Manual
	Handling and People Handling Policy, 2012)
	(Ref: HSA (2007) Guide to the Safety, Health and Welfare (General
	Application) Regulations, 2007, Chapter 4 of Part 2 – Manual
	Handling of Loads
Manual Handling	This involves: Any transporting or supporting of a load by one or
	more employees, and includes lifting, putting down, pushing, pulling,
	carrying or moving a load, which, by reason of its characteristics or
	of unfavorable ergonomic conditions, involves risk, particularly of
	back injury to employees
	People Handling – This includes, the manual handling / moving
	and handling of people
	(Ref: Guide to the Safety, Health and Welfare at Work (General
	Application) Regulations 2007. Part 2, Chapter 4: Manual Handling of
	Application) Regulations 2007. Part 2, Chapter 4: Manual Handling of Loads)

	manual banding tasks must be visit account and accountate
	manual handling tasks must be risk assessed and appropriate
	ergonomic and organization control measures must be put in place
	to reduce the risk as far as is reasonably practicable.
	(Ref: Adapted from the Minimal Manual Handling Policy (2014), Cardiff
	and Vale University Health Board).
Operational Plan	A plan prepared that clearly defines actions to support implementation
	of a policy
Reasonably Practicable	An employer has exercised all due care by putting in place the
	necessary protective and preventive measures, having identified
	the hazards and assessed the risks to safety and health likely to
	result in accidents or injury to health at the place of work
	concerned and where the putting in place of any further measures
	is grossly disproportionate having regard to unusual,
	unforeseeable and exceptional nature of any circumstances or
	occurrence that may result in an accident at work or injury to
	health at that place of work.
	(Ref Safety, Health & Welfare at Work Act, 2005)
Risk	Risk is the uncertainty of objectives. In terms of occupational health
	and safety risk it is the combination of the likelihood of occurrence of a
	work related hazardous event or exposure(s) and the impact of the
	injury or ill-health that can be caused by the event or exposure.
	(Ref: adapted from the HSE Integrated Risk Management Policy, 2017)
Risk Assessment	The overall process of risk identification, risk analysis and risk
	evaluation.
	(Ref: HSE Integrated Risk Management Policy, 2017)
	The manual handling risk assessment considers the task, individual
	capability, the load and the environment (TILE)
Sensitive Risk Groups	Young workers, pregnant, post natal and breastfeeding employees;
	People with reduced mobility
	New or inexperienced workers, person's with particular serious
	problems, night workers and shift workers, children and young
	persons.
	(Ref: The Safety Health and Welfare at Work (General Application)
	Regulations, 2007 Part 6, Chapters 1-3)
Temporary Employee	An employee who is assigned by a Temporary Employment
	Business to work for and under the control of another
	undertaking availing of the employee's services (SHWW Act
	2005). These employees are generally known as Agency Staff.
	(Ref: HSE Policy on Statutory Occupational Safety and Health Training,
	2016)
TILE	Task, Individual Capability, Load and Environment (Other factors
	and the interaction between these components).
Training Needs	A training needs assessment is the process of gathering, assessing
Assessment	and analysing information to determine the training needs of an
	employee. It is underpinned by the Risk Assessment process.
	· · · · · · · · · · · · · · · · · · ·

Note: The term 'service user' is applied to anyone who accesses the services provided by the HSE i.e. hospital patient or client / resident in a community setting.

6.0 Roles and Responsibilities.

6.1 Responsibilities of Director General (DG)

- 6.1.1 The DG has overall responsibility to ensure so far as is reasonably practicable, the safety, health and welfare at work of all employees and others affected by the activities of the HSE
- 6.1.2 The DG delegates accountability for co-ordinating and monitoring implementation of this Policy and any associated procedures to National Directors, Assistant National Directors, Hospital Group Chief Executive Officers, Chief Officers Community Health Organisations

6.2 Responsibilities of National Directors

- 6.2.1 Ensure arrangements are in place for identifying, evaluating, managing, monitoring and auditing the risks associated with manual and people handling
- 6.2.2 Ensure the necessary resources are provided for the implementation of this Policy

6.3 Responsibilities of Senior Managers e.g. Assistant National Directors, Hospital Group Chief Executive Officers, Chief Officers Community Health Organisations

- 6.3.1 Ensure there are adequate and appropriate arrangements in place for the successful implementation, monitoring, evaluation, audit and review of this Policy throughout their respective areas of responsibility
- 6.3.2 Ensure necessary resources are allocated and are available for the implementation of this Policy
- 6.3.3 Integrate performance indicators in relation to manual and people handling
- 6.3.4 In order to help minimise the potential for manual handling related injuries utilise a pro-active risk assessment and adopt an ergonomic approach when planning refurbishments or the construction of buildings by consulting with a wide group of professionals/employees at the planning and implementation stages
- 6.3.5 Where 6.3.4 above relates to the structures within which people work, a similar principle would apply to any equipment/furniture used. Ensure the following in connection with the procurement of equipment/furniture:
 - a. Establish a Multidisciplinary team to include end users
 - b. Apply ergonomic principles
- 6.3.6 Seek the advice of a competent person (e.g. Manual and People Handling Coordinator / Advisor / Instructor or equivalent, Health and Safety Advisor, Quality and Safety Manager,) when appropriate
- 6.3.7 Ensure all undergraduates have received a minimal acceptable standard of education and training to safely carry out their manual and people handling tasks within a HSE facility
- 6.3.8 Take cognizance of any other relevant HSE policies and guidelines.

6.4 Responsibilities of Local Senior Managers and Line Managers (Responsible Persons)

It is the local senior managers and line manager's responsibility to ensure that this Policy is applied in their respective areas. Local senior managers and line managers (Responsible Persons) shall:

- 6.4.1 Ensure this Policy is brought to the attention of, and implemented by all employees and others as appropriate
- 6.4.2 In consultation with employees ensure that an operational plan is developed to support the implementation of this Manual Handling and People Handling Policy
- 6.4.3 Ensure that appropriate resources are available to support the implementation of this Policy in their area
- 6.4.4 Where manual handling and/or people handling activities cannot be avoided, ensure that appropriate written risk assessments are carried out in consultation with employees, taking account of the working environment, systems of work and any necessary control measures put in place to reduce the level of risk as far as is reasonably practicable
- 6.4.5 Ensure the findings of the written risk assessment are recorded, implemented and communicated to the employee undertaking the tasks in question and reviewed when necessary
- 6.4.6 Ensure that they possess the necessary information, training and supervision to implement the standards for safe manual handling in their area of responsibility
- 6.4.7 Ensure that where services have access to Manual and People Handing Coordiantors / Advisors / Instructors, Quality and Safety Manager, Occupational Therapist, Physiotherapist their assistance / advice is sought where necessary. Where access is not available contact the National Health & Safety Function for further advice at www.hse.ie/safetyandwellbeing
- 6.4.8 Ensure that a manual handling training needs assessment, informed by the risk assessment process, has been undertaken for each employee
- 6.4.9 Ensure records of all training undertaken are maintained as per local arrangements
- 6.4.10 Ensure employees are adequately supervised in the performance of their manual and people handling tasks
- 6.4.11 Ensure that refresher / update training is provided at no greater than three yearly intervals or where there is any major change in the work involved or equipment used, or when an employee is transferred to another activity requiring different loads to be handled
- 6.4.12 Manual Handling Equipment should be purchased in consultation with key stakeholders, e.g. Physiotherapists, Occupational Therapists, Moving & Handling coordinators / Advisors / Instructors (where available), and any other appropriate personnel, and the needs of both service users and employees must be considered. This equipment must be easily accessible, properly maintained and service records retained
- 6.4.13 Ensure that employees receive the necessary information, instruction, training and supervision on the correct use of manual handling and people handling equipment (e.g. hoists, small handling aids, self leveling trolleys). Training on the

- use of other work equipment should cover manual handling where necessary
- 6.4.14 Ensure that induction for Agency Employees covers local manual handling and people handling procedures
- 6.4.15 Liaise with the Occupational Health Department where health issues may have a bearing on an employees' ability to undertake manual handling and/or people handling
- 6.4.16 Report unsafe environments and systems of work to the relevant senior manager and take immediate action that may be required to reduce or minimise the risk.
- 6.4.17 Investigate accidents, incidents and near misses in line with the HSE Incident Management Framework, 2018
- 6.4.18 Ensure that where risks cannot be controlled locally they are escalated to the appropriate service risk register while continuing to manage the risk in so far as is reasonable practicable

6.5 Responsibilities of All HSE Employees

- 6.5.1 Adhere to this Policy, any supporting local guidelines, operational plans, and safe system of work plans and any associated risk assessments
- 6.5.2 Take reasonable care of their own safety, health and welfare and that of others i.e. colleagues and service users when conducting manual handling and people handling activities
- 6.5.3 Co-operate in the regular review of the risk assessments and control measures to ensure that they are valid and are being effectively implemented and/or updated as required
- 6.5.4 Attend mandatory manual handling/people handling training sessions and ensure that skills taught and principles of good manual handling (Refer to appendix VII) are implemented
- 6.5.5 Be aware of the quality of their handling skills and work towards developing excellence in this area
- 6.5.6 Ensure their skills are current and inform their manager of their training needs
- 6.5.7 When undertaking team handling, use an agreed command to time procedure
- 6.5.8 Make themselves aware of the safe working loads of equipment /furniture within their area e.g. hoist
- 6.5.9 Inform their line manager of any reason (e.g. musculo-skeletal injury, illness or pregnancy), which might affect their ability to perform manual handling and people handling tasks or increase the risk presented
- 6.5.10 Work within their capabilities and limitations
- 6.5.11 Report any defects in equipment/machinery or the place of work and any unsafe systems of work to their line manager
- 6.5.12 Report accidents, incidents and any difficulties arising with regard to manual handling and people handling tasks in line with the HSE Incident Management Framework, 2018
- 6.5.13 Ensure their clothing and footwear is appropriate for their workplace tasks
- 6.5.14 Inform their Line Manager if they experience any difficulties in the implementation of this Policy

7.0 Procedure

7.1. Risk Assessment

Manual and people handling risk assessments and provision of controls is a key component of managing the risks associated with manual handling. Written manual and people handling risk assessments must be based on a realistic reflection of practice and conducted where the activity is occurring.

When carrying out the risk assessment take into account the acronym **T.I.L.E.** which summaries the risk factors:

- Task Refers to the activity within which the handling operation is carried out. Factors such as repetition of the task, body postures and physical exertion are considered
- Individual Capability The capability of the individual carrying out the task is considered and includes health, previous injuries, fitness level, experience, training, ability to communicate and gender
- Load Important factors for consideration include (non-exhaustively) the size, weight, shape and physical properties of the load. If the load is a person, relevant consideration includes his or her ability to assist, comprehend and communicate, his or her medical history, clinical presentation and any attachments to the person, e.g. drips, etc
- Environment This is the place where the activity will occur. Consider factors such as confines of space, furniture, floor levels, temperature, availability of adequately trained employees to undertake the activity etc
- Other Factors Staffing levels (including day/ night variations); availability of handling equipment; training in equipment use; supervision of handling activities; appropriate clothing and footwear; previous manual / people handling incidents

(Please refer to Appendix I Non exhaustive list of risk factors and Appendix II, Guideline lifting and lowering weights by work zone).

7.2 Risk Control

Appropriate measures to reduce the risk of injury to the lowest reasonably practicable level based on an ergonomic approach must be applied. All risk assessments must be readily available to relevant employees including employees from other areas. When additional resources are not immediately available the risk should be escalated onto the relevant local risk register and prioritised for action, while managing the risk as far as is reasonably practicable.

Risk Assessments should be documented on a suitable Manual Handling and/or People Handling Risk Assessment form. Many suitable forms have been developed across the HSE. These may continue to be used subject to periodic review and update. Consideration should be given to transfer of documents across all care settings.

Note: Sample risk assessment forms can be found in Appendix IV and Appendix V and are available to download from the National Health and Safety Website. Please click here.

7.3 Documented Risk Assessments

(1) Overall Generic Unit / Department Risk Assessments

This is an assessment of the general situation in the ward or department and takes account of the work environment and the work activities. This generic risk assessment will identify the range and complexity of manual handling activities occurring. It will consider the following:

- The type and frequency of moving and handling tasks
- Overall equipment needs
- Staffing
- Environment
- Training needs
- Controls in place or required.

Please refer to Appendix IV for a sample Risk Assessment Form.

(2) Task Specific Risk Assessment

Following completion of the Generic Unit/Department Risk Assessment, where it has identified that a manual handling activity presents a risk of injury, the activity e.g.

- Tasks routinely undertaken e.g. service user transfer from wheelchair to treatment table/bed; pushing/pulling catering/trolleys up a steep ramp
- Transport of certain types of equipment e.g., changing poly gallon of milk

Must be assessed in greater detail to determine what additional controls are required. Please refer to Appendix IV for a sample risk assessment form.

(3) People Handling Risk Assessment

In addition to the overall generic unit / department risk assessments / task specific risk assessment, written Individual people handling risk assessments must be completed for each service user.

The aim of this assessment is to clarify safe methods of handling each service user, develop a handling care plan so that injury to staff maybe avoided and service user care enhanced.

The assessment should be carried out on admission or referral or as soon as is reasonably practicable and reviewed:

- o Regularly and not less frequently than four monthly¹
- When the initial assessment is no longer considered valid, e.g. if the service users condition changes/deteriorates or their management plan changes.

Please refer to Appendix V for a sample Individual People Handling Risk Assessment Form.

¹ Health Act, 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations, 2013.

7.4 Undocumented Risk Assessment

7.4.1 Dynamic Risk Assessment

This is an informal on-the-spot undocumented risk assessment which is required to be undertaken by the employee(s) prior to undertaking any manual or people handling task. The purpose of the dynamic risk assessment is to assist the employee in determining if the task is within their capability. Employees need to consider the service users written risk assessment and the training they have received and any information provided relating to the task.

Note: The general principles of safe handling should be adhered to.

7.5 Consultation with Service Users

In all moving and handling activities a balanced approach will be followed which considers the wishes and safety of the service user as well as the need to protect the employee from injury.

Each service user who needs assistance will be individually assessed, taking into account their particular needs, capabilities and circumstances including their understanding of the movement and their ability to communicate and help themselves. Particular attention should be paid where English is not the primary language of the service user. The service user and, where appropriate, those acting on their behalf will be actively involved throughout the assessment and decision making process. The independence of the service user will be encouraged at all times. However, the wishes of the service user should not be to the detriment of the health and safety of the employees involved.

Where issues arise, a comprehensive multi disciplinary risk assessment process including consultation with the service user and their family should take place. All complex risk assessments should demonstrate balanced decision making, clinical reasoning and where possible should be evidence based. Where a resolution cannot be reasonably achieved at local level, this should be escalated to senior management.

7.6 Management of service users with bariatric needs.

The handling of these service users presents a specific challenge, and local guidelines and or standard operation plans (SOP) are required to be in place. Where the hazard manual handling of service users with bariatric needs cannot be avoided, the risk assessment process will identify appropriate organisational measures to satisfactorily reduce the risk so far as is reasonably practicable.

The guideline/SOP is to outline the approach that the service will take in meeting the safer handling of these service users, to ensure that the special needs of this group are addressed without compromising their dignity and safety or that of the employees involved in their care. This is achieved through good planning with stakeholders, consultation, communication and the systematic management of risks by providing a safe working environment, safe systems of work and suitable aids and equipment for manual handling.

7.7 Emergency Situations

Lifting all or most of a person's weight should be avoided except in exceptional or emergency situations where service users or employees are at risk of serious injury if immediate action is not taken.

However, written local procedures should be developed and incorporated in the local Emergency Response Plan.

7.8 Education and Training

Training must form part of the overall strategy to reduce the risks associated with manual handling activities. It must be supported by adequate supervision arrangements to ensure the skills and knowledge taught as part of the training programme are transferred into practice in the workplace.

The arrangement, management and delivery of manual handling training programmes must comply with the requirements of "HSE Policy on Statutory Occupational Safety and Health Training". The design and delivery of manual handling and people handling training programmes must comply with current legislation; HSA guidance and evidence based best practice (please see bibliography for relevant support material), HSE Guidance (Prompt Sheet PS:037 COVID 19 Manual Handling Training, HSE Manual Handling Practical-Risk Assessment Form (COVID 19), HSE Manual Handling Training-High Level Risk Assessment-Rationale²). All manual handling and people moving and handling instructors must be QQI Level 6 accredited. Details of manual handling training available through the National Health and Safety Function (NHSF) can be accessed here.

Managers must ensure that a training needs assessment is carried out for all employees. Employees must be consulted as part of this process. Manual Handling training programmes must be specific to the work activities of the service and informed by the local manual handling risk assessments. Training needs to be focused on problem solving skills as well as practical handling skills (HSA, 2011). Training must also include the provision of instruction and information on the safe use of manual handling equipment/aids. Managers must record attendance and maintain and keep available for inspection appropriate training records for each employee.

Line Managers must make local arrangements for the provision of/access to training within appropriate/reasonable timescales and:

- On recruitment
- In the event of a transfer between departments/facilities, redeployment or relocation to new work location of any employee or change of task assigned to an employee
- On the introduction of new work equipment, systems of work or changes in existing work, equipment or systems of work
- On the introduction of new technology

Refresher training is available to all employees to reinforce and evaluate manual handling skills and techniques in line with best practice and should be repeated at not greater than three-yearly intervals (HSA, 2011)

² https://www.hse.ie/eng/staff/safetywellbeing/healthsafetyand%20wellbeing/safetystatementsandriskassessments.html

7.9 Adverse Incidents

All accidents, incidents, near misses must be reported, and managed in accordance with *the HSE Incident Management Framework, 2018.* Reporting of incidents should be done using the appropriate National Incident Report Form (NIRF).

8.0 Implementation

8.1 Communication

The HSE must make this Policy available to all staff. Electronic and other communication means can be used to maximise distribution. Copies should also be made available to external providers of services to the HSE.

Managers must ensure that personnel under their supervision have read and understand the Policy. A signature sheet is provided for this purpose.

8.2 Responsibilities for Implementation

Managers (Responsible Persons) at all levels are responsible for implementing this Policy within their area (Please refer to Section 6.0 and Appendix VI & IX) and hence are required to develop an implementation plan, including identification of responsible person(s), specifying the actions to implement the PPPG and timeframes for implementation.

It is essential that changes in terms of devices and work practices etc. are implemented systematically.

9.0 Monitoring, Audit and Review

- 9.1 Managers are required to monitor the implementation plan supporting this policy.
- 9.2 Managers are required to audit implementation of this policy using the audit checklist in Appendix VI.
- 9.3 Implementation of this Policy shall be audited periodically at national level.
- 9.4 This Policy shall be reviewed at national level every three years or earlier if circumstances require it.

10.0 Bibliography and Further Reading

- HOP 6 (2011) Guide to the Handling of People, 6th Edition, Backcare ISBN 978-0-9530582-1-1
- HSA (2005) Guidance on the Management of Manual Handling in the Workplace
- HSA (2007) Guide to the Safety, Health and Welfare at Work (General Application) Regulations 2007
- HSA (2006) Auditing a Safety and Health Management System A Safety and Health Audit Tool for the Healthcare Sector
- HSA (2011) Guidance on the Management of Manual Handling in Healthcare
- Health and Safety Executive (2007) Risk assessment and process planning for bariatric patient handling pathways, Loughborough University
- Health and Safety Executive (2003), the Principles of Good Manual Handling: Achieving a Consensus
- HSE (2018) Incident Management Framework and Guidance
- HSE (2017) Integrated Risk Management Policy
- HSE Corporate Safety Statement
- HSE (2016) Policy on Statutory Occupational Safety and Health Training, 2016
- Safety, Health and Welfare at Work Act, 2005 (S.I. No. 10 of 2005)
- Safety, Health and Welfare at Work Act (General Application) Regulations, 2007 (S.I. No. 299 of 2007)
- Safety, Health and Welfare at Work (General Application) (Amendment) (No. 3) Regulations 2016 (S.I. No. 370 of 2016).
- HPSC (2020), Current recommendations for the use of Personal Protective Equipment (PPE) for Possible or Confirmed COVID-19 in a pandemic setting

Appendix I

Table 1. Risk Factors – Non-Exhaustive Reference/Check List for use with Local Risk Assessment Forms.

Assessment Forms.			
Risk Factor	. 1		
(Consider Risk Controls in Place	Over frequent		
Task (T)	Over prolonged		
	Involves the spine		
	•		
	Insufficient rest/recovery		
	Excessive lifting or lowering		
	Excessive carrying distances		
	Fixed work rate imposed by process		
	Too strenuous		
	Only achieved by twisting movement of trunk		
	Likely to result in sudden movement of load		
	Made with body in unstable posture		
Individual (I)	Physically unsuited to task in question		
	Unsuitable clothing/footwear/other personal effects		
	Inadequate training or knowledge		
	Young, old or inexperienced employee		
	Pregnant or breastfeeding employee		
	Employee physically unfit		
Inanimate Load (L)	Too heavy or too large		
	Unwieldy/difficult to grasp		
	Unstable or contents likely to shift/move unexpectedly		
	Manipulated or held at distance from trunk		
	Shape requires bending/twisting of trunk		
	Temperature, contours, consistency, texture unsuitable		
Person Load (Service User) (L)	History of falls		
	Pain		
	Drips/drains/catheter		
	Infection		
	Communication/Sensory		
	Skin condition/tissue viability		
	Recent surgery		
	Amputation		
	Muscle spasm		
	Weight bearing		
	Joint replacement		
	Walking aids		
	Physical disabilities		
	Psychological/mental health		
	Culture/religious considerations		
	Day/night variation		
	Other considerations		

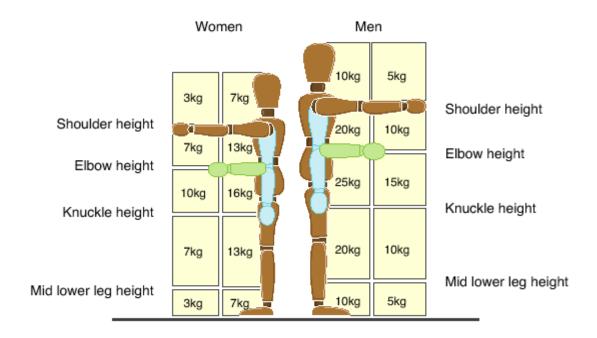
Table 1 - Risk Factors Continued

Environment	Space or vertical/height restrictions, narrow corridors		
(E)	Floor uneven, slippery or has varying surface:		
	Workplace prevents lifting/handling at safe height		
	Floor/footrest unstable		
	Temperature, humidity, lighting, ventilation unsuitable		
	Stairs		
	Trailing leads, untidy storage or other trip hazards		
Other factors	Is movement or posture hindered by clothing or PPE?		
	Is suitable PPE available and being worn?		
	Quantity, availability and suitability of equipment?		
	Staffing levels		
	Supervision of manual handling activities		

Adapted from Schedule 3, to the Safety, Health and Welfare at Work (General Application) Regulations 2007.

Appendix II

Guideline lifting and lowering weights by work zone



- The guideline weights assume that the load is readily grasped with both hands and that the operation takes place with the lifter in a stable body position.
- The guideline weights are for infrequent operations up to about thirty operations per hour, where the pace of work is not forced, adequate pauses to rest or use different muscles are possible and the load is not handled by the lifter for any length of time.

Reference: HSA (2007) Guide to the Safety, Health and Welfare at Work (General Application) Regulations 2007

Note: While the Safety, Health and Welfare (General Application) Regulations 2007, does not set specific requirements such as weight limits, the guidance above offers numerical guidelines which take into account weight, repetition and location of a lift as a means of identifying activities which involve risk.

Appendix III- Task Specific Risk Assessment

Where the ward/department level risk assessment identifies that a manual handling activity presents a risk of injury, the activity must be assessed in greater detail to determine what controls are required. The stages in the risk assessment are as follows:

- Collect information on how the task is performed and identify the key stages of the task –
 describe how the task is carried out;
- Collect technical information, which may include the load weight, its size, the number of lifts required, the physical dimensions of the work area and general information about the work environment;
- Identify the problems or risk factors. Consider the risk factors listed in Appendix I and decide what risk factors are present in the particular manual handling activity;
- Identify the improvements that are required to avoid or reduce the risk from this activity. Where
 reasonably practicable, take measures to avoid the need for a manual handling task that has
 been identified as posing a risk. Where the task cannot be avoided the employer must introduce
 organisational measures or use mechanical means to reduce the risk. The risk assessment should
 be documented and should include the controls required. This information should be
 communicated and made available to all staff undertaking the activity;
- Review the effectiveness of the control measures or solution the effectiveness is the degree to which the control measures have avoided or reduced the risk of injury.

(Reference: HSA (2011) Guidance on the Management of Manual Handling in Healthcare)

Appendix IV

Department Checklist and Sample Risk Assessment Form (Generic Unit / Department and Task Specific)

Risk assessment

- Have manual handling tasks which present a risk of injury to staff been identified?
- Are risk assessments being carried out in keeping with the organisation's manual handling policy and procedures?
- Are there procedures in place for the emergency evacuation of the department and have the manual handling needs of service users been taken into account?

Training, information, supervision

- Have employees received induction training?
- Have employees been given up-to-date training and information in safe manual handling techniques, including the safe use of manual handling aids?
- Are there records kept of training and information provided? Is adherence to safe working procedures supervised and corrective action taken as appropriate?
- Are there procedures in place to ensure that there is good communication during people handling activities?

Employees' ability/experience

- In addition to the training and information mentioned above, do the employees require any specialised training or experience, taking account of the category of service user or type of work carried out in the department?
- Are there procedures in place to ensure the safety of employees who may have health issues which affect their ability to undertake manual handling tasks?

Consultation and participation

 Are employees consulted on and encouraged to participate in health and safety matters? (E.g., have employees been consulted on manual handling risks?)

Incident reporting and investigation

• Is there a system in place for the reporting, recording and investigation of work related accidents and incidents?

Resources

 Have the resources required to ensure safe manual handling in the department been identified based on risk assessment?

Equipment

- Is the manual handling equipment available suitable for the needs of the department and maintained in proper working order?
- Are there maintenance records available?
- Is there a system in place to ensure that unsafe equipment is taken out of use and clearly marked as unsafe?

Environment

- Is the physical environment conducive to safe manual handling activities?
- Can the manual handling equipment provided be used safely in the work environment?
- Are floor surfaces in good condition and are changes in floor level clearly marked?
- Is the lighting adequate and the temperature comfortable?

Performance monitoring and review

- Have key performance indicators been identified and progress reviewed?
- Key performance indicators may include:
 - The number of reported manual handling related accidents and incidents;
 - The number of additional controls identified following risk assessment and the percentage of these that have been put in place
 - Percentage of all staff requiring training whose training is up to date.
- Have matters which cannot be dealt with locally been brought to the attention of more senior management in line with local procedures?

This is not an exhaustive list.

Reference: HSA (2011) Guidance on the Management of Manual Handling in Healthcare

Health and Safety General Risk Assessment Form						
Division:		Source of Risk:				
HG/CHO/NAS/Function:			Primary Impact Category:			
Hospital Site/Service:			Risk Type:			
Dept/Service Site:			Name of Risk Owner (BLOCKS):			
Date of Assessment:			Signature of Risk Owner:			
Unique ID No:			Risk Co-Ordinator			
			Risk Assessor (s):			
HAZARD & RISK DESCRIPTION	& RISK DESCRIPTION EXISTING CONTROL MEASURES		ADDITIONAL CONTROLS REQUIRED		ACTION OWNER	DUE DATE
	IAL RI		0.000	Risk Sta		Classed
Likelihood	npact	Initial Risk Rating	Open		Monitor	Closed

Appendix V

F. SECONDA	Health and Safety Risk Assessment Guidance Work Well				
Ref:CF:026:01	ke: Sample Peop	ole Handling Kisk A	Assessment and Guidance		
Issue date:	April 2018	Revised date:	June 2020		
Author(s)	National Health	& Safety Function			
Legislation:	Regulations, it is associated risks i	Under Section 19 of the Safety, Health and Welfare at Work Act, 2005 and associated Regulations, it is the duty of the employer to identify the hazards and assess the associated risks in the workplace. All risk assessments must be in writing and the necessary control measures to eliminate or minimise the risk documented and implemented.			
Note:	places of work. It control measure infection. When conducting risk presented and reasonably pract. Where 2 metre with must be conducted comprehensive himself.	Please note exposure to COVID-19 may present a health risk to staff and others at our places of work. It is essential that the latest public health advice is followed and suitable control measures identified and implemented to mitigate the risk of COVID-19			
	The following provides an explanation on how to complete the People Handling Risk Assessment Form.				

		Addressograph
	Sample – People Handling Risk Assessment	t Form
1. Is	the service user able to mobilise independently? No No	Yes If yes please date and sign the form here.
Date:	Signature :	Ward:

Date: Signature :	Ward:
If NO please proceed with the assessment and sign belo	
2. Weight kgs:	3. Medication: is medication relevant to moving and
Specialist equipment may be required if the service users weight	handling? e.g. sedation/pain/anti spasmodic medication
exceeds the safe working load of any equipment. Please detail.	□ No □ Yes
	If yes refer to Drug Kardex
4. Comprehension/Communication/Behaviour:	5. History of Falls: □ No □ Yes
Can the service user understand & participate in simple	
instructions?	If yes complete falls risk assessment
Will behaviour affect cooperation with moving and handling?	Ī
□ No □ Yes 6 Environmental constraints: are confined space/non adjustable	7 Covers Abilias / Francisco
6. Environmental constraints: are confined space/non-adjustable	7. Carers Ability / Experience: Does handling this service user require any additional
equipment/floors/ramps/ service users' attachments an issue?	Does handling this service user require any additional
□ No □ Ves (If ves please detail)	specialised training/instructions?
□ No □ Yes (If yes please detail)	□ No □ Yes (if yes report to Line Manager)
8. PPE Requirements: Is PPE Required?	
orrenequieu:	
$No \square Yes \square (If yes please detail)$	
9. Current Mobility:	
Is assistance required to mobilise? \square No \square Yes If yes how many c	arers are required?
Are mobility aids currently used? □ No □ Yes please detail	
Have these been brought with the service user? ☐ No ☐ Yes	
10. List main physical limitations: surgery, sedation, impaired sight	or hearing, loss of use of limbs, general physical condition.
stature, stroke, skin condition, bone density, pain etc.	. , , , , , , , , , , , , , , , , , , ,
11. Is further assistance required to complete this assessment?	□ No □ Yes
Refer to: e.g. Line Manager, Physiotherapist, Manual Handling Ins	
People Handling Risk Level	
- p	
☐ High – completely dependent, unpredictable, minimum of 2 care	rs & equipment required. More carers may be required for heavie
bariatric service users	, , , , , , , , , , , , , , , , , , ,
☐ Medium — requires some assistance usually 1 carer & equipment,	2 carers may be needed for some activities.
□ Low —requires no hands on assistance. May require verbal guidan	·
, , 3	
If the service users condition changes the moving and handle	ling risk assessment will need to be reviewed.
The Handling Care Plan overleaf should now be	
Date: Assessor/s:	Signature:
Assessment update/comments	
Date: Signature:	Ward:
Assessment update / comments	
Date: Signature:	Ward:

Handling				
People Handling Risk L	evel □ ⊦	ligh ☐ Medium ☐ Low as per the ho	andling risk assessment	
Are there any special c		ons about this service user?	☐ Yes	
Activity	Date	No of Carers / Equipment / service	user action/ comments	Initials
Re-positioning				
Consider use of	• hc	oist • sliding sheets • monkey pole		
Sitting forwards				
Consider use of	• el	ectric bed • hoist • rope ladder		
Sitting to standing				
Consider use of	• h	oist • standing hoist • handling be	lt .	
Walking / Stairs				
AM				
Consider use of	• ro	llator • zimmer frame • crutches	• stick	
Toileting				
Consider use of	• s	tanding hoist • commode • toilet ri	iser	
Bath/Shower				
المالية				
Consider was of	, h	ist a shawar shair		
Consider use of Transport and	• no	oist • shower chair		
Other Activities				
Advice re use of	• W	heelchair • rollerboard • trans	ifer board	
Hoist	Name:	Televian Foliersoula d'allo	Type:	
Sling Types:				
Size: Date: Name	de :	Signature /s .		
Date: Name Reason for updating th		Signature/s : g plan:		
Date: Nam	e/s :	Signature/s :		

Addressograph

Guidance on use of the People Handling Risk Assessment Template

The aim of the people handling risk assessment and handling plan is to clarify safe methods of handling each service user, develop a handling care plan so that injury to staff may be avoided and service user care be enhanced. The assessment should be completed by the staff member "admitting" the service user.

Addressograph Simply attach sticker or fill in details.

1) Independent

If the service user is independent in all tasks please date and sign the form here. No further information is required. Please bear in mind that the need to complete the assessment may change during the admission as independent service users may become dependent due to surgery, deterioration etc. If the service user is not independent please proceed with the assessment.

2) Weight

Record the service users' weight in kgs, body mass index (BMI) if known. Where the service users' weight exceeds the safe working load (SWL) of equipment or furniture, it may be necessary to organise equipment/furniture with increased weight capacity prior to admission on to the ward.

3) Medication

Is the service user on any medication which affects their ability to move? e.g. Parkinson's drugs, sedatives, anti-spasmodic drugs. Does movement of the service user need to coincide with their medication? If yes refer to the service user Drug Kardey

4) Comprehension / Communication / Behaviour

Is the service user able to understand simple verbal instructions from carers? Is there a language difficulty? Will the carer understand the service user? Is the service user intermittently confused? Will the service users' behaviour affect their ability to co-operate with moving and handling?

5) Falls Risk Identification

Please note if the service user has a recognised history of falls or seizures a falls risk assessment may be required.

6) Environmental Constraints

Note any environmental issues that may interfere with the ability to move and handle safely e.g. Is there enough room to move a hoist? Is furniture easy to move? Is equipment adjustable in height? Are floor surfaces likely to be uneven or slippery? Are the service user's attachments likely to constrain movement?

7) Carer's ability / experience

Does handling this service user require any additional specialized training or experience beyond standard moving and handling training? E.g. spinal rolls, abnormal muscle tone / movement patterns. Does handling this service user present a risk to carers with underlying health issues, restricted mobility or pregnant carers? If so report to the line manager.

8) PPE Requirements

The choice and selection of PPE is based on Risk Assessment and in line with the HSE/HPSC Guidance on PPE (https://www.hpsc.ie/az/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/ppe /)

9) Current Mobility

Is the service user able to mobilise independently, do they require assistance and if so how many carers? Please detail mobility aids used if any. Please detail any handling equipment used prior to admission.

10) Physical limitations

Please list the main physical limitations to the service users mobility e.g. impaired sight or hearing, surgery, pain, loss of use of limbs, etc.

11) Further assistance

If following your assessment, you feel you are unable to complete the people handling assessment and handling plan, or for complex moving and handling assessments, please tick yes and refer to the appropriate personnel e.g. line manager, physiotherapist, occupational therapist, manual handling instructor.

Now complete the Person Moving and Handling Risk Rating Level

Tick in the appropriate box whether the service user has been classified as a **High, Medium or Low** risk as determined by your assessment. Date and sign your name and ward.

The Handling Care Plan should now be completed.

Please bear in mind that the need to complete the assessment may change during the admission as independent service users may become dependent due to surgery, deterioration etc.

Guidance on the use of the Handling Plan

The Handling Plan gives <u>guidance</u> as to the most appropriate method of moving a service user. The methods chosen should reflect what is taught in people handling training and should be safe for staff who are most vulnerable during handling tasks e.g. those with less experience or strength, those with restricted mobility or other underlying health issues. In certain situations the techniques may need to be modified to reflect the individual handling capability of staff or for service users who require specialized training / instructions

People Handling Risk Level

Tick in the appropriate box whether the service user has been classed as low, medium or high risk, as determined by the moving and handling assessment.

Special Considerations

If there are any special considerations which staff should be aware of about the service user e.g. poor eyesight or hearing, please tick 'Yes' and detail briefly.

Activities

The most common handling activities are

- turning in bed, moving up the bed,
- lying to sitting
- transferring from bed to chair, sitting to standing
- walking, stairs
- toileting , bathing / showering
- bed to bed transfers, ward to ward transfers

There are 3 lines per activity which allows one line for the initial assessment and two lines for 2 further reviews. The handling plan should be updated if the service user status changes. Please date and initial each entry.

No of Carers

Please tick whether the service user is independent or not in that particular task. If the service user is not independent, indicate how many carers are required to assist with the task. If the task is not applicable to the service user please note by entering N/A in the comment section.

Equipment

Write a brief description of type of equipment required e.g. hoist, sliding sheet,

Service User Action

Can the service user complete the task with equipment? E.g. walk with a walking frame etc.

Use of hoist

If a service user requires the use of a hoist for safe transfers, the name & type of hoist to be used must be documented (e.g. Arjo sit to stand hoist), the sling type (e.g. Toileting sling) and sling size (e.g. Small, medium, large, extra-large) should also be noted.

NB: All slings should be inspected before use to ensure they are intact and in good working order

Transport other activities

Nursing staff should be consulted as to the most appropriate method of transport of the service user off the ward, or where lateral transfers are required. This should be communicated at handover.

Where to place the form

The people moving & handling assessment and handling plan should be stored according to local policy. No sensitive diagnoses or other details should be recorded on this form. Finally - Print your name, department or community area, and sign and date the form.

Updating the Handling Plan

If the service user condition changes the handling plan may also change. Please briefly indicate why e.g. post-surgery, condition deteriorated etc., and ensure the change in the service users' condition is documented in the nursing note

Appendix VI Audit Tool

	Audit on the Implementation of the HSE Manual and People Handling Policy, 2018	Yes	No	NA	Comment
1	Does each department have the HSE Manual and People Handling Policy, 2018?				
2	Are there local guidelines / standard operating procedures in place to support implementation of this Policy?				
3	Is there a system in place for the appropriate circulation/communication of this policy to all employees?				
4	Have risk assessments been completed on the appropriate Risk Assessment Forms?				
5	Have the control measures identified through the risk assessment process been implemented?				
6	Has appropriate information, instruction, supervision and training been provided based on risk assessment?				
7	Is there a procedure in place for reporting all accidents/incidents/near misses?				
8	Is there a system in place to monitor compliance with this Policy?				

VII The Principles of good Manual Handling

	11 Principles ³		8 Principles ⁴
	Principles of good manual handling		Principles of Safer Handling
1	Think before you lift.		Assess TILE – Know your
			capabilities
2	Keep the load close to your waist.	1	Load close to the body
3	Adopt a stable position.	2	Broad stable base
4	Ensure a good hold on the load.	3	Good hold, elbows tucked in
5	At the start of the lift, moderate flexion	4	Bend the knees
	(slight bending) of the back, hips and knees is	5	Use your legs or weight
	preferable to fully flexing the back (stooping)		transference
	or the hips and knees (squatting).		
6	Don't flex your spine any further as you lift.	6	Back in neutral
7	Avoid twisting the trunk or leaning sideway,	7	Avoid combined bending and
	especially while the back is bent.		twisting when lifting
8	Keep your head up while handling.	8	Move smoothly, if possible lead
9	Move smoothly.		with the head
10	Don't lift more than you can easily manage.		Assess Tile – Know your capabilities
11	Put down, then adjust [if necessary].		

³ Health and Safety Executive (2003) The Principles of Good Manual Handling: Achieving a Consensus.

⁴ Dublin Hospital Group Risk Management Forum (2010) Patient Handling 2

Appendix VIII

Step-by Step Procedure for Policy Implementation

Director of HR in relation to Occupational Safety and Health		Reference
•	Ensure this policy is reviewed and updated as appropriate	HSE Corporate
		Safety
		Statement
		Section 2.5

National Health and Safety Function		Reference
•	Review and revise this Policy three yearly or following any significant change in	HSE Corporate
	the matters to which it relates, whichever is the soonest	Safety
•	Provide Occupational Safety and Health support	Statement
		Section 2.9

National Directors		Reference
•	Ensure arrangements are in place for identifying, evaluating, monitoring and	
	auditing the risks associated with manual and people handling	
•	Ensure the necessary resources are provided for implementation of this policy	6.2.2

Assistant National Directors, Hospital Group Chief Executive Officers, Chief Officers Community Health Organisations	Reference
• Ensure there are adequate and appropriate arrangements in place for the successful implementation, monitoring, evaluation, audit and review of this Policy throughout their respective areas of responsibility	6.3.1
• Ensure necessary resources are allocated and are available for the implementation of this Policy	6.3.2
Integrate performance indicators in relation to manual and people handling	6.3.3
 In order to help minimise the potential for manual handling related injuries, utilise a pro active risk assessment and adopt an ergonomic approach when planning refurbishments or the construction of buildings by consulting with a wide group of professionals/employees at the planning and implementation stages. 	6.3.4
 Where 6.3.4 above relates to the structures within which people work, a similar principle would apply to any equipment/furniture used. Ensure the following in connection with the procurement of equipment/furniture: A. Establish a Multidisciplinary team to include end users. B. Apply ergonomic principles. 	
• Seek the advice of a competent person (e.g. Manual and People Handling Coordinator / Advisor/Instructor or equivalent, Health and Safety Advisor, Quality and Safety Manager) when appropriate.	6.3.6
Ensure all undergraduates have received a minimal acceptable standard of education and training to safely carry out their manual and people handling tasks within a HSE facility	6.3.7

Local Senior Managers and Line Managers	Reference
• Ensure this Policy is brought to the attention of, and implemented by all	6.4.1
employees and others as appropriate	
 In consultation with employee ensure that an operational plan is developed to support the implementation of this Manual Handling and People Handling Policy 	6.4.2
 Ensure that appropriate resources are available to support the implementation of this policy in their area 	6.4.3
 Where manual handling and/or people handling activities cannot be avoided, ensure that appropriate written risk assessments are carried out in consultation with employees, taking account of the working environment, systems of work and any necessary control measures put in place to reduce the level of risk as far as is reasonably practicable 	6.4.4
 Ensure the findings of the written risk assessment are recorded, implemented and communicated to the employee undertaking the tasks in question and reviewed when necessary 	6.4.5
• Ensure that the posses the necessary information, training and supervision to implement the standards for safe manual handling in their area of responsibility Ensure that where services have access to Manual and People Handling Co-ordinators/Advisors/Instructors, Quality and Safety Manager, Occupational Therapist, Physiotherapist their assistance/advice is sought	6.4.6
where necessary. Where services require access to appropriate assistance/advice requests can be made through the National Health & Safety Function at www.hse.ie/safetyandwellbeing	6.4.7
 Ensure that a manual handling training needs assessment, informed by the risk assessment process, has been undertaken for each employee. Ensure records of all training undertaken are maintained as per local arrangements 	6.4.8
• Ensure that refresher / update training is provided at no greater than three yearly intervals or where there is any major change in the work involved or	6.4.9
equipment used, or when an employee is transferred to another activity requiring different loads to be handled.	6.4.11
 Ensure employees are adequately supervised in the performance of their manual and people handling tasks. 	6.4.10
Ensure Manual Handling Equipment is purchased in consultation with key stakeholders, e.g. Physiotherapists, Occupational Therapists, Moving &Handling co-ordinators / Advisors / Instructors (where available), and any other appropriate personnel, and the needs of both service users and employees must be considered.	6.4.12
This equipment must be easily accessible, properly maintained and service records retained.	
 Ensure that employees receive the necessary information, instruction, training and supervision on the correct use of manual handling and people handling equipment (e.g. hoists, small handling aids, self leveling trolleys). Training on the use of other work equipment should cover manual handling where necessary. 	6.4.13
 Ensure that induction for Agency Employee covers local Manual Handling and People Handling procedures. 	6.4.14
• Liaise with the Occupational Health Department where health issues may	6.4.15

	have a bearing on an employees' ability to undertake manual handling and/or people handling	
•	Report unsafe environments and systems of work to the relevant senior manager and take immediate action that may be required to reduce or minimise the risk	6.4.16
•	Investigate accidents, incidents and near misses in line with the HSE Safety Incident Management Policy, 2014	6.4.17
•	Ensure that where risks cannot be controlled locally they are escalated to the appropriate service risk register.	6.4.18

Employee	Reference
• Adhere to and apply this Policy, any supporting local guidelines, operational plans and safe systems of work and any associated risk assessments	6.5.1
Take reasonable care of their own safety, health and welfare and that of others i.e. colleagues and service users when conducting manual handling and people handling activities	6.5.2
Co-operate in the regular review of risk assessments and control measures to ensure that they are valid and are being effectively implemented and/or updated as required	6.5.3
Attend mandatory manual handling / people handling training sessions and ensure skills taught are implemented	6.5.4
• Ensure their skills are current and inform their Manager of their training needs	6.5.6
Be aware of the quality of their handling skills and work towards developing excellence in this area	6.5.5
When undertaking team handling, use an agreed command to time procedure	6.5.7
Make themselves aware of the safe working loads of equipment/furniture within their area	6.5.8
• Inform their line manager of any reason (e.g. musculo-skeletal injury, illness or pregnancy), which might affect their ability to perform manual handling and people handling tasks or increase the risk presented	6.5.9
Work within their capabilities and limitations to ensure they are competent in using manual handling equipment in their area	6.5.10
Report any defects in equipment/machinery or the place of work and any unsafe systems of work to their line manager	6.5.11
Reporting accidents, incidents and any difficulties in the implementation of this policy	6.5.12
Ensure their clothing and footwear is appropriate for their work	6.5.13
• Inform their Line Manager if they experience any difficulties in the implementation of this policy	6.5.14

HSE Manual and People Handling Implementation Plan

Implementation of this Policy forms an integral part of the Safety Management System and is underpinned by effective consultation, communication, supervision, monitoring, audit and review. The following flowchart illustrates the day to day implementation steps.

