

# The Scottish Manual Handling Passport Scheme



**Alba Clàr-trèanaidh Làimhseachaidh**



## Foreword

This document has been produced to help employers, managers, manual handling practitioners and employees reduce the risk of injury from manual handling, which is still a significant cause of work related ill health and sickness absence in Health Boards and Local Authorities in Scotland.

The Manual Handling Operations Regulations 1992 (as amended) have been in place for over 20 years, yet organisations continue to face challenges in reducing the risk of injury from manual handling. Providing specific information, instruction and training on manual handling injury risks and prevention plays an important part in reducing this risk and potential working days lost.

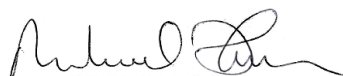
The Scottish Manual Handling Passport Scheme is the culmination of Health Boards and Local Authorities within Scotland working together towards a shared vision - to clarify the minimum requirements for manual handling education arrangements across these sectors and by doing so, to promote national consistency.

The Scottish Manual Handling Passport Scheme is directed at all manual handling activities in health boards and local authorities. In particular it is this type of joint working that the Scottish Government is keen to encourage with our plans to integrate adult health and social care. The introduction of the Public Bodies (Scotland) (Joint Working) Act aims to ensure that health and social care provision across Scotland is joined-up and seamless, especially for people with long term conditions and disabilities, many of whom are older people. Its implementation will be a positive step towards achieving our integration strategy goals.

By participating in the scheme:

- employers will be sending a clear message of commitment - that by educating their employees to a nationally consistent level, the risk of injury from poor practice should reduce
- in turn, this should contribute to improved quality of care and service provision, and
- secure welcome savings, as staff can transfer their skills between participating organisations without the need for unnecessary repeat training

Implementing the management systems and guidance contained in this document represents a reasonably practicable way of meeting legal requirements.



Michael Matheson  
**Minister for Public Health**



Derek Mackay  
**Minister for Local  
Government and Planning**



Councillor William Hendry  
**COSLA Spokesperson for Strategic  
Human Resource Management**

## **Statement of support from the Health and Safety Executive**

The Health and Safety Executive welcomes the manual handling education, foundation curriculum, assessment and management arrangements contained in the Scottish Manual Handling Passport Scheme and was involved and consulted in producing this guidance. Following the guidance is not compulsory, unless specifically stated, and you are free to take other action. Some of the content may go further than the minimum you need to do to comply with the law. However if you do follow the guidance you will normally be doing enough to comply with the law. Health and safety inspectors seek to secure compliance with the law and may refer to this guidance.



Alistair McNab, **HSE Director Scotland and Northern England**

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## 1 Introduction

The Scottish Manual Handling Passport Scheme (SMHPS) is an initiative designed to improve the standard and consistency of manual handling training / education and the systems (process/procedures) that underpin it within Health Boards<sup>1</sup> and Local Authorities (LA) in Scotland.

It consists of three elements:

- manual handling organisation
- education, training and assessment, and
- an audit tool and guidance with criteria for manual handling documentation.

The 'Passport' element of the scheme is the record used to confirm an employee's manual handling training /assessments. Employees can use it to provide evidence of manual handling training/competence when transferring to other departments/ organisations, thereby avoiding any unnecessary repeat training. (See sample document Appendix 1).

By implementing the guidance contained in this document, participating organisations can ensure that manual handling training and education is being provided to an acknowledged and consistent level.<sup>2</sup>

## 2 Target audience

The SMHPS is aimed at LA / NHS employers and managers with responsibility for manual handling. It will also be of use to others eg those who provide competent advice, deliver training, practise and receive training, etc, including:

- manual handling practitioners / trainers ( those engaged specifically in an MH role)
- health and safety professionals
- employees.

Although developed for the public sector, private and voluntary organisations are encouraged to participate too. The Further / Higher Education sector, in designing courses to prepare the public sector workforce of the future, should also take cognisance of this guidance.

This latest version of the SMHPS replaces its predecessor,<sup>3</sup> launched in 2011, which applied to NHS Scotland only.

## 3 Context

Poor practice in manual handling - from moving equipment, laundry, catering, supplies, waste, refuse, etc to assisting people to move - causes over a third of all workplace

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<sup>1</sup> The Scottish Ambulance Service has specific additional manual handling needs to other organisations, however fully supports the aims and objectives of the SMHPS.

<sup>2</sup> SMHPS guidance is based on National Back Exchange (NBE) Standards in Manual Handling 3rd Edition (2010), derived from various authoritative sources e.g. HSE, RCN, CSP, COT, etc.

<sup>3</sup> The NHS Scotland Manual Handling Passport and Information Scheme issued under CEL 14 (2011) on 18 March 2011.

injuries. Within Health Boards and Local Authorities it accounts for a significant number of working days lost.

Wherever possible, hazardous manual handling tasks should be avoided. If this is not possible, employers should assess the risks and put sensible health and safety measures in place eg lifting aids where necessary, to prevent injury.

Providing specific information, instruction and training on manual handling injury risks and prevention plays an important part in reducing the risk of injury.

Participation in the SMHPS is not mandatory. However, participation signifies an employer's commitment to educate their employees to a minimum level and sets a benchmark against which organisations can be measured. It will also help employers demonstrate compliance with the law and reduce the likelihood of litigation cases and complaints. Private and voluntary organisations, contracted to deliver services to participating LAs and Health Boards, will be expected to participate in the scheme as appropriate.

#### **4 Aims of the SMHPS**

These are:

- To reduce manual handling injuries to employees and other people
- To ensure consistency in manual handling education/training and assessment within participating organisations
- To provide a mechanism whereby skills can be transferred between participating organisations
- To minimise duplication within participating organisations
- To provide guidelines for use in commissioning contracted services.

#### **5 Definitions of terms used within this document**

*Manual Handling:* Transporting or supporting of a load (including the lifting, putting down, pushing, pulling, carrying or moving thereof) by hand or by bodily force as well as postural loading from fixed working postures.

*People / Person:* The person being moved, including, patients, clients and service users.

*Employee:* Anybody working under direction of the employer.

*Competence:* "The combination of training, skills, experience and knowledge that a person has and their ability to apply them to perform a task safely. Other factors, such as attitude and physical ability, can also affect someone's competence."

(<http://www.hse.gov.uk/competence/what-is-competence.htm>)

*Education:* The imparting and acquiring of knowledge through teaching and learning.

*Training:* The process of teaching or learning a skill or job.

## 6 Legal requirements<sup>4</sup>

The key health and safety legislation that applies to the SMHPS is summarised below. Implementing the management systems and guidance contained in this document represents a reasonably practicable way of meeting these legal requirements:

- **The Health and Safety at Work, etc Act 1974** – requires employers to provide information, instruction, training and supervision to employees
- **The Management of Health and Safety at Work Regulations 1999** - management arrangements, training on recruitment, when risks change and repeated as appropriate
- **The Manual Handling Operations Regulations 1992 (as amended) (MHOR)**– unavoidable hazardous manual handling (MH) operations assessed; risk of injury reduced; underlying risks recognised by employees; tasks, individual capability, load, environment, safe working systems and use of equipment considered
- **The Provision and Use of Work Equipment Regulations 1998 (PUWER)** – employees trained in use, risks and precautions of work equipment
- **The Lifting Operations and Lifting Equipment Regulations 1998 (LOLER)**– lifts planned/executed safely; supervised by competent people; systems for thorough examination and inspection of lifting equipment.

## 7 How to use this document

The SMHPS comprises the sections below. Participating organisations should implement the guidelines for each of these sections, as appropriate, to ensure that MH training / education is provided consistently.

- **Section 1 - Manual Handling Organisation** - outlines management arrangements, essential pre-training requirements and competencies for roles involved in managing and implementing the education programme.
- **Section 2 - Manual Handling Education, Foundation Curriculum and Assessment**- contains details of the SMHPS modular education and foundation training programme and guidance on continuing education and competency assessment.
- **Section 3 Manual Handling Documentation**, divided into three parts:
  - **Section 3A –An audit tool** for use in the format provided
  - **Section 3B –Guidance documents** – contains guidance for developing a MH policy framework and competencies for MH roles
  - **Section 3C – Minimum criteria for manual handling documents** – provides criteria to use when developing documents (as Appendices) including a ‘Passport’ document.

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<sup>4</sup> SMHPS concentrates on the application of health and safety law. There may be other related legislative requirements or standards set by public / professional bodies with which employers / employees need to comply, for example, fitness to practise and registration requirements.

## **8 Monitoring the implementation of the Scottish Manual Handling Passport Scheme**

After the launch of the SMHPS, a new Scottish Manual Handling Passport Group will be formed. The Group will include representatives from LAs, NHS Boards and other stakeholders. Whilst its terms of reference will be confirmed in due course, its responsibilities are likely to include:

- reviewing SMHPS uptake and promotion, as appropriate
- ensuring the integrity of the SMHPS, by periodically reviewing its content, in line with legislation and current evidence based practice, and
- arranging for the inclusion of new material (eg modules) and information, as required.

## **SECTION 1 MANUAL HANDLING ORGANISATION**

### **1.1 Essentials**

For the control of manual handling (MH) risks to be effective, certain essential elements should be in place. These are summarised as follows:

- Management commitment and support for the organisation's MH strategy and service delivery, communicated and followed through at all levels
- Effective MH management arrangements which comply with current legislation and guidance and promote evidence based practice and employee health
- Allocation of sufficient resources by the organisation to implement, develop and deliver the MH strategy
- Competent individuals identified to undertake key MH roles
- Systems to assess the risks and identify control measures, including education
- Systems to identify learning needs of employees including a suitable and sufficient education programme to address needs identified
- Systems to audit, monitor and review MH incidents and practices
- Consideration of an individual's ability to perform MH activities / operations safely, supported by:
  - adequate provision of Occupational Health support / advice
  - adequate advice to managers about the capability of individuals with pre-existing musculoskeletal disorders to undertake MH activities safely
  - acknowledgement by employees of the need to report restrictions which may impact on their ability to practise / undertake MH activities safely eg pregnancy, back problems, etc.



## **1.2 Policy Framework**

Arrangements should be in place, which set out the organisation's commitment to reducing and managing the risks from MH activities. These should include strategic and operational responsibilities and management arrangements, as well as information on the risk assessment process, training, provision / maintenance of equipment, monitoring, review and employee reporting.

Organisations can either document these arrangements as a discrete MH policy or procedure, or as a suite of documents eg risk assessments, protocols, etc which link directly into the organisation's overarching health and safety policy. Whichever approach is taken, the objective should be the same and should allow for effective management of all hazardous handling activities carried out.

Further policies / protocols may be developed for services / departments which set out local and operational detail. The same framework may be applied.

Guidance on developing a MH policy framework is contained in Section 3B.

## **1.3 Competencies for Manual Handling roles**

Those involved in implementing MH strategy, or delivering MH services at organisational and / or local levels, need to be competent to perform their prescribed roles. How these roles are assigned will depend on the organisation and the people concerned. Section 3B identifies key functions, roles, competency criteria and evidence.

Where a particular qualification is required to meet the needs of a service area, then this should be met through the job specification for that particular post. The National Back Exchange (NBE)<sup>5</sup> have person specifications that can be referenced for this purpose.

## **1.4 Foundation Education and Training – Organisation and Implementation**

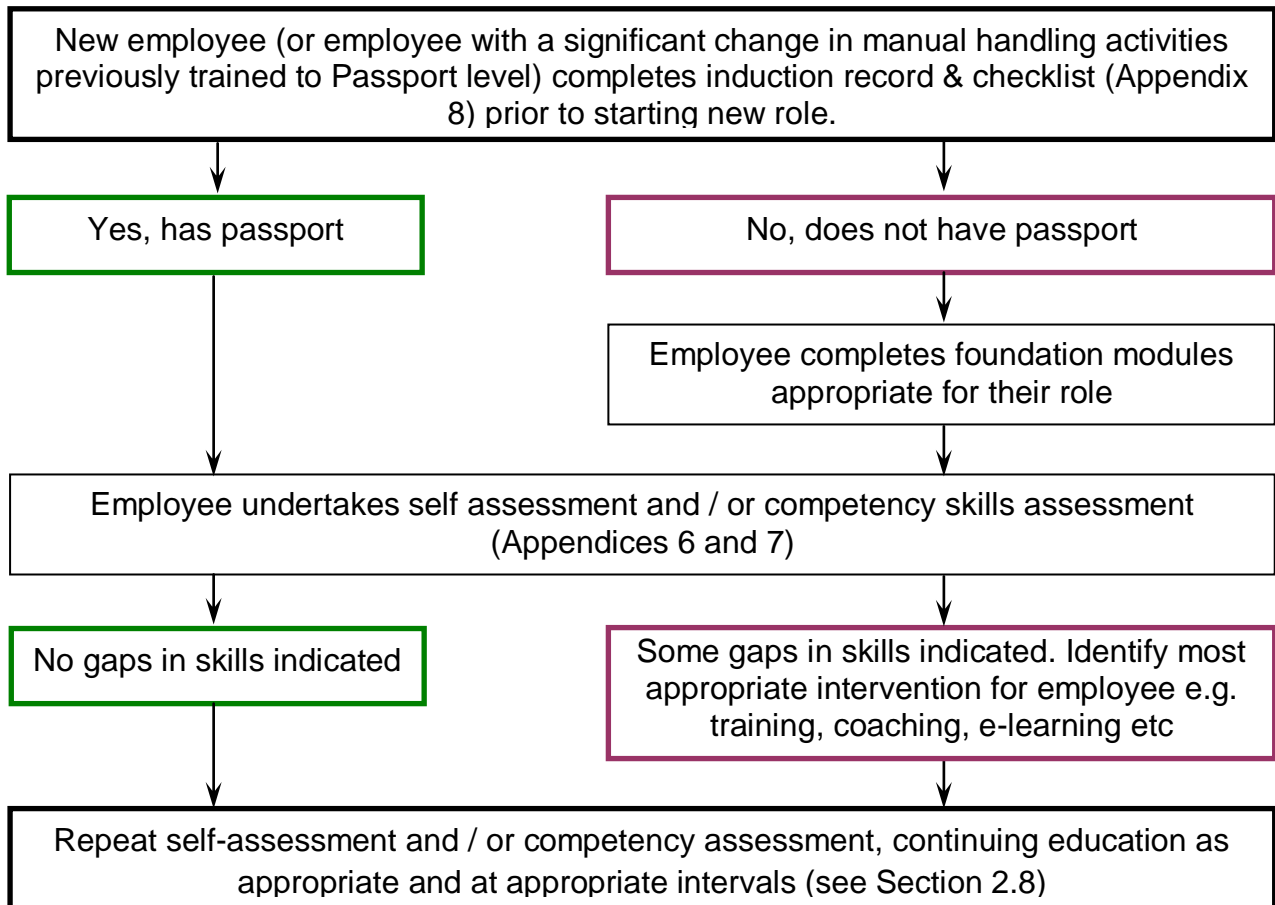
People at all levels in the organisation, undertaking MH activities, need to be educated in MH, appropriate to their roles.

For new employees, an induction record should be completed prior to commencement of MH activities. This should help to identify previous MH training and determine additional input required prior to employees undertaking higher risk handling activities. During the initial induction period a MH checklist should be completed to record the employee's awareness of relevant local arrangements. Figure 1 summarises this. Further details are contained in Appendix 8.

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<sup>5</sup> The National Back Exchange (NBE) is the professional body for manual handling practitioners in the UK.

**Figure 1. Passport process for new employees**



Trainees must be sufficiently supervised. For practical sessions, ideally a ratio of 6 trainees (max of 8) to 1 trainer for people handling and 8 trainees (max 10) to 1 trainer for inanimate load handling is recommended<sup>6</sup>. Consideration of these ratios should take into account:

- The baseline knowledge and experience of the trainee(s) / trainer
- The layout of the training venue (should be fit for purpose)
- The equipment available to facilitate practical training
- The complexity and nature of the MH activities to be practised.

All modules of the SMHPS should be delivered in an appropriate and suitably equipped environment.

For existing employees, ongoing monitoring and review is necessary to determine any continuing education needs (Section 2.8).

<sup>6</sup> NBE Standards in Manual Handling 3<sup>rd</sup> Edition (2010)

## **1.5 Training – Planning and Recording**

Arrangements for training should include/consider:

- Manual handling theory (eg Module A) to provide underpinning knowledge (ideally completed before other modules)
- Length of training - sufficient time to encourage and develop a change in knowledge, attitude, behaviour and skills and to practise (not just observe demonstrations) and develop practical skills under close supervision
- A process to ascertain trainees' fitness to participate in practical elements, prior to the start of training
- Feedback to management where trainees have experienced difficulty participating in any part of the training session including where trainees fail to attend
- Attendance Records to record all trainees' attendance, signed by trainer and all trainees (Appendix 2)
- A Record of Training to record the key topics / manoeuvres covered during the training session (Appendix 3)
- Feedback and evaluation of training, in accordance with participating organisations' management arrangements (Appendix 5)
- Arrangements for retention of records of training in line with organisational policies for document storage and retention.

## **1.6 External training providers**

Where participating organisations commission training from an external training provider, this should meet the requirements of the SMHPS. The expectations of the commissioning organisation and provider should be clearly stated at contract stage and through ongoing monitoring processes.

## **1.7 Monitoring and support**

The organisation should have systems in place to ensure practice and post training activities are monitored in the workplace to enable unsafe practice to be corrected. There should be a support network within or available to the organisation, whereby managers and employees can access support to supplement / consolidate training previously provided to enable employees to undertake safe practice.

## **1.8 Audit and Review**

Adequate arrangements should be in place to audit and review the effectiveness of an organisation's MH arrangements, including implementing the SMHPS. An audit tool to demonstrate compliance with SMHPS requirements is provided at Section 3A.

## **SECTION 2 MANUAL HANDLING EDUCATION, FOUNDATION CURRICULUM AND ASSESSMENT**

### **2.1 Manual Handling Foundation Training Curriculum**

This section contains details of the SMHPS education and foundation training programme, which consists of six modules. This modular approach allows for flexibility in delivery, as well as tailoring the training to the needs of the individual.

This section also provides guidance on continuing education and competency assessment.

The aim of the curriculum is to provide employees with the MH skills and knowledge to reduce the risk of musculo-skeletal injuries to themselves and others caused by poor MH practice in the workplace. The practical people handling modules also aim to encourage independence and safety for service users and an approach should be promoted that takes their needs, rights and dignity into account. This should contribute to reduced employee sickness absence as well as improved outcomes for people using the service. The modules cover the following topics:

- Module A - Manual Handling Theory
- Module B - Manual Handling of Inanimate Loads
- Module C - Chair Manoeuvres
- Module D - Bed Manoeuvres
- Module E – Hoisting
- Module F - Lateral Transfers

Organisations participating in the SMHPS should ensure that their training courses meet the purpose and learning outcomes specified within each training module.

Trainees should be assessed throughout the module in line with its learning outcomes.

The trainee's record of the modules completed, with verification from the organisation that the individual has met the learning outcomes, will be kept by the organisation and be accessible to the trainee as required. Some organisations may provide their trainees with a record of their training in the form of a paper copy of the Manual Handling Passport (Appendix 1) or in an equivalent secure electronic format.

The modules above are identified as the 'core' modules<sup>7</sup> required for foundation MH education, specific to the role of the employee. Additional job specific training requirements are not set out within this document, as these should be determined in accordance with local requirements. However, where additional job specific modules are developed and agreed nationally, a mechanism will be created to enable their retrospective inclusion in this document.

The learning outcomes for each module represent the minimum requirement of the SMHPS, however, additional outcomes may be added by organisations if required.

Arrangements for employees new to the organisation are addressed in Sections 1.4 and Appendix 8.

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<sup>7</sup>Contents of training modules are derived from the All Wales Manual Handling Training Passport and Information Scheme and from peer consensus via the Scottish Manual Handling Passport Steering Group.

## 2.2 Module A – Manual Handling Theory

The suggested *minimum* time for this session is 1½ – 3 hours, depending on the mode of delivery.

### **Purpose**

To provide underpinning knowledge necessary to reduce the risk of musculo-skeletal disorders caused by poor manual handling in the workplace.

**Learning outcomes**– by the end of the session the trainee should be able to:

- A1. Define the term “manual handling”
- A2. Describe the causes and effects of musculo-skeletal disorders (MSD's)
- A3. State basic methods of promoting and managing their own musculo-skeletal health both in and outside the workplace
- A4. Outline how legislation applies to manual handling at work
- A5. Describe the principles of ergonomics and risk assessment (formal and dynamic) in reducing the risk of manual handling injury, including Avoid, Assess, Reduce and Review
- A6. Identify the key areas, and other related factors such as guideline weights, to be considered when undertaking a manual handling risk assessment
- A7. Describe the principles of safer manual handling
- A8. Identify the risks involved in team handling
- A9. Describe the importance of good communication in relation to manual handling
- A10. Outline the management of manual handling within the organisation eg policy, Scottish Manual Handling Passport Scheme, organisation of education and support, access to occupational health, incident reporting
- A11. Describe the potential impact on others of poor manual handling practice
- A12. Identify high risk activities / manoeuvres.

## 2.3 Module B –Manual handling of inanimate loads

The suggested *minimum* time for this session is 1 – 2 hours. If independently delivered Module A should be reinforced during the course of the module.

### **Purpose**

To provide instruction and facilitate the application of inanimate load risk assessment to ensure the health and safety of employees.

**Learning outcomes** – by the end of the session the trainee should be able to:

- B1. Describe the principles of safer manual handling of loads including assessing the weight prior to moving
- B2. Describe undertaking a manual handling risk assessment of an inanimate load (when it is not reasonably practicable to avoid a hazardous manual handling task) from a given scenario

- B3. Describe the risks associated with activities involving static postures, such as working at a desk, driving a vehicle, standing at a conveyor belt etc (as appropriate to the trainee's workplace)
- B4. Identify how the principles of safer handling can be applied to all handling activities
- B5. Outline the importance of posture and the application of ergonomic principles, appropriate to the workplace and work activity
- B6. Demonstrate competence in the application of safer manual handling principles to activities as appropriate in the workplace, for example:
  - i. Pushing and pulling
  - ii. Lifting and lowering a load from low / high levels
  - iii. Carrying a load
  - iv. Sitting in a vehicle / at an office desk / workstation set up etc.
- B7. Where equipment is used, demonstrate safe use, including pre-use checks, limitation on use and emergency functions of equipment.

During the training session the trainee will be given the opportunity to practise all relevant manoeuvres outlined above specific to their individual needs.

## 2.4 Module C - Chair Manoeuvres

The suggested *minimum* time for this session is 2 – 3 hours, dependent on individual need. If this module is delivered independently, Module A should be reinforced during the course of the module.

### **Purpose**

To provide instruction and training for assisting a person in, from and to a seated position.

**Learning outcomes** – at the end of the session, the trainee should be able to:

- C1. Describe the principles of manual handling of people
- C2. Demonstrate an understanding of human movement to maximise a person's independence
- C3. Identify the key areas of undertaking a manual handling risk assessment of a person
- C4. Describe undertaking a manual handling risk assessment of a person from a given scenario
- C5. Describe high risk / controversial practices as relevant to their workplace
- C6. Describe how the person and others (eg carers) are fully involved in making decisions around their manual handling
- C7. Where equipment is used, demonstrate safe use including pre-use checks, limitations on use and emergency functions
- C8. Demonstrate competence undertaking the following manoeuvres, utilising appropriate principles of manual handling when a person is being instructed and / or assisted by one carer and two carers, including where appropriate, the use of relevant handling aids:

- i. Assisting a person forward and back in a chair
- ii. Sitting to standing and standing to sitting from / on a chair
- iii. Sitting to standing and standing to sitting from / on a bed
- iv. A standing transfer from bed to chair and chair to bed
- v. Assisted walking
- vi. Raising the fallen person - instructing the person to raise him / herself

C9. Describe how to deal with the following manual handling scenarios

- i. The falling person (discussion of the falling person is expected, however, whether trainers demonstrate and trainees practise these scenarios is at the discretion of the trainer and the organisation, it is not a SMHPS requirement)
- ii. Assisting the fallen person out of a confined space

During the training session the trainee will be given the opportunity to practise all relevant manoeuvres outlined above, specific to their individual needs.

Suggested Equipment: slide sheets, one-way slide sheet, standing turning aids, transfer boards, lifting cushion.

**NB.** The term 'Bed' can include plinths, trolleys and theatre tables.

## 2.5 Module D - Bed Manoeuvres

The suggested *minimum* time for this session is 2 – 3 hours, dependent on individual need.

If this module is delivered independently, Module C, learning outcomes C1-6 should be included, or recapped if previously covered. In addition, Module A should be reinforced during the course of the module.

### **Purpose**

To provide instruction and training for assisting a person in a bed.

**Learning outcomes** – by the end of the session the trainee should be able to:

- D1. Demonstrate appropriate posture whilst working at a bed, when for example, assisting with activities of daily living, treating, examining a person, making a bed etc
- D2. Demonstrate competence undertaking the following manoeuvres, utilising appropriate principles of manual handling when a person is being instructed and / or assisted by a) one carer, and b) two carers, including where appropriate, the use of relevant handling aids:
  - i. Inserting, using and removing tubular and / or flat slide sheets
  - ii. Turning a person in bed
  - iii. Repositioning the supine person in the bed
  - iv. Assisting a person from supine lying to long sitting
  - v. Assisting a person from supine to sitting over the edge of the bed
  - vi. Assisting a person to lie down from sitting on edge of bed
- D3. Demonstrate competence in the safe use and functionality of electric profiling beds (if available)

D4. Where equipment is used, demonstrate safe use including pre-use checks, limitation on use and emergency functions

During the training session the trainee will be given the opportunity to practise all relevant manoeuvres outlined above, specific to their individual needs.

Suggested Equipment: slide sheets, handling sling, bed ladder, hand blocks, leg raiser, electric profiling bed, lateral transfer aid, divan bed.

**NB** The term 'Bed' can include plinths, trolleys and theatre tables.

## 2.6 Module E - Hoisting (P, A, O, S)

The suggested *minimum* time for this session is 2 – 3 hours, dependent on individual need and the number of elements included.

The needs of employees receiving this module can vary considerably. For example, some groups may require training on over head track hoists only, some on pool hoists only and others will require all hoist types to be included. Therefore, the delegate will receive training on the hoist type (P, A, O, S) specific to their needs:

- P** – Passive mobile hoist, whose main purpose is to lift the full body weight of a person (learning outcomes E1-5)
- A** – Active mobile hoist (standing hoists), whose main purpose is to transfer a person whilst facilitating active weight bearing through their lower limbs (learning outcomes E1-5)
- O** – Overhead tracking, as per passive hoists but mounted on an overhead system (learning outcomes E1-5)
- S** – Static pool side hoist, hoists designed to transfer a person into a pool (learning outcomes E1-3 and 6)

The module will be awarded as Module E / \_\_ with the code for the hoist type trained on, for example, a delegate receiving training involving passive, active and overhead track hoists will receive Module E / PAO; a delegate receiving training on static pool side hoists only (eg pool side attendants) will receive Module E / S

If this module is delivered independently, Module C, learning outcomes C1-6 should be included, or recapped if previously covered. In addition, Module A should be reinforced during the course of the module.

### **Purpose**

To provide instruction and training in the use of hoists to move and/or transfer people.

**Learning outcomes** – by the end of the session the trainee should be able to:

- E1. Describe the safe use and functionality of hoists, and the generic types of hoists available (eg active / passive etc)
- E2. Check hoist equipment is in date with regards to LOLER inspection and servicing
- E3. Understand the person's needs / conditions that can affect safe hoisting eg awareness and co-operation, communication, restlessness, etc
- E4. Demonstrate an awareness of the different type of slings including selection via



size, function eg toileting, safe working load (SWL) and clip versus loop attachments, by being able to discuss the use of slings (and the effect different loop selection on a loop sling has on the person's position)

- E5. Demonstrate competence undertaking the following activities and safe use of equipment, including pre-use checks, limitation on use, and emergency functions:
- i. Sizing / measuring a sling against the person
  - ii. Inserting and removing a sling with a person in sitting
  - iii. Hoisting a person from one surface to another eg bed to chair, chair to toilet
  - iv. For Modules E / PO only:
    - Hoisting a person from / to the floor
    - Inserting and removing a sling with the person in a lying position
- E6. Demonstrate competency in using a pool hoist (including pre-use checks, limitation on use and emergency functions) and its accessories to transfer a person in and out of a pool

During the training session the trainee will be given the opportunity to practise all relevant manoeuvres outlined above specific to their individual needs.

Suggested Equipment: Passive Mobile / Overhead Track Hoist (a sling lifting hoist, capable of lifting from the floor); Active Hoist; Pool Hoist (and its range of accessories); slide sheets; and a selection of appropriate slings.

## 2.7 Module F - Lateral Transfers

The suggested *minimum* time for this session is ½ - 1 hour, dependent on individual need. This module is aimed at employees who handle people for lateral transfers.

If this module is delivered independently, Module C, learning outcomes C1-6 (as applied to lateral transfers) should be included, or recapped if previously covered. In addition, Module A should be reinforced during the course of the module.

### **Purpose**

To provide instruction and training for moving people laterally from one surface to another, for example, bed to trolley.

**Learning outcomes** – by the end of the session the trainee should be able to:

- F1. Demonstrate competence in performing a lateral supine transfer from bed to trolley / trolley to bed utilising the appropriate principles of manual handling with the person being assisted by the relevant number of carers and using the relevant handling aids
- F2. Where equipment is used, demonstrate safe use including pre-use checks, limitation on use and emergency functions

During the training session the trainee will be given the opportunity to practise all relevant manoeuvres outlined above specific to their individual needs.

Suggested equipment: full length lateral transfer aids and slide sheets, transport trolleys, beds, mortuary trolleys.

## 2.8 Continuing Education / Competency Assessment

Continuing education will be required in a number of circumstances, including:

- the employee and / or employer has identified a learning need
- the employee is not working competently
- there is a change in legislation or professional guidance
- there is a change in working procedures
- different equipment is introduced
- a need is indicated following an adverse incident

Continuing education can include: face to face training; coaching or advice; e-learning modules; signposting to further information for self study; self reflection of practice; and / or peer monitoring.

Ongoing monitoring and review is necessary to determine any continuing education needs. This can be achieved by using a Competency Assessment approach, which targets resource at an individual level. In addition to the Competency Assessment approach, the employee should be encouraged to identify their own learning needs. This may be through self assessment or as part of a development / supervision review process (Appendix 6). These assessments will identify specific gaps in an individual's knowledge and / or skills, which need to be addressed through continuing education.

Where the organisation does not have a competency assessment process in place for monitoring and reviewing the competence of employees, a formal refresher / update education programme should be provided. This can be informed by the individual undertaking a self assessment of their learning needs or through a development / supervision review process.

The frequency of continuing education / assessment should be informed by the risk assessment outcomes, including, competency assessments outcomes; injury data; incident data; RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) data; occupational health data; and local sickness absence.

## SECTION 3 MANUAL HANDLING DOCUMENTATION

As identified in the introduction, this section is split into three:

- **Section 3A – An audit tool**, for use in the format provided.
- **Section 3B – Guidance documents**  
This is split into two parts, the first containing guidance for developing a MH policy framework; and the second, guidance for developing job specific MH roles using competencies.
- **Section 3C – Minimum criteria for manual handling documents**  
This section provides guidance and minimum criteria to use when developing documents. Sample forms or documents likely to be used are provided within the appendices, including a 'Passport' document.

## Section 3A Manual Handling Audit Tool

### Introduction

The purpose of the audit tool is to ensure that participating organisations can demonstrate compliance with the principles and guidance in the Scottish Manual Handling Passport Scheme (SMHPS). Although participation in the SMHPS is not compulsory, implementation of the guidance contained in it may be taken into account by health and safety inspectors when seeking demonstrations of compliance with the relevant legal requirements.

The audit tool may be used to audit the whole organisation or an individual service. The audit should be conducted by a competent person from within the organisation with knowledge of manual handling (MH), or by an External or Internal Auditor appointed by the organisation. If a competent auditor with no knowledge of MH is conducting the audit, a person from the organisation knowledgeable in MH should be present. The requirement to complete audits of Section 1, 2 and / or 3 of the audit tool is dependent on the nature of the audit and the circumstances in which it is being undertaken. For example, an audit of the training department by a competent person from within the organisation might only involve completion of the audit tool for Section 2, whereas the audit tool for all 3 Sections might be appropriate for an audit of the organisation by an External Auditor.

### Administration details

<b>1. Organisation</b>				<b>Date of Audit</b>		
<b>2. Type of Audit (please tick one)</b>	(i) external audit	<input type="checkbox"/>	(ii) internal audit	<input type="checkbox"/>	(iii) local (organisation)	<input type="checkbox"/>
<b>a) Audit organisation (if external):</b>						
<b>b) Name of auditor:</b>				<b>Signature:</b>		
<b>c) Designation of Knowledgeable Person:</b>						
<b>d) Name of Knowledgeable Person:</b>				<b>Signature:</b>		
<b>3. Scope of audit (Please tick one)</b>	(i) Organisation	<input type="checkbox"/>	(ii) Part of Organisation	<input type="checkbox"/>	(iii) Local Department	<input type="checkbox"/>
If 3ii (Part of Organisation) or 3iii (Local Department, please give details:						

## Audit tool for Scottish Manual Handling Passport Scheme

1	The organisation has documented management arrangements in place to adequately control the risks from manual handling (MH) activities and there is management commitment and support to implement the MH strategy				
1.1	The organisation has their MH management arrangements documented and this complies with current legislation and guidance <b>Example of evidence:</b> <ul style="list-style-type: none"> <li>• Current MH policy or procedure including key elements outlined in SMHPS policy framework</li> </ul> <p style="text-align: right;"><i>Reference section 1.1 and 1.2</i></p>	Yes	No	Partial	Comments
1.2	The MH management arrangements are communicated at all levels. <b>Examples of evidence:</b> <ul style="list-style-type: none"> <li>• Organisational/ local induction</li> <li>• Training</li> <li>• Intranet/locally held policies</li> <li>• Quarterly / annual reports to Board Level / Senior Management Teams</li> <li>• Health and Safety Committee</li> <li>• Risk Management Committee</li> <li>• Confirmed in discussion with employees</li> </ul> <p style="text-align: right;"><i>Reference section 1.1</i></p>				

<b>2 The organisation identifies competent individuals to undertake key MH roles</b>					
<b>2.1</b>	Person(s) undertaking key MH roles at strategic, organisational and / or local level are identified	<b>Yes</b>	<b>No</b>	<b>Partial</b>	<b>Comments</b>
	<p><b>Examples of evidence:</b></p> <ul style="list-style-type: none"> <li>• MH management arrangements identify responsible person(s)</li> <li>• The roles are clearly defined through eg job description, role profiles or procedural arrangements</li> </ul> <p><i>Reference section 1.1, 1.2 and 3B.2</i></p>				
<b>2.2</b>	Person(s) undertaking key MH roles meet the relevant competency criteria detailed in Section 3B.2	<b>Yes</b>	<b>No</b>	<b>Partial</b>	<b>Comments</b>
	<p><b>Examples of evidence:</b></p> <ul style="list-style-type: none"> <li>• System in place for ensuring competence of those undertaking key MH roles as detailed in Section 3B.2</li> </ul> <p><i>Reference section 1.1 and 3B</i></p>				

<b>3 The organisation allocates sufficient resources to implement, develop and deliver the MH education strategy in line with the MH management arrangements</b>					
<b>3.1</b>	There is access to sufficient MH practitioners to deliver the MH strategy.	<b>Yes</b>	<b>No</b>	<b>Partial</b>	<b>Comments</b>
	<p><b>Examples of evidence:</b></p> <ul style="list-style-type: none"> <li>• MH management arrangement documentation</li> <li>• Job descriptions / role profiles</li> <li>• The strategy is being delivered timeously</li> <li>• Evidence of workplace MH practitioners eg link workers, key workers</li> </ul> <p><i>Reference section 1.1, 1.2 and 1.7</i></p>				

<b>3.2</b>	<p>There is a maximum ratio of 1 trainer to 8 trainees (or 2:16) for practical people handling sessions and 1 to 10 for inanimate load handling sessions.</p> <p><b>Examples of evidence:</b></p> <ul style="list-style-type: none"> <li>• Trainer notes</li> <li>• Training procedure / risk assessments</li> <li>• Attendance sheets</li> <li>• Training programmes / course plans</li> </ul> <p style="text-align: right;"><i>Reference section 1.4</i></p>	<b>Yes</b>	<b>No</b>	<b>Partial</b>	<b>Comments</b>
<b>3.3</b>	<p>Sufficient and appropriate equipment and training resources are provided to support the SMHPS training requirements.</p> <p><b>Examples of evidence:</b></p> <ul style="list-style-type: none"> <li>• Appropriate training venue</li> <li>• Equipment inventory and LOLER documentation</li> <li>• MH management arrangement documentation / training records</li> </ul> <p style="text-align: right;"><i>Reference section 1.1 and 1.4</i></p>				

<b>4</b>	<b>The organisation has systems in place to assess the risks arising from MH activities and to identify control measures</b>				
<b>4.1</b>	<p>A clear documented process for recording MH risk assessments and outcomes</p> <p><b>Examples of evidence:</b></p> <ul style="list-style-type: none"> <li>• Management arrangements describing MH risk assessment process</li> <li>• MH risk assessment documentation in place and meets minimum criteria in section 3C</li> <li>• Completed risk assessments and resultant safe systems of work</li> </ul> <p style="text-align: right;"><i>Reference section 1.1, 1.2 and 3C</i></p>	<b>Yes</b>	<b>No</b>	<b>Partial</b>	<b>Comments</b>

<b>4.2</b>	<p>There is clear delegation of MH risk assessment responsibilities</p> <p><b>Examples of evidence:</b></p> <ul style="list-style-type: none"> <li>• Management arrangements identify delegated responsibilities</li> <li>• System in place for ensuring competence of those undertaking MH risk assessment roles as detailed in Section 3B.2</li> </ul> <p style="text-align: right;"><i>Reference section 1.1, 1.2 and 3B.2</i></p>	<b>Yes</b>	<b>No</b>	<b>Partial</b>	<b>Comments</b>

<b>5</b>	<b>The organisation has systems to identify learning needs of employees including a suitable and sufficient education programme to address needs identified</b>				
<b>5.1</b>	<p>A suitable and sufficient education programme as informed by the SMHPS has been developed.</p> <p><b>Examples of evidence:</b></p> <ul style="list-style-type: none"> <li>• MH education strategy</li> <li>• Education programme for those undertaking key MH roles at local level eg MH risk assessors</li> <li>• Training course plans / bookings on internal training course management systems</li> </ul> <p style="text-align: right;"><i>Reference section 1.1</i></p>	<b>Yes</b>	<b>No</b>	<b>Partial</b>	<b>Comments</b>
<b>5.2</b>	<p>The organisation has an established process in place to ensure that new start employees do not undertake any higher risk handling activities until it has been identified whether they have undertaken foundation training.</p> <p><b>Examples of Evidence:</b></p> <ul style="list-style-type: none"> <li>• Process identified within management arrangements</li> <li>• Induction record documentation (eg appendix 8)</li> <li>• Training records</li> </ul> <p style="text-align: right;"><i>Reference section 1.1 and 1.4</i></p>				

<b>5.3</b>	Systems to identify learning needs of employees. <b>Examples of evidence:</b> <ul style="list-style-type: none"> <li>• Appropriately completed risk assessments</li> <li>• Audit reports</li> <li>• MH competency assessments / self assessments</li> <li>• Evidence of advice sought and actions taken</li> </ul> <i>Reference section 1.1 and 1.4</i>	<b>Yes</b>	<b>No</b>	<b>Partial</b>	<b>Comments</b>
<b>5.4</b>	The organisation ensures that contracted external training providers (where used) meet the SMHPS standards. <b>Examples of evidence:</b> <ul style="list-style-type: none"> <li>• Contractual / service level agreement</li> <li>• Documentary evidence from training provider</li> </ul> <i>Reference section 1.6</i>				

<b>6</b>	<b>The organisation records training in line with the SMHPS</b>				
<b>6.1</b>	Employee's attendance at MH education is recorded. <b>Examples of evidence:</b> <ul style="list-style-type: none"> <li>• Attendance Records</li> <li>• Course cancellation records</li> <li>• Failure to attend records</li> </ul> <i>Reference section 1.5</i>	<b>Yes</b>	<b>No</b>	<b>Partial</b>	<b>Comments</b>
<b>6.2</b>	Training is planned and recorded with reference to the guidance outlined in the SMHPS. <b>Examples of evidence:</b> <ul style="list-style-type: none"> <li>• Training records meet the minimum criteria of the SMHPS</li> <li>• Process for nominating employees onto training courses</li> <li>• System for recall and update training</li> <li>• Lesson plans and handouts</li> </ul> <i>Reference section 1.5 and 3C</i>				



<b>6.3</b>	<p>There is a system in place to monitor and feedback training attendance, non-attendance and non-achievement of the learning outcomes within the organisation</p> <p><b>Examples of evidence:</b></p> <ul style="list-style-type: none"> <li>• Risk Management Committee minutes</li> <li>• Health and Safety Committee minutes</li> <li>• MH Committee minutes</li> </ul> <p style="text-align: right;"><i>Reference section 1.5</i></p>	<b>Yes</b>	<b>No</b>	<b>Partial</b>	<b>Comments</b>
<b>6.4</b>	<p>The organisation retains evidence of trainees' attendance at foundation training modules to enable transfer of information between participating organisations:</p> <p><b>Examples of evidence:</b></p> <ul style="list-style-type: none"> <li>• Electronic or paper passport documents</li> <li>• Reference to passport document within employee induction literature</li> </ul> <p style="text-align: right;"><i>Reference section 1.5 and 3C</i></p>				

<b>7</b>	<b>The organisation has systems to audit, monitor and review MH incidents and practices</b>				
<b>7.1</b>	<p>Suitable arrangements are in place to monitor practices within the workplace.</p> <p><b>Examples of evidence:</b></p> <ul style="list-style-type: none"> <li>• Appropriately completed risk assessments</li> <li>• Audit reports</li> <li>• MH competency assessments</li> <li>• Evidence of advice sought and actions taken</li> </ul> <p style="text-align: right;"><i>Reference section 1.1 and 1.7</i></p>	<b>Yes</b>	<b>No</b>	<b>Partial</b>	<b>Comments</b>

7.2	Adverse incidents that result as a consequence of MH tasks or activities are reported, investigated, reviewed, and appropriate action taken, with lessons learnt communicated.	Yes	No	Partial	Comments
	<p><b>Examples of evidence:</b></p> <ul style="list-style-type: none"> <li>• Completed incident and RIDDOR reports</li> <li>• Investigation / lessons learnt reports</li> <li>• Unit / department / team meeting minutes</li> <li>• Health and safety committee minutes</li> <li>• Risk registers / action plans</li> </ul> <p style="text-align: right;"><i>Reference section 1.1 and 1.8</i></p>				
7.3	<p>There is a support network within or available to the organisation for access by managers and employees which:</p> <ul style="list-style-type: none"> <li>• Supports MH education provided</li> <li>• Allows for monitoring of practice in the workplace</li> <li>• Allows for provision of advice for more complex handling situations</li> <li>• Enables employees to undertake safe practice</li> </ul> <p><b>Examples of evidence:</b></p> <ul style="list-style-type: none"> <li>• Identified competent person(s) employed by the organisation to provide MH support and advice</li> <li>• Identified competent external person/agency contracted by the organisation to provide MH support and advice</li> <li>• Evidence of competent workplace employees with enhanced MH skills / knowledge eg link workers, key workers</li> </ul> <p style="text-align: right;"><i>Reference section 1.1 and 1.7</i></p>				

7.4	<p>A system is in place to audit and review the MH management arrangements and to ensure compliance with SMHPS guidance</p> <p><b>Examples of evidence:</b></p> <ul style="list-style-type: none"> <li>• Completed MH management arrangement audits</li> <li>• Completed SMHPS Compliance Audits</li> <li>• MH management arrangements outline process</li> </ul> <p><i>Reference section 1.1 and 1.8</i></p>	<b>Yes</b>	<b>No</b>	<b>Partial</b>	<b>Comments</b>

8 The organisation has provided foundation training that meets the aims & learning outcomes specified within the SMHPS					
8.1	<p>Length of training is commensurate with time scales set against each module.</p> <p><b>Examples of evidence:</b></p> <ul style="list-style-type: none"> <li>• Training plans meet minimum suggested module delivery time as per SMHPS</li> </ul> <p><i>Reference section 2.2 to 2.7</i></p>	<b>Yes</b>	<b>No</b>	<b>Partial</b>	<b>Comments</b>
8.2	<p>There is a process in place to ascertain individuals fitness to engage in the practical aspects of training prior to participating</p> <p><b>Examples of evidence:</b></p> <ul style="list-style-type: none"> <li>• Health questionnaires</li> <li>• Annual health and safety report</li> <li>• Training risk assessment</li> <li>• Trainer training plans outlines this requirement</li> </ul> <p><i>Reference section 1.5 and 3C</i></p>				
8.3	<p>Foundation training contains standard elements as per SMHPS modules, as appropriate to needs.</p> <p><b>Examples of evidence:</b></p> <ul style="list-style-type: none"> <li>• Training / module plans / records</li> </ul> <p><i>Reference section 2.2 to 2.7</i></p>				

<b>9</b>	<b>The organisation has implemented a system of assessment of competence and / or formal refresher/update education where the MH risk assessment has identified MH education as a control measure.</b>				
<b>9.1</b>	Formal refresher/update education programme or competence assessment occurs at appropriate time intervals. <b>Examples of evidence:</b> <ul style="list-style-type: none"> <li>• Organisation or local risk assessments</li> <li>• MH education strategy</li> <li>• Training records</li> </ul> <p style="text-align: right;"><i>Reference section 2.8</i></p>	<b>Yes</b>	<b>No</b>	<b>Partial</b>	<b>Comments</b>
<b>9.2</b>	Systems are in place to assist in the identification of specific gaps in an individuals knowledge / skills which influences the need for refresher / update education. <b>Examples of evidence:</b> <ul style="list-style-type: none"> <li>• Self assessment documentation</li> <li>• Induction record</li> </ul> <p style="text-align: right;"><i>Reference section 1.4 and 2.8</i></p>				

<b>10</b>	<b>The organisation has appropriate MH documentation that meets the minimum criteria identified in the SMHPS</b>				
<b>10.1</b>	The organisation's MH documentation meets the minimum criteria in the SMHPS. <b>Examples of evidence:</b> <ul style="list-style-type: none"> <li>• Attendance and/or Record of Training documentation</li> <li>• MH risk assessment documentation</li> </ul> <p style="text-align: right;"><i>Reference section 3C</i></p>	<b>Yes</b>	<b>No</b>	<b>Partial</b>	<b>Comments</b>

10.2	The documentation is completed accurately.	Yes	No	Partial	Comments
	<p><b>Examples of evidence:</b></p> <ul style="list-style-type: none"> <li>• A random sample of Attendance Records are audited</li> <li>• A random sample of Records of Training are audited</li> <li>• A random sample of MH risk assessments are audited as per organisational guidance</li> </ul> <p style="text-align: right;"><i>Reference section 3C</i></p>				

### Scoring methodology

1. The assessors will indicate their assessment of compliance with each of the various 'Areas', by ticking 'Yes', 'No' or 'Partial'. Where more than one element of evidence has been reviewed each of these elements will contribute to the assessment mark for each area of assessment. A 'Not Applicable' mark (N/A) may also be given, and no score should be given against such assessments, however, the 'max score' for that section on the table below should be amended for these areas, which will reduce the total score to below 50.
2. The allocation of scores for each of the 'Areas' will then be made by the assessor, based on the assessments of compliance and the associated comments. The scoring will be: **Yes = 2 / Partial = 1 / No = 0**
3. On completion of the audit the scores should be transferred to the Scoring Table

### Scoring table

	Score	Max score	%		Score	Max score	%		Score	Max score	%		Score	Max score	%
1		4		2		4		3		6		4		4	
5		8		6		8		7		8		8		6	
9		4		10		4		<b>TOTAL</b>				<b>56</b>			

## Scoring guidelines for manual handling compliance audit

The table below gives guidance on identifying the overall 'Audit Response Score' as identified by the 'Total' percentage score:

Response	Score	Rationale
<b>Nil Compliance</b>	0%	<ul style="list-style-type: none"> <li>No compliance anywhere in the organisation with any of the requirements set by the criterion.</li> </ul>
<b>Partial - Low Compliance</b>	1 - 29%	<ul style="list-style-type: none"> <li>A low degree of organisation wide compliance with the requirements set by the criterion</li> <li>Demonstrable evidence that a start has been made towards compliance in some or all parts of the organisation</li> <li>Percentage of compliance based on professional judgement by competent persons as part of the self-assessment process</li> </ul>
<b>Partial - Moderate Compliance</b>	30 - 69%	<ul style="list-style-type: none"> <li>A moderate degree of organisation wide compliance with the requirements set by the criterion</li> <li>Demonstrable evidence that work is ongoing across most parts of the organisation to achieve compliance, though some directorates or departments may be in the very early stages of compliance</li> <li>Percentage of compliance based on professional judgement by competent persons as part of the self-assessment process</li> </ul>
<b>Partial - High Compliance</b>	70 - 99%	<ul style="list-style-type: none"> <li>Substantive organisation wide compliance with all requirements set by the criterion</li> <li>Demonstrable evidence that most parts of the organisation are meeting most of the requirements set by the criterion</li> <li>Only minor non-compliance requiring, in the main, minor action</li> <li>Percentage of compliance based on professional judgement by competent persons as part of the self-assessment process</li> </ul>
<b>Full Compliance</b>	100%	<ul style="list-style-type: none"> <li>Full compliance across the whole organisation with all requirements set by the criterion.</li> </ul>

The scoring of the audit is important to provide a robust indication of overall compliance for benchmarking purposes and for demonstrating improvement over time. At the same time, it is important to recognise that it is the action planning and implementation processes resulting from self assessment against the audit that dictates its success. Therefore, when auditors are presenting their reports recommendations should be provided identifying what actions are required.

## **Section 3B SMHPS Guidance Documents**

This section contains guidance for participating organisations to assist them in meeting SMHPS requirements. It consists of:

- 3B.1. Guidance for developing a Manual Handling Policy Framework; and
- 3B.2. Guidance on manual handling (MH) roles, the minimum competency criteria to fulfil them and the evidence required to demonstrate competence.

### **3B.1 Guidance for developing a Manual Handling Policy Framework**

The following suggested framework content includes key elements that should be included in an overarching organisational policy / procedure. It is intended as a guide towards a minimum standard. Additional policies and procedures may be developed, as required, for sub divisions of an organisation, which set out local and operational detail. Headings can be rearranged as appropriate.

#### **1.1. Statement of the organisation's commitment to managing the risks associated with manual handling people and loads**

- Recognition of risks (this may include statistics and information relating to musculoskeletal disorders and number of lost working days)
- Commitment to introducing measures to reduce these risks
- Intention to comply with legislative requirement and current evidence based practice
- Commitment to comply with national standards eg SMHPS
- Commitment to allocation of sufficient resources to implement, develop and deliver the MH strategy

#### **1.2. Details of who is responsible for doing what**

Responsibilities should be clearly outlined to include those at all levels within the organisation

- Chief Executive; Directors; Heads of Service/Departmental Managers
- Line Managers (eg responsible for: ensuring staff have received appropriate MH training; inspection of / monitoring MH activities in the workplace; investigating adverse incidents and initiating remedial action etc)
- Manual Handling Lead / Competent Person (may be provided in-house or by an external contractor); those with other delegated key MH roles eg Key workers / Link workers / Trainers
- Employees (eg responsible for: applying previously taught MH principles/techniques; reporting concerns with equipment, MH tasks; injuries etc.)
- Occupational Health Service; relevant others, including committees

### 1.3. Risk assessment and action planning

The organisation's arrangements for ensuring competent assessments are completed, documented, implemented and reviewed for all hazardous MH activities should be outlined. This should include:

- Identification of those delegated to undertake risk assessments
- How the organisation ensures the competency of those delegated to undertake/record MH risk assessments
- Process for completion of generic assessments and action plans
- Process for completion of person specific risk assessments for people handling activities (including a clear handling plan, reflecting the requirement for balanced risk assessment and, procedures to deal with disputes: (ie reluctance/refusal of person and/or their advocate to accept the outcomes of the risk assessment)

### 1.4. Unusual / higher risk handling situations

Predictable but non routine / higher risk situations should be acknowledged in the over-arching policy / procedure and arrangements for safe handling outlined. These can be detailed in separate organisational procedures or guidance. This may include:

- Emergency evacuation handling
- Dealing with the falling / fallen person
- Handling of plus size people
- Rehabilitation handling

### 1.5. Manual handling equipment

Arrangements for providing and maintaining handling equipment should be made clear:

- Assessment and selection process for suitable equipment
- Provision, suitability and sufficiency/availability
- Care and maintenance arrangements / requirements
- Training / instruction / monitoring in safe use

### 1.6. Advice, guidance, support, information for employees

- The arrangements for provision and referral process for competent advice
- Identification of those delegated to provide advice / guidance / support at local and organisational level (this may be included in the Responsibilities section)
- How the organisation ensures the competency of those delegated to provide competent advice, guidance and support (Section 3B. 2, competencies for MH roles)
- Arrangements for informing staff on mechanisms for reporting discomfort, pain or injuries caused by MH activities



### 1.7. Manual handling education

- The organisation's MH training and education strategy (eg in-house or externally sourced provision; adoption of SMHPS)
- The organisation's standards for foundation training and education (eg application of standards of the SMHPS)
- A clear requirement that new start employees do not undertake any handling activities posing significant risk until appropriate training is provided
- The arrangements in place for continuing education eg competency assessment and/or formal refresher/update education
- Identification of those delegated to provide workplace instruction/supervision, training, competency assessments (where competency assessments are implemented) at local and organisational level
- How the organisation ensures the competency of those delegated MH education roles

### 1.8. Monitoring, audit and review arrangements

- The arrangements for effective monitoring and supervision of workplace MH practices
- The processes used to monitor compliance and to audit and evaluate the MH arrangements eg:
  - Outcomes and indicators used to evaluate the organisation's MH arrangements (eg accident/incident data; sickness absence rates; competency assessment outcomes)
  - Inspection regimes
  - Frequency of review of documented arrangements
- Audit arrangements and tools

### **3B.2 Guidance for the Minimum Competency Criteria for Manual Handling Roles**

It is recognised that those involved in manual handling (MH) may undertake a combination of key MH roles. Distinct competencies are therefore required to undertake these roles at different levels within organisations:

- Local Level - employees who have a dedicated role, (within their own department / area) relating to MH as a component of their main job, identified through either their job description or other organisational documentation
- Organisational Level - employees who are engaged specifically in a MH role
- Strategic Level - employees who are engaged specifically to take a lead in MH within the organisation

All staff involved in a MH role should:

- As a minimum, have successfully completed foundation MH training and additional continuing education appropriate to their role where detailed in the evidence column of the specific MH role they will be undertaking
- Be appropriately supported with access to additional advice and support when necessary
- Maintain continuing personal development appropriate to their roles in accordance with individual assessed needs and organisational requirements
- Meet their own professional code of practice

In reference to the competencies in the following pages, staff working at an organisational level in a particular role should additionally meet the criteria and demonstrate the evidence for the local level; staff working at a strategic level should additionally meet the criteria and demonstrate the evidence for the local and organisational levels.

**Manual handling competencies for specific roles include (3B.2 cont/d):**

Role	Level of Role	Minimum Competency Criteria	Evidence
1. Undertaking MH risk assessments	Local Level	<ul style="list-style-type: none"> <li>• Confident in local risk assessment and problem solving and can develop safer systems of work for local handling activities</li> <li>• Able to complete the necessary documentation</li> <li>• Advises on control measures to be implemented, for example, use of equipment and ergonomic adjustments to minimise risks</li> </ul>	<ul style="list-style-type: none"> <li>• Record of attendance at risk assessment training undertaken after foundation training</li> <li>• Assessed as competent in undertaking risk assessments at local level, example of completion of MH risk assessment</li> <li>• Evidence of an improvement in systems as a result of risk assessment</li> <li>• Evidence of balanced decision making in risk assessment outcomes</li> </ul>
	Organisational / Strategic Level	<ul style="list-style-type: none"> <li>• Confident in undertaking MH risk assessment and problem solving across a variety of situations</li> <li>• Has a broad knowledge base of potential control measures that may be implemented</li> <li>• Can develop safer systems of work for a range of handling activities across the organisation</li> <li>• Able to problem solve in complex risk assessment situations</li> <li>• Able to complete necessary documentation and facilitate sharing of learning</li> </ul>	<ul style="list-style-type: none"> <li>• As above in a range of scenarios and complex situations</li> </ul>
2. Monitoring and supervision of practice	Local Level	<ul style="list-style-type: none"> <li>• Competent in own MH practice and use of equipment relevant to the area of work</li> <li>• Able to monitor the handling practice of staff within local area</li> <li>• Maintain and improve standards in handling practices within local area</li> </ul>	<ul style="list-style-type: none"> <li>• Assessed as competent in relevant MH activities in the workplace</li> <li>• Example of on-going action plan for monitoring, reviewing and improving practice</li> <li>• Evidence of improvement in systems of work</li> </ul>

Role	Level of Role	Minimum Competency Criteria	Evidence
	Organisational / Strategic Level	<ul style="list-style-type: none"> <li>• Able to assist local managers to monitor standards in manual handling</li> <li>• Able to develop evidence based systems and pathways to assist work areas with risk assessment and evaluate application of resulting safer systems of work.</li> <li>• Able to monitor organisational performance in meeting legislative requirements through quality assurance and compliance audits</li> </ul>	<ul style="list-style-type: none"> <li>• Example of applying evidence based practice to the development of a safer system of work</li> <li>• Example of audit processes to monitor and evaluate application of safer systems and compliance</li> </ul>
3. Providing information and advice	Local Level	<ul style="list-style-type: none"> <li>• Competent in own MH practice and use of equipment relevant to the area of work</li> <li>• Able to provide advice to those involved in basic local handling situations</li> </ul>	<ul style="list-style-type: none"> <li>• Assessed as competent in relevant MH activities in the workplace</li> <li>• Description of reasoned advice given in basic local handling situations</li> </ul>
	Organisational Level	<ul style="list-style-type: none"> <li>• Able to provide advice to staff in a wide range and complexity of handling situations</li> <li>• Within people handling areas of work, be able to provide advice and support in complex people handling scenarios</li> </ul>	<ul style="list-style-type: none"> <li>• Description of evidence-based advice given in complex handling situations</li> <li>• Description of evidence-based advice given in complex people handling situations including evidence of a multi-disciplinary approach</li> </ul>
	Strategic Level	<ul style="list-style-type: none"> <li>• Able to promote an ergonomics approach at senior management level in the design development and evaluation of MH policies, procedures and risk management strategies</li> <li>• Competent to develop a MH education strategy for the organisation based on assessed needs</li> <li>• Able to develop MH business cases</li> </ul>	<ul style="list-style-type: none"> <li>• Detail of the strategic arrangements for MH in the organisation</li> <li>• Example of completed business case including cost-benefit analysis</li> </ul>

<b>Role</b>	<b>Level of Role</b>	<b>Minimum Competency Criteria</b>	<b>Evidence</b>
4. Providing advice on selection and application of equipment	Local Level	<ul style="list-style-type: none"> <li>• Has a working knowledge of the relevant range of equipment, the selection criteria, risks of use and safety features</li> <li>• Within people handling areas, has a working understanding of the relevant factors associated with the assessment of people for MH equipment</li> <li>• Able to demonstrate a problem-solving approach in basic handling situations</li> </ul>	<ul style="list-style-type: none"> <li>• Assessed competence in the assessment, selection and use of the relevant range of equipment in the workplace</li> <li>• Record of attendance at relevant equipment training</li> <li>• Evidence of problem solving and advice given on the selection and use of equipment in a basic local handling situation</li> </ul>
	Organisational Level	<ul style="list-style-type: none"> <li>• Able to research, identify and evaluate a range of handling equipment in line with organisational requirements</li> <li>• Able to demonstrate a problem-solving approach in a range of handling situations</li> </ul>	<ul style="list-style-type: none"> <li>• Report of equipment evaluations</li> <li>• Evidence of problem solving and advice given on the use of equipment in a variety of complex handling situations</li> </ul>
5. Coaching	Local Level	<ul style="list-style-type: none"> <li>• Competent in own MH practice and use of equipment relevant to the area of work</li> <li>• Able to deliver coaching in practical aspects in local area</li> </ul>	<ul style="list-style-type: none"> <li>• Assessed competence in relevant MH activities in the workplace.</li> <li>• Assessed ability to observe practice and give appropriate feedback in range of scenarios appropriate to area.</li> </ul>
	Organisational Level	<ul style="list-style-type: none"> <li>• Practical knowledge and experience of teaching the range of MH activities required</li> <li>• Able to support staff who are providing coaching at a local level</li> </ul>	<ul style="list-style-type: none"> <li>• Assessed as competent and able to demonstrate good practice in relevant manual handling activities</li> <li>• Assessed ability to observe coaching practice in a range of scenarios and give appropriate feedback</li> </ul>

Role	Level of Role	Minimum Competency Criteria	Evidence
6. Training delivery	Local / Organisational Level	<ul style="list-style-type: none"> <li>• Has relevant knowledge or experience of the work/service area</li> <li>• Competent in own MH practice and use of equipment relevant to the area of work</li> <li>• Has an understanding of the topics covered in the foundation training curriculum</li> <li>• Is able to demonstrate good practice.</li> <li>• Able to deliver a foundation level training session.</li> <li>• Able to assess competency of trainee performance and offer relevant feedback to improve practice</li> </ul>	<ul style="list-style-type: none"> <li>• Record of successful completion of appropriate training and continuing education</li> <li>• Assessed knowledge of topics covered in foundation training curriculum</li> <li>• Assessed as competent and able to demonstrate good practice in relevant manual handling activities</li> <li>• Assessed competence in presentation skills</li> <li>• Assessed ability to observe practice in a range of scenarios and give appropriate feedback</li> </ul>
	Organisational Level	<ul style="list-style-type: none"> <li>• Able to develop a MH education programme for the organisation based on assessed needs</li> <li>• Able to devise and develop suitable training sessions and materials to suit a range of staff groups at various levels within the organisation</li> <li>• Able to deliver a range of training programmes</li> <li>• Able to competency assess trainers and provide feedback on performance</li> <li>• Has an understanding of the principles of evaluation and review of training delivery</li> </ul>	<ul style="list-style-type: none"> <li>• Evidence of appropriate lesson plans for a range of training programmes</li> <li>• Evidence of evaluation process and example of evidence based improvement</li> <li>• Assessed ability to evaluate teaching practice in a range of scenarios and give appropriate feedback</li> </ul>

<b>Role</b>	<b>Level of Role</b>	<b>Minimum Competency Criteria</b>	<b>Evidence</b>
7. Competency assessment of MH practice	Local Level	<ul style="list-style-type: none"> <li>• Practical knowledge and experience of the MH activities being competency assessed</li> <li>• Competent in MH practices and use of equipment relevant to activities being assessed</li> <li>• Able to assess competency of MH practice and offer relevant feedback on performance</li> </ul>	<ul style="list-style-type: none"> <li>• Assessed as competent in relevant MH activities in the workplace.</li> <li>• Attended MH competency assessment training</li> <li>• Record of successful assessed competency assessment in practice</li> <li>• Evidence of example of a clear record of the assessment</li> </ul>
	Organisational Level	<ul style="list-style-type: none"> <li>• Provide training, supervision and feedback to those responsible for undertaking competency assessment</li> <li>• Meet minimum competency criteria for training delivery at organisational Level</li> </ul>	<ul style="list-style-type: none"> <li>• Evidence of development of staff competency assessment skills</li> <li>• Meets evidence for training delivery at organisational Level</li> </ul>
8. Advice on MH risks for individuals with an underlying health issue which impacts on MH activities	Local Level	<ul style="list-style-type: none"> <li>• Able to identify when advice should be sought on an individual's ability to carry out specific tasks</li> </ul>	<ul style="list-style-type: none"> <li>• Evidence of referral to appropriate services eg Occupational Health</li> </ul>
	Organisational Level	<ul style="list-style-type: none"> <li>• Knowledge of an individual's job role</li> <li>• Able to assess the impact of an individual's health issues on their capabilities (in conjunction with appropriate health professional(s)) and their ability to carry out MH activities safely</li> <li>• Demonstrate a problem solving approach to modifying working activities to suit individual requirements</li> <li>• Able to identify when advice should be sought on an individual's ability to carry out specific tasks</li> </ul>	<ul style="list-style-type: none"> <li>• Example of evidence based assessment of an individual's capabilities and resultant modifications</li> </ul>

Role	Level of Role	Minimum Competency Criteria	Evidence
9. Monitoring and evaluation of MH incidents	Local Level	<ul style="list-style-type: none"> <li>• Aware of all MH related incidents and near-misses in local area</li> <li>• Able to carry out suitable investigation of incidents and develop appropriate actions to reduce likelihood of recurrence</li> </ul>	<ul style="list-style-type: none"> <li>• Example of suitable investigation and appropriate actions following incident</li> </ul>
	Organisational Level	<ul style="list-style-type: none"> <li>• Able to give appropriate advice and feedback to managers and facilitate sharing of learning</li> <li>• Understands the impact of incidents and how they can be used to develop safer systems of work throughout the organisation</li> </ul>	<ul style="list-style-type: none"> <li>• Example of support given to incident investigation.</li> <li>• Evidence based development of safer systems of work</li> </ul>
	Strategic Level	<ul style="list-style-type: none"> <li>• Able to interpret performance data, identify trends and use information to effect improvements</li> </ul>	<ul style="list-style-type: none"> <li>• Example of data used appropriately eg within business case or service review</li> </ul>



### Section 3 C Minimum Criteria for Manual Handling Documents

This section comprises a number of other documents, sample forms, records etc, which have been produced to assist organisations. Organisations are free to produce their own material, but if they do, they should take account of the guidance and minimum criteria contained in the table below. This is necessary to meet the SMHPS requirements.

Appendix 1	Appendix description and guidance	Minimum criteria for documentation
<p>Documents for 'Passporting' SMHPS Education</p> <p><i>Sample Forms:</i></p> <p>1a) Passport Booklet</p> <p>1b) Certificate of Training</p>	<p>The process for transferring training information between participating organisations can occur using the following:</p> <p>A) <i>Passport Booklet</i>. This booklet details all modules completed, giving space to identify any elements not undertaken. Additionally the booklet enables the employee to identify additional MH education or assessments undertaken / completed.</p> <p>B) <i>Certificate of SMHPS Foundation training</i>. A certificate with details of all modules undertaken and should identify any elements within the modules that were not completed. The certificate will not identify additional education or assessments completed.</p> <p>C) <i>Electronic records</i>. Care should be used when accepting these as evidence of MH education as they may not identify individual trainee exceptions. The Record of Training and Attendance Record may need to be consulted as well as the electronic record.</p>	<p>A) If using the Passport Booklet in Appendix 1A, it should be used as provided.</p> <p>B) The wording provided on the Certificate of SMHPS Foundation Training at Appendix 1B should be incorporated onto individual organisation's certificates. In particular, it should have the awardee's name and the date the modules were undertaken and space to record the modules the certificate is being awarded for, including a statement indicating that all elements in the modules completed were achieved. Additionally, it should be signed and dated by the awarding organisation.</p> <p>C) Electronic record keeping is often part of a larger Human Resources system and therefore dependent on organisation's internal arrangements / systems.</p>

Appendix 2	Appendix description and guidance	Minimum criteria for documentation
Documents for recording attendance	A document used to record all trainees' attendance signed by trainer and all trainees.	The Attendance Record should include: <ul style="list-style-type: none"> <li>• Date of course and place of training</li> <li>• Printed and signed name of trainer(s)</li> <li>• Printed and signed name of trainee(s)</li> <li>• Each day should be signed for by trainee</li> <li>• Trainee unique identifier eg pay roll number</li> <li>• Trainee place of work ie Service / Department, base</li> <li>• Type of course eg induction (foundation), update</li> <li>• Modules covered</li> </ul>
<i>Sample Form:</i> Foundation Training Attendance Record	It is recommended that one form is to be completed per course and retained by the training department in accordance with the organisation's arrangements.  <b>NB</b> Items other than those listed in the minimum criteria may be recorded on the form, as required by individual organisations.	

Appendix 3	Appendix description and guidance	Minimum criteria for documentation
Document for recording the content of a course	A document used to record the key elements / manoeuvres covered during the training and any special comments / notes about the training session.	Record of training paperwork should include: <ul style="list-style-type: none"> <li>• Duty of care statement regarding trainees' ability to participate on the course</li> <li>• A breakdown of each learning outcome for the module(s) and a section to indicate whether the element has been discussed, demonstrated and / or practised</li> <li>• A section for trainer's comments eg lateness, exemptions for individual trainees</li> <li>• Trainer(s)' full signature and date</li> </ul> The trainer should initial each element covered during the training.
<i>Sample Form:</i> Foundation Record of Training	A Record of Training should be completed for each course. The Record of Training should be kept with the Training Attendance Record, and retained as per the organisation's local arrangements. A generic Record of Training will be sufficient, however, individual Records of Training for each trainee can be used if desired.	

Appendix 4	Appendix description and guidance	Minimum criteria for documentation
Document for recording trainees' fitness to participate	In order for the MH Trainer to fulfil a 'Duty of Care', train employees safely and meet the needs of participants, awareness of any pre-existing conditions that could impact upon employees' ability to safely undertake the training is required.	For organisations collecting this information in a written format the following criteria is the minimal information that should be included on a Record:
<p><i>Sample Form:</i></p> <p>Training course Health Declaration Record</p>	<p>As a minimum this information must be gathered verbally and recorded as having been asked for on the Record of Training as in Appendix 3.</p> <p>Organisations who wish to gather this information in a written format must be cognisant of the Data Protection Act which categorises personal data relating to an individual's physical or mental health or condition as 'sensitive personal data' and must be processed under the conditions for 'higher status' data.</p>	<ul style="list-style-type: none"> <li>• Date and name of the course / module</li> <li>• Participant's and trainer's name (printed / signed) and date</li> <li>• Trainee unique identifier eg pay roll number</li> <li>• Statement to enable informed consent when signing (informing the participant why information is required and how/where information will be used, disclosed and retained) and a statement on confidentiality</li> <li>• Related health questions and statement for participant to declare their fitness for training</li> <li>• Area for trainer to add comments relevant to the training session</li> <li>• The participant must be informed of the content and consent to this being shared with specified persons</li> </ul>
<b>Appendix 5</b>	A document used for gaining feedback on training provision from participants. The form may be paper or electronic format:	Where used feedback forms should include:
Document used to gain feedback	<ul style="list-style-type: none"> <li>• All participants should have the opportunity to complete a feedback form</li> </ul>	<ul style="list-style-type: none"> <li>• Administrative details to be recorded including: <ul style="list-style-type: none"> <li>○ Course type</li> <li>○ Duration</li> <li>○ Date</li> <li>○ Trainer's name</li> <li>○ Training venue</li> </ul> </li> </ul>
<p><i>Sample Form:</i></p> <p>Training Feedback Form</p>	<ul style="list-style-type: none"> <li>• Questions should be relevant to the course undertaken</li> <li>• Feedback forms should include questions requiring responses using both scales (eg Likert) and free text</li> <li>• Feedback forms should be completed at the end of the course</li> <li>• The participant should have the option to remain anonymous</li> </ul>	<ul style="list-style-type: none"> <li>• Specific sections to be evaluated such as: <ul style="list-style-type: none"> <li>○ The relevancy of the course to the participant's area of work</li> <li>○ The course delivery including content, style of delivery, time allocated and the training environment.</li> </ul> </li> </ul>

Appendix 6	Appendix description and guidance	Minimum criteria for documentation
Documents to promote reflective analysis.	A document used to enable employees to reflect on personal MH knowledge and skills in relation to their workplace and assist in the identification of learning needs.	There are no specific criteria for what constitutes a self assessment. However, the two sample forms provided are representative of approaches that could be used.
<p><i>Sample Forms</i></p> <p>MH Self Assessment Record for:</p> <p>6a) People handling employees (Provided by NHSGGC)</p> <p>6b) Inanimate load handling employees</p>	<p>Prior to a formal refresher/update training programme being undertaken, employees can complete a MH self assessment to assist in the identification of individual learning needs.</p> <p>These can also be used to supplement a competency assessment programme.</p> <p><b>NB</b> The self assessment form alone is not evidence of competency and it is the employer's duty to ensure that an employee is competent to carry out relevant MH tasks.</p>	

Appendix 7	Appendix description and guidance	Minimum criteria for documentation
Documents to assess competence	A document used to formally record the details and outcome of an individual employee's assessment of competence.	MH competency is a new and developing approach and as such, consensus of minimum criteria is still to be established.
<p><i>Sample Forms</i></p> <p>Competency Assessment Record</p> <p>7a) People handling tasks – CA Form</p> <p>7b) People handling tasks – assessment criteria</p> <p>7c) Inanimate load handling tasks – CA Form</p> <p>7d) Inanimate load handling tasks – assessment criteria</p> <p><i>7a &amp; 7b from NHS Greater Glasgow &amp; Clyde</i></p> <p><i>7c &amp; 7d adapted from Fife Council</i></p>	<p>When and how often should it to be completed?</p> <ul style="list-style-type: none"> <li>This should be informed by the risk assessment and previous competency assessment outcomes (see Section 2.8 in main document)</li> </ul> <p>Who would be undertaking the assessment?</p> <ul style="list-style-type: none"> <li>Individuals who have been deemed competent by the organisation</li> </ul> <p>What is to be assessed?</p> <ul style="list-style-type: none"> <li>The ability to apply MH knowledge and skills appropriately to tasks undertaken by the employee within their working environment to include ability to risk assess, handling, personal movement, communication, and environmental factors</li> <li>Competency assessments should reflect the range and complexity of tasks regularly undertaken as part of the normal duties of the employee. Tasks assessed should be identified as constituting a higher risk activity whilst being an activity commonly undertaken by the employee being assessed.</li> <li>A suitable decision making pathway must be identified if an acceptable standard is not achieved</li> </ul> <p>Where and how is the documentation to be stored?</p> <ul style="list-style-type: none"> <li>Records of assessment must be held locally or if electronically stored, accessible at a local level</li> </ul>	<p>The sample forms provided are representative of approaches that could be used and are consistent in their use of the following elements:</p> <ul style="list-style-type: none"> <li>Personal details ie employee's name (printed); department / service area</li> <li>Assessor details</li> <li>Signature and date sections for employee and assessor</li> <li>Section to record the activity / manoeuvre assessed and equipment used</li> <li>The criteria used for the assessment</li> <li>Assessment outcome section</li> <li>Feedback / further action section</li> <li>Guidance as to when the next review / competency assessment should be undertaken</li> </ul>

Appendix 8	Appendix description and guidance	Minimum criteria for documentation
Documents for identifying new employees' learning needs	A document used to identify previous MH training of employees new to an organisation or area and any skills gaps that require to be addressed to allow them to work safely in their new job/workplace	<p>Induction record should include:</p> <ul style="list-style-type: none"> <li>• Service / department and post that the record relates to</li> <li>• A clear indication of the essential SMHPS modules required for the specific post</li> <li>• Information to identify the individual employee and employment start date</li> <li>• Indication of dates SMHPS modules completed from employee's previous employment/role</li> <li>• Identification of employee's additional module requirements (if any)</li> <li>• Date the required modules are to be completed</li> <li>• Record of equipment including make and model's employee is familiar with</li> </ul> <p>Induction checklist should include a record of employee's awareness of:</p> <ul style="list-style-type: none"> <li>• Organisational arrangements to control MH risks</li> <li>• The employee's role / responsibilities in relation to the control of MH risks</li> <li>• Local risk assessments appropriate to their role</li> <li>• Specific local procedures/safe systems of work to manage MH risk</li> <li>• Control measures currently in place, including the use of specific equipment</li> <li>• MH training and education requirements and local support mechanisms</li> </ul> <p>Additionally, the checklist should identify any additional input required and / or competency assessment date.</p>
<p><i>Sample Forms:</i></p> <p>Induction Record and Checklist for:</p> <p>8a) People handling employees</p> <p>8b) Inanimate load handling employees</p>		

Appendix 9	Appendix description and guidance	Minimum criteria for documentation
Documents for Generic Risk Assessments	<p>A document used to identify hazards and quantify the risks involving people and inanimate load handling activities within a particular department or service; and to record current and future control measures implemented and required to reduce the risk to employees.</p> <p>Guidance on MH risk assessment is available from a large number of organisations including:  <a href="#">Health &amp; Safety Executive</a>  <a href="#">National Back Exchange</a></p>	<p>There are no specific criteria identified here as a plethora of risk assessment forms, guidance and examples are available from a wide range of sources.</p> <p>The two sample forms provided here are representative of what could be used.</p>
<p><i>Sample Forms:</i></p> <p>9a) Inanimate load handling activities</p> <p>9b) People handling activities</p> <p><i>(Based on forms provided by SALUS)</i></p>		
<b>Appendix 10</b>	<p>A document to record the factors considered during a MH assessment of a person to justify the MH methods and any equipment to be used to safely provide manual handling assistance.</p>	<p>An Individual / Person Handling Assessment should include:</p> <ul style="list-style-type: none"> <li>• <b>Personal Details</b> - Essential Information <ul style="list-style-type: none"> <li>○ Name, address, date of birth, unique identifying number, weight / height, location</li> </ul> </li> </ul>
Documents for assessing individuals		
<p><i>Sample Forms:</i></p> <p>10a) Health care hospital setting  <i>(Provided by NHSGGC)</i></p> <p>10b) Social care community setting  <i>(Provided by Fife Council)</i></p>		

Appendix 10	Appendix description and guidance	Minimum criteria for documentation
Cont/d	<p>When and how often should it to be completed?</p> <ul style="list-style-type: none"> <li>• Before any MH intervention where this is reasonable / practicable or at the earliest opportunity thereafter. The person's handling assessment should be updated at regular intervals or earlier where there are significant changes to the persons needs</li> </ul> <p>Who would be undertaking the assessment?</p> <ul style="list-style-type: none"> <li>• Individuals who have been deemed competent by the organisation</li> </ul> <p>The MH assessment should be made available to any employee(s) involved in assisting the person and (where appropriate) should accompany the person at all times</p>	<ul style="list-style-type: none"> <li>• <b>Individual Person Assessment</b> - include consideration of all factors that could affect the person's mobility including: <ul style="list-style-type: none"> <li>○ Relevant medical history eg CVA, arthritis, Parkinson's Disease, Osteoporosis etc</li> <li>○ Movement ability eg ability to: stand; walk; sit; move upper limbs</li> <li>○ Handling constraints eg pain; skin integrity; muscle strength / tone; behaviour</li> <li>○ Communication / Comprehension eg risks associated with: hearing; vision; speech</li> <li>○ Predictability eg variations in abilities at different times of the day/night; unpredictable movements</li> <li>○ Personal needs/wishes eg culture/religious considerations; expectations; concerns</li> <li>○ History of fall(s), that is, previous history of falling to the ground, past or present</li> <li>○ Attachments, eg IV lines, catheter, oxygen therapy etc</li> <li>○ Environmental factors, where prior generic assessments have not been undertaken eg in community settings. Consider space, furniture / work heights, equipment, flooring, lighting, temperatures, access / egress</li> <li>○ Other risk factors eg social factors, weight of person, body shape, seizures</li> </ul> </li> <li>• <b>Control Measures</b> - Mobility Chart / Care Plan should include: <ul style="list-style-type: none"> <li>○ Each task to be undertaken</li> <li>○ Specific equipment needed eg hoist used, type/size of slings and where attached</li> <li>○ Number of employees required to sufficiently reduce the MH risks</li> <li>○ The method to be used</li> <li>○ Any residual issues that require further controls and/or ongoing monitoring</li> </ul> </li> <li>• <b>Signature and date section</b> <ul style="list-style-type: none"> <li>○ Section to include the assessor's name (printed); assessor signature; date of completion and any other professional involved in the assessment</li> </ul> </li> <li>• <b>Review section</b> <ul style="list-style-type: none"> <li>○ Section to record review dates; assessor undertaking the review</li> </ul> </li> </ul>



## Appendices

The appendices identified below are sample forms of the documentation likely to be required by an organisation providing a service involving manual handling education. The sample forms meet the minimum requirements identified in Section 3C

Appendix	Content
1a – b.	<a href="#">Scottish Manual Handling Passport</a>
2.	<a href="#">Attendance Records</a>
3.	<a href="#">Records of training</a>
4.	<a href="#">Training course health declaration forms</a>
5.	<a href="#">Training feedback forms</a>
6a – b.	<a href="#">Self assessment forms for people and inanimate load handling employees</a>
7a – d.	<a href="#">Competency assessment forms for people and inanimate load handling tasks</a>
8a – b.	<a href="#">Local manual handling induction checklist</a>
9a – b.	<a href="#">Generic risk assessment forms</a>
10a – b.	<a href="#">Specific people handling assessment forms</a>

# The Scottish Manual Handling Passport



The Scottish Government



HSE



COSLA

Name: \_\_\_\_\_

Alba Clàr-trèanaidh Làimhseachaidh

## Module A Manual Handling Theory

### Learning outcomes:

- A1) Define the term “manual handling”;
- A2) Describe the causes and effects of musculo-skeletal disorders (MSD’s);
- A3) State basic methods of promoting and managing their own musculo-skeletal health both in and outside the workplace;
- A4) Outline how legislation applies to MH at work;
- A5) Describe the principles of ergonomics and risk assessment (formal and dynamic) in reducing the risk of MH injury;
- A6) Identify the key areas, and other related factors such as guideline weights, to be considered when undertaking a MH risk assessment;
- A7) Describe the principles of safer MH;
- A8) Identify the risks involved in team handling;
- A9) Describe importance of good communication in relation to MH;
- A10) Outline the management of MH within the organisation eg policy, Scottish MH Passport, organisation of education and support, access to occupational health, incident reporting;
- A11) Describe the potential impact on others of poor MH practice;
- A12) Identify high risk activities / manoeuvres.

<b>Completed Module:</b>			
<b>Training Organisation:</b>			
Additional Comments:			
<b>Trainee:</b>		<b>Date:</b>	
<b>Trainer:</b>		<b>Date:</b>	

**Module B Manual Handling of Inanimate Loads****Learning outcomes:**

- B1) Describe the principles of safer MH of loads including assessing the weight prior to moving;
- B2) Describe undertaking a MH risk assessment of an inanimate load (when it is not reasonably practicable to avoid a hazardous MH task) from a given scenario;
- B3) Describe the risks associated with static postural activities such as working at a desk, driving a vehicle etc (as appropriate to the trainees workplace)
- B4) Identify how the principles of safer handling can be applied to all handling activities;
- B5) Outline the importance of posture and the application of ergonomic principles, appropriate to the workplace and work activity;
- B6) Demonstrate competence in the application of safer MH principles to activities as appropriate in the workplace, for example:
- i. Pushing and pulling;
  - ii. Lifting and lowering a load from low / high levels;
  - iii. Carrying a load;
  - iv. Sitting in a vehicle / at an office desk / workstation set up etc;
- B7) Demonstrate safe use, including pre-use checks, limitations on use and emergency functions of equipment, where used.

<b>Completed Module:</b>			
<b>Training Organisation:</b>			
Additional Comments:			
<b>Trainee:</b>		<b>Date:</b>	
<b>Trainer:</b>		<b>Date:</b>	

**Module C Chair Manoeuvres****Learning outcomes:**

- C1) Describe the principles of MH of people;
- C2) Demonstrate an understanding of human movement to maximise a person's independence
- C3) Identify the key areas of undertaking a MH risk assessment of a person;
- C4) Describe undertaking a MH risk assessment of a person from a given scenario;
- C5) Describe high risk / controversial practices as relevant to their workplace;
- C6) Describe how the person and others (eg carers) are fully involved in making decisions around their MH.
- C7) Where equipment is used, demonstrate safe use including pre-use checks, limitations on use and emergency functions;
- C8) Demonstrate competence undertaking the following manoeuvres utilising appropriate principles of MH when a person is being instructed and / or assisted by one carer and two carers, including where appropriate, the use of relevant handling aids:
- i. Assisting a person forward and back in a chair;
  - ii. Sit to stand to sit from / on a chair;
  - iii. Sit to stand to sit from / on a bed,
  - iv. A standing transfer from one surface to another;
  - v. Assisted walking;
  - vi. Raising the fallen person – instructing to the person;
- C9) Describe how to deal with the following MH scenarios;
- i. The falling person;
  - ii. Assisting the fallen person out of a confined space.

<b>Completed Module:</b>			
<b>Training Organisation:</b>			
Additional Comments:			
<b>Trainee:</b>		<b>Date:</b>	
<b>Trainer:</b>		<b>Date:</b>	

**Module D Bed Manoeuvres**

**Learning outcomes (including C1-C6):**

- D1) Demonstrate appropriate posture whilst working at a bed, when for example, assisting with activities of daily living, treating, examining a person, making a bed etc;
- D2) Demonstrate competence undertaking the following manoeuvres, utilising appropriate principles of MH when a person is being instructed and / or assisted by A) one carer, and B) two carers, including where appropriate, the use of relevant handling aids:
  - i. Inserting, using and removing tubular and / or flat slide sheets;
  - ii. Turning a person in bed;
  - iii. Repositioning the supine person in the bed;
  - iv. Sitting a person from supine lying to long sitting;
  - v. Sitting a person from supine to sitting over the edge of the bed;
  - vi. Assisting a person to lie down from sitting on edge of bed;
- D3) Demonstrate competence in the safe use and functionality of electric profiling beds (if available);
- D4) Where equipment is used demonstrate safe use including pre-use checks, limitations on use and emergency functions

<b>Completed Module:</b>			
<b>Training Organisation:</b>			
Additional Comments:			
<b>Trainee:</b>		<b>Date:</b>	
<b>Trainer:</b>		<b>Date:</b>	

**Module E Hoisting - P A O S** (circle parts completed)

- P**-Passive mobile hoist (E1 – E5)      **A**-Active mobile hoist (E1 – E5)
- O**-Over head tracking (E1 – E5)      **S**-Static pool side hoist (E1 – E3 & E6)

**Learning outcomes (including C1-C6):**

- E1) Describe the safe use and functionality of hoists, and the generic types of hoists available (eg active / passive etc);
- E2) Check hoist equipment is in date with regards LOLER inspection and servicing;
- E3) Understand the persons needs / conditions that can affect safe hoisting eg awareness and co-operation, communication, restlessness, etc;
- E4) Demonstrate an awareness of the different type of slings including selection via size, function eg toileting, safe working load (SWL) and clip versus loop attachments, by being able to discuss the use of slings (and the affect different loop selection on a loop sling has on the person's position);
- E5) Demonstrate competence undertaking the following activities and safe use of equipment, including pre-use checks and emergency functions:
  - i. Sizing / measuring a sling against the person;
  - ii. Inserting and removing a sling with a person in sitting;
  - iii. Hoisting a person from one surface to another eg bed to chair, chair to commode, etc;
  - iv. For Modules E / PO only:
    - Hoisting a person from / to the floor;
    - Inserting and removing a sling with the person in a lying position.
- E6) Demonstrate competence in using a pool hoist (including pre-use checks, limitations on use and emergency functions) and its accessories to transfer a person in and out of a pool.

<b>Completed Module:</b>			
<b>Training Organisation:</b>			
Additional Comments:			
<b>Trainee:</b>		<b>Date:</b>	
<b>Trainer:</b>		<b>Date:</b>	

**Module F Lateral transfers**

**Learning outcomes (including C1-C6):**

- F1) Demonstrate competence in performing a lateral supine transfer from bed to trolley / trolley to bed utilising the appropriate principles of MH with the person being assisted by the relevant number of carers and using the relevant handling aids.
- F2) Where equipment is used, demonstrate safe use including pre-use checks, limitations on use and any emergency functions

<b>Completed Module:</b>			
<b>Training Organisation:</b>			
Additional Comments:			
<b>Trainee:</b>		<b>Date:</b>	
<b>Trainer:</b>		<b>Date:</b>	

**Continuing Education / Competency Assessments**

Responsibility for keeping this section of the passport updated lies with the employee.

Manual handling activity(ies) assessed / Input received			
Please circle:	assessment / input	Date provided:	
Please provide details of activity assessed / Input received below:			
Training / assessing Organisation:		<b>Date:</b>	
Trainer / Assessor:			
Employee:			
Manual handling activity(ies) assessed / Input received			
Please circle:	assessment / input	Date provided:	
Please provide details of activity assessed / Input received below:			
Training / assessing Organisation:		<b>Date:</b>	
Trainer / Assessor:			
Employee:			

**Continuing Education / Competency Assessments**

Manual handling activity(ies) assessed / Input received			
<b>Please circle:</b>	<b>assessment / input</b>	<b>Date provided:</b>	
Please provide details of activity assessed / Input received below:			
Training / assessing Organisation:		<b>Date:</b>	
Trainer / Assessor:			
Employee:			

Manual handling activity(ies) assessed / Input received			
<b>Please circle:</b>	<b>assessment / input</b>	<b>Date provided:</b>	
Please provide details of activity assessed / Input received below:			
Training / assessing Organisation:		<b>Date:</b>	
Trainer / Assessor:			
Employee:			

**Continuing Education / Competency Assessments**

Manual handling activity(ies) assessed / Input received			
<b>Please circle:</b>	<b>assessment / input</b>	<b>Date provided:</b>	
Please provide details of activity assessed / Input received below:			
Training / assessing Organisation:		<b>Date:</b>	
Trainer / Assessor:			
Employee:			

Manual handling activity(ies) assessed / Input received			
<b>Please circle:</b>	<b>assessment / input</b>	<b>Date provided:</b>	
Please provide details of activity assessed / Input received below:			
Training / assessing Organisation:		<b>Date:</b>	
Trainer / Assessor:			
Employee:			

# Scottish Manual Handling Passport Scheme

## Certificate of Training

This is to certify that

.....

On the date(s) .....

has completed the following Manual Handling  
Education, Foundation Modules:

Module A – Theory	Module B – Inanimate Loads
Module C – Chair	Module D – Bed
Module E – Hoisting	Module F – Lateral Transfer

All of the learning outcomes associated with the  
modules identified above were achieved.

**Signed:** ..... **Date:** .....  
(MH Trainer)

**Organisation:** .....  
(Training Provider)



<b>Manual Handling Training Attendance Record</b>						
<b>Date:</b>		<b>Place of Training:</b>		<b>Name(s) of Trainer(s)</b>	1.	
					2.	
<b>Type of Training:</b>				<b>Modules Covered (circle):</b>		
				<b>A B C D E F</b>		
Name (print)		Employee No. or DoB	Place of Work	Job title	Signature (Day 1)	Signature (Day 2)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
<b>Signature of Trainer(s)</b>		1.			2.	



### Record of Training

Trainers have a duty of care to ascertain whether the trainees have any conditions that may be affected by, or affect their ability to, participate during the course. Trainees have been requested to inform the trainer during the course if they feel they may be unable to participate fully in the course. Please initial the box to confirm this has been done.

--

When completing the “Practical Activities” section (Modules B, C, D, E and F) of this form, the trainers must indicate the appropriate level of training delivered, by initialling (and dating where appropriate) the relevant boxes.

Module A – Manual Handling Theory				Discussed			
A1) Define the term manual handling (MH)							
A2) Describe the causes and effects of musculoskeletal disorders							
A3) State basic methods of promoting and managing own musculoskeletal health in/outside the workplace							
A4) Outline how legislation applies to MH at work							
A5) Describe the principles of ergonomics and risk assessment in reducing the risk of MH injury							
A6) Identify the key areas, and other related factors to be considered when undertaking a MH assessment							
A7) Describe the principles of safer MH							
A8) Identify the risks involved in team handling							
A9) Describe importance of good communication in relation to MH							
A10) Outline the management of MH within the organisation eg policy, organisation of education etc.							
A11) Describe the potential impact on others of poor MH practice							
A12) Identify high risk activities / manoeuvres							
Module B – Manual Handling of Inanimate Loads				Discussed			
B1) Describe principles of MH of inanimate loads (including weight check prior to lifting)							
B2) Describe undertaking a MH risk assessment							
B3) Describe the risks associated with activities involving static postures							
B4) Identify how the principles of safer handling can be applied							
B5) Outline the importance of posture and application of ergonomic principles							
Demonstrated competence in the application of principles to:				Discussed (DI)	Demonstrated (DE)	Practised (P)	All
B6(i) Pushing and pulling							
B6(ii) Lifting and lowering a load from low to high levels							
B6(iii) Carrying / supporting a load							
B6(iv) Sitting in a vehicle / at an office desk / workstation set up							
Module C, D, E and F				DI			
C1) Principles of MH of people							
C2) Demonstrate understanding of principles of human movement to maximise a person’s independence							
C3) Identify key areas of MH risk assessment							
C4) Describe undertaking a MH risk assessment of a person							
C5) Describe high risk / controversial practices as relevant to own work place							
C6) Describe how the person can be involved in making decisions about their MH							
Demonstrated competence in the application of principles to:				DI	DE	P	All
C8(i) Assisting a person forward / backward in a chair							
C8(ii) Sit to stand to sit from a chair							
C8(iii) Sit to stand to sit from a bed							
C8(iv) Standing transfer from bed to chair and chair to bed							
C8(v) Assisted walking							
C8(vi) Raising the fallen person							

Described how to deal with the following scenarios:	Discussed		Demonstrated	
C9(i) The falling person				
C9(ii) Assisting the fallen person from a confined space				
<b>Module D – Bed Manoeuvres / Practical Skills</b>				
<b>Demonstrated competence in the application of principles to:</b>	DI	DE	P	All
D1) Appropriate posture whilst assisting with activities on a bed				
D2(i) Inserting, using and removing slide sheets				
D2(ii) Turning a person in bed				
D2(iii) Repositioning the supine person in bed				
D2(iv) Assisting a person from supine lying to long sitting				
D2(v) Assisting a person from supine to sitting on to edge of bed				
D2(vi) Assisting a person to lie down from sitting on edge of bed				
D3) Safe use and functionality of electric beds				
<b>Module B to F – Equipment used (please detail)</b>				
B7, C7, D4, E5 and F3) Where equipment is used, demonstrate safe use including pre-use checks, limitations on use and emergency functions. List equipment used below, for hoists include make and model eg slide sheets / transfer board / bed / Arjo MaxiMove etc	DI	DE	P	All
<b>Module E – Hoisting</b>				DI
E1) Safe use and functionality of hoists				
E2) Check hoist is in date with regards LOLER and servicing				
E3) Understanding of how a persons needs / condition can affect safe hoisting				
E4) Demonstrate awareness of different types of slings, including selection process				
<b>Demonstrate Competence in the following:</b>	DI	DE	P	All
<b>P and O – Passive Hoists / Slings</b>				
E5(i) Sizing / measuring a sling for a person				
E5(ii) Inserting and removing a sling with the person in sitting				
E5(iii) Hoisting a person from chair to bed / bed to chair				
E5(iv) Sizing, inserting and removing a sling with the person in lying				
E5(iv) Hoisting a person from the floor				
<b>A – Active Mobile Hoist</b>				
E5(i&ii) Sizing, inserting and removing a sling				
E5(iii) Hoisting a person from chair to bed / bed to chair				
<b>S – Static Pool Hoist</b>				
E6) Hoisting a person into and out of a pool				
<b>Module F – Lateral Transfers</b>				
<b>Demonstrate competence in the following:</b>	DI	DE	P	All
F2) Lateral supine transfer from bed to trolley to bed				

**Notes on course**

Trainer's comments and / or individual trainee exceptions to the generic Record of Training:	Trainer's Signature	Trainee's Signature
Sample	Sample	Sample

Signature of Trainer(s): \_\_\_\_\_

### Manual Handling Training Health Questionnaire

Name of Course:	Date of Course:
Name of participant: (print)	Job Title:

During the training course you will be required to participate in 'people' and / or inanimate load handling techniques. You will also carry out a number of practical exercises. In order for the trainer to train you safely and provide guidance pertinent to you personally they need to know about any pre-existing condition or current condition which may prevent you from participating. The information given will be securely stored and treated in confidence. If an issue arises from your responses that requires further support/advice/guidance from the trainer or another party eg Occupational Health, the trainer will discuss this with you first.

If you knowingly give incorrect information to the organisation, it can bear no responsibility for any resultant pain or injury.

You are required therefore to place a tick in the box adjacent to any factor which could affect the way in which your training is provided and sign below.

Health Questions	Tick
1. I am suffering from musculo-skeletal pain	
2. I have suffered with pain, injury and/or had surgery in the last 6 months	
3. I am receiving treatment for a condition / have a medical condition which may affect my ability to engage in physical activity	
4. I am pregnant	
5. I have given birth within the last 6 months	
6. I am breast-feeding	
7. None of the above applies	

On the understanding that this information shall be used to ensure my safety, and the safety of others, I declare myself fit to undertake this practical training course.

Signature of Participant:	Date:
Signature of Trainer:	Date:

- **Should you suffer any discomfort or injury during the training you must report this to the trainer immediately.**

<b>Post training comments by trainer:</b> If there are any concerns about your fitness/ability to undertake manual handling activities or relevant issues relating to the training session, they will be discussed with you along with any further action and recorded here.
--

**Trainer Use Only** - Complete both sections and attach to the Record of Training

Referred to Manager: **YES / NO**      Date of referral: .....

During Manual Handling practical training this person had difficulty and / or was unable to perform the following items because of health problems:

Participant's Name (print)	(sign)	Date
Trainer's Name (print)	(sign)	Date

**Detach this section after completion and send to the individual's line manager**

During manual handling practical training this person had difficulty and / or was unable to perform the following items because of health problems:

Participant's Name (print)	(sign)	Date
Trainer's Name (print)	(sign)	Date

<b>Manual Handling Training Feedback</b>	
<b>Type of Course:</b>	<b>Duration of Course:</b>
<b>Area of work (eg service / department):</b>	<b>Date:</b>
<b>Name of Trainer(s):</b>	
<b>Training Venue:</b>	
<b>1. To what extent would you agree with the following statements:</b> 1 = strongly disagree, 2 = disagree, 3 = agree, 4 = strongly agree (please circle your choice)	
The content of the training was suitable to my needs.	1   2   3   4
The training was delivered well.	1   2   3   4
The time allocated to the training was sufficient.	1   2   3   4
The training will assist me at work.	1   2   3   4
The training environment was suitable for the training.	1   2   3   4
<b>2. Things that I have learnt that I will use in my day to day practice are:</b>	
<b>3. Things that could have improved the course for me are:</b>	
<b>4. Any other comments:</b>	

**Name (optional):** \_\_\_\_\_

### Manual Handling Self Assessment Form – People Handling Employees

Reflective practice is the reflection on an activity that enables you to participate in a process of continuous learning. It is a useful tool where you can learn from your own experiences, rather than from formal teaching and is an important source of personal development and improvement.

This form asks you to first identify the moving and handling activities that you are involved with. Then, to identify whether you perceive you need learning in terms of your knowledge and skills with regards to how you currently perform the activity. For those activities that you perceive you need additional learning, undertake the activity(ies) and reflect on your performance, using the prompts on the reflective analysis form.

This tool once completed can be used as evidence for your KSF<sup>8</sup> and / or PDP<sup>9</sup> review and CPD<sup>10</sup> portfolio. If doing so, it should be discussed and countersigned by your local manager or KSF reviewer.

<b>Moving and handling activities</b> <b>Do you know how to:</b>	<b>Do you undertake this activity?</b> (Yes, No , N/A)	<b>Learning required?</b> (Yes, No)
Move in balance when doing your work activities, that is, move without adopting excessive stooping or twisting postures?		
Physically assess a person prior to assisting them?		
Assist a person to sit down or stand up from a chair and / or bed?		
Assist a person to walk?		
Assist a person who is starting to fall during assisted transfer or mobilisation or helping them get back up (including with a hoist)?		
Work all the features of electric beds in your area?		
Laterally transfer a dependent person from a bed to a trolley and back?		
Insert, use and remove slide sheets?		
Assist a person to turn in bed, or turn a dependent person?		
Assist a person to move up the bed (including with slide sheets)?		
Assist a person from lying to sitting up in bed?		
Assist a person from lying to sitting up over the edge of their bed?		
Assist a person sitting on the edge of their bed, back in to bed?		
Use the hoist(s) in your area?		
Use the standing aid(s) in your area?		
Identify the different types of hoist slings available?		
Fit and remove a sling with the person lying in their bed?		
Fit and remove a sling with the person sitting on their chair?		
<b>Other activities:</b>		
<b>Reflector:</b>	<b>Signature:</b>	<b>Date:</b>
<b>Local Manager:</b>	<b>Signature</b>	<b>Date:</b>

<sup>8</sup>Knowledge Skills Framework

<sup>9</sup>Personal Development Plan/Programme

<sup>10</sup>Continuing Professional Development

This form can be used to record your thoughts after undertaking an activity you perceive you needed additional learning for. Undertake the activity and reflect on your performance, using the prompts in each section below, you may need a different sheet for each activity. This process is intended to be self-reflective; however, asking another person, for example, the person or a colleague to comment on the activity may help inform your analysis.

<b>Name of Activity/Situation:</b>			
<b>Location:</b>		<b>Date:</b>	
<b>Description of activity undertaken:</b>			
<b>What were the challenges you experienced during the activity?</b>			
<b>What do you feel you did well during the activity?</b>			
Sample			
<b>How will the above learning influence your future practice?</b>			
<b>Have you identified any further learning needs? If yes, outline the needs below and identify how you will address them.</b>			
<b>Reflector:</b>	<b>Signature:</b>	<b>Date:</b>	
<b>Local Manager:</b>	<b>Signature</b>	<b>Date:</b>	



### Manual Handling Self Assessment Form - Inanimate Load Handling Employees

Reflective practice is the reflection on an activity that enables you to participate in a process of continuous learning. It is a useful tool where you can learn from your own experiences, rather than from formal teaching and is an important source of personal development and improvement.

*This form asks you to first identify the moving and handling activities that you are involved with. Then, to identify whether you perceive you need learning in terms of your knowledge and skills with regards how you currently perform the activity. For those activities that you perceive you need additional learning, undertake the activity(s) and reflect on your performance, using the prompts on the next page. This tool once completed can be used as evidence for your KSF and / or PDP review and CPD portfolio. If doing so, it should be discussed and countersigned by your local manager or KSF reviewer.*

<b>Moving and handling activities</b>	<b>Do you undertake this activity?</b> (Yes, No , N/A)	<b>Learning required?</b> (Yes, No)
<b>Do you know how to:</b>		
Identify and put into practice any Generic Load Moving and Handling Risk Assessments for your area?		
Move in balance when doing your work activities, that is, move without adopting excessive stooping or twisting postures, for example, whilst accessing files / loads at high or low levels?		
Work all the features of any equipment in your area which assists with moving and handling, for example, trolleys, stair climbers etc.		
Resolve postural issues identified by your Display Screen Equipment risk assessment?		
<b>Identify the main Moving and Handling activities in your work area below:</b>		
<b>Reflector:</b>	<b>Signature:</b>	<b>Date:</b>
<b>Local Manager:</b>	<b>Signature</b>	<b>Date:</b>

*This form can be used to record your thoughts after undertaking an activity you perceive you needed additional learning for. Undertake the activity and reflect on your performance, using the prompts in each section below, you may need a different sheet for each activity. This process is intended to be self-reflective; however, asking another person, for example, a colleague to comment on the activity may help inform your analysis.*

<b>Name of Activity/ Situation:</b>		
<b>Location:</b>		<b>Date:</b>
<b>Description of activity undertaken:</b>		
<b>What were the challenges you experienced during the activity?</b>		
<b>What do you feel you did well during the activity?</b>		
<b>How will the above learning influence your future practice?</b>		
<b>Have you identified any further learning needs? If yes, outline the needs below and identify how you will address them.</b>		
<b>Reflector:</b>	<b>Signature:</b>	<b>Date:</b>
<b>Local Manager:</b>	<b>Signature</b>	<b>Date:</b>

**Moving and Handling Competency Assessment – People handling tasks**

**Personal Details**

<b>Name</b>		<b>Pay Number</b>	
<b>Job Title</b>			
<b>Hospital</b>		<b>Ward/Department</b>	

**Assessment Details**

Overall Risk	Comment
<b>Low</b>	Record when all three Factors are identified as <b>Low Risk</b> , reassess in 18 months.
<b>Medium</b>	Record when any of the three Factors (Handling, Personal Movement or Other) is identified as <b>Medium Risk</b> , reassess in 12 months.
<b>High</b>	Record when any of the three Factors (Handling, Personal Movement or Other) is identified as <b>High Risk</b> , reassess in 1 month.
<b>Very High</b>	Record when a <b>Very High Risk</b> Handling Factor is identified, that is, the use of a full body lift of a patient including; Australian, Orthodox, Straight and Though Arm Lift. The activity and assessment will be stopped prior to the lift occurring. <b>Reassess within 1 month.</b>

**Task Assessed:**

Sample

Risk Factor Assessment Factors	Low Risk	Medium Risk	High Risk	Very High Risk	Remedial Action	Overall Risk
<b>Handling</b>					Yes <input type="checkbox"/> No <input type="checkbox"/>	Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Very High <input type="checkbox"/>
<b>Personal Movement</b>					Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Other</b>					Yes <input type="checkbox"/> No <input type="checkbox"/>	

**Details of proposed remedial action to be taken / remedial action taken:**

<b>Information Sheets Provided</b>		<b>Assessor</b>	
<b>Assessee</b>		<b>Line Manager</b>	
<b>Assessment Date</b>		<b>Reassessment Date</b> (Month / Year)	

**Moving and Handling Competency Assessment – Criteria for assessing people handling tasks**

Risk Criteria	Low	Medium	High	Very High
<p><b>1. Handling Risk Factors</b></p>	<p>a) Indirect (open) holds taken b) Appropriate level of support provided</p>	<p>c) Some direct holds (gripping) taken which could lead to excessive force being applied d) Inappropriate level of support provided to the person, particularly too much.</p>	<p>e) Use of holds that could lead to being ‘locked’ onto the person, including; - Holding under the persons axilla / Palm to palm thumb holds / enabling the person to hold onto your neck, torso and/or arm - Examples include using the above holds to help a person sit forwards and walking linked arms with a person f) Inappropriate level of support provided to the person, particularly too little, potentially not enough people involved</p>	<p>g) Use of High Risk (Controversial) Techniques. - These can be defined as ‘techniques that involve lifting all or most of the person’s weight’, and include - Drag lift (under arm hook); Orthodox Lift (cradle lift); Through Arm Lift (top and tail); Australian Lift (shoulder lift); Straight Lift - Examples include using the above holds to ‘drag’ a person up the bed and bodily lifting a person into standing</p>
<p><b>2. Personal Movement Risk Factors</b></p>	<p>a) Rarely adopts top heavy postures b) Rarely adopts twisted postures</p>	<p>c) Occasionally (less than half the activity) adopts/sustains top heavy postures d) Occasionally (less than half the activity) adopts/sustains twisted postures</p>	<p>e) Frequently moves into top heavy postures (bending) and/or adopts prolonged top heavy postures f) Frequently moves into twisted postures and/or adopts prolonged twisted postures</p>	<p>Not assessed – assessment stopped due to evidence of High Risk (Controversial) Technique being used</p>
<p><b>3. Other Risk Factors</b></p>	<p>a) Good verbal communication with person including explanation of task to be performed b) Good preparation of the environment</p>	<p>c) Some verbal communication, limited in explanatory content d) Environment appropriate for task however further preparation required</p>	<p>e) Very little verbal communication with person, no explanation of the task to be performed f) Environment inappropriate for proposed task, that is, no attempt made to alter either the environment (eg move bed, chair, cables) or task (eg change plan)</p>	<p>Not assessed – assessment stopped due to evidence of High Risk (Controversial) Technique being used</p>

**Moving and Handling Competency Assessment Record (Inanimate Load Handling)**

<b>Name of staff member:</b>	<b>Job title:</b>
<b>Service Area:</b>	<b>Date of last competency assessment:</b>

**Section A. Assessment of handling procedure:**

<b>A.1. Task observed:</b>		<b>Date task observed:</b>			
<b>If equipment used specify what:</b>					
	<b>Standard</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
1	Prepares self prior to handling task				
2	Applies findings of Risk Assessment/ Safe System of Work				
3	Carries out an on the spot assessment				
4	Ensures safe environment				
5	Communicates effectively				
6	Uses equipment safely and appropriately				
7	Uses an appropriate hold				
8	Maintains good posture and stability				
<b>A.2. Task observed:</b>		<b>Date task observed:</b>			
<b>If equipment used specify what:</b>					
	<b>Standard</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
1	Prepares self prior to handling task				
2	Applies findings of Risk Assessment / Safe System of Work				
3	Carries out an on the spot assessment				
4	Ensures safe environment				
5	Communicates effectively				
6	Uses equipment safely and appropriately				
7	Uses an appropriate hold				
8	Maintains good posture and stability				

**Section B. Outcome and Feedback**

Outcome (circle)		Standards achieved over 2 tasks	Action Required
Competent	C	Achieves all of the relevant standards	<ul style="list-style-type: none"> <li>No further action needed.</li> </ul>
Borderline	B	Does not achieve 1 or 2 of the relevant standards	<ul style="list-style-type: none"> <li>Provide instruction/support/coaching</li> <li>Re-assess onsite competency within 4 weeks</li> </ul>
Not Competent	NC	Does not achieve 3 or more of the relevant standards	<ul style="list-style-type: none"> <li>Provide instruction/support/coaching</li> <li>Re-assess onsite competency within 4 weeks</li> <li>Avoid identified higher risk MH tasks or ensure supervision when undertaking identified MH tasks until competence evidenced</li> </ul>

**Feedback and action taken:**

<b>Assessor Name:</b>	<b>Assessor Signature:</b>	<b>Date:</b>
<b>Staff member Signature:</b>		<b>Date:</b>
<b>Managers Name:</b>	<b>Manager Signature:</b>	<b>Date:</b>

**Next Competency Assessment Due Date:**

<b>The assessment must be recorded onto the SWS Learning Management System. On completion – pass this record to Admin</b>	
<b>Date Input to LMS :</b>	<b>Admin signature:</b>

**Criteria for Moving and Handling Competency Assessment Standards (Inanimate Load Handling)**

	<b>Standard</b>	<b>Key Elements</b>
1	Prepares self prior to handling task	<ul style="list-style-type: none"> <li>• Staff member is wearing suitable clothing, footwear and PPE</li> </ul>
2	Applies findings of risk assessment / safe system of work	<ul style="list-style-type: none"> <li>• Knows the safe system of work relevant to the task and applies these</li> <li>• Is aware of any individual risk factors which need to be considered during the moving and handling task.</li> </ul>
3	Carries out an on the spot assessment	<ul style="list-style-type: none"> <li>• Carries out on the spot assessment and checks the safe system of work is still appropriate.</li> <li>• Tests weight and stability of load eg 'tip test'; rocking etc</li> </ul>
4	Ensures safe environment	<ul style="list-style-type: none"> <li>• Considers where the load is to move to and from.</li> <li>• Prepares area by removing clutter, obstacles, opening doors, etc.</li> <li>• Makes sure there is enough space to carry out the task.</li> <li>• Leaves environment free of clutter at the end of move.</li> </ul>
5	Communicates effectively	<ul style="list-style-type: none"> <li>• If team handling gives clear instructions to the colleagues assisting.</li> <li>• Informs others who may be affected by the task.</li> </ul>
6	Uses equipment safely and appropriately	<ul style="list-style-type: none"> <li>• Checks any equipment is in good working order.</li> <li>• Carries out any required safety checks</li> <li>• Follows manufactures user instructions and/or the safe system of work.</li> <li>• Applies breaks where appropriate</li> <li>• Puts equipment safely away after use.</li> </ul>
7	Uses an appropriate hold	<ul style="list-style-type: none"> <li>• Uses whole hand avoiding finger gripping.</li> <li>• Places one hand under the load and holds load close to body where appropriate.</li> <li>• When pushing and pulling, holds between waist and shoulder height.</li> </ul>
8	Maintains good posture and stability	<ul style="list-style-type: none"> <li>• Keeps the load close</li> <li>• Adopts a stable base of support.</li> <li>• Maintains balance.</li> <li>• Natural upright posture (avoiding stooping, twisting and side bending).</li> <li>• Keep the head up when handling. Look ahead, not down at the load once it has been held securely.</li> </ul>

**Induction Record - Manual Handling Training Needs Form for People Handling Employees**

<b>Full Name (please print):</b>		<b>Job Title:</b>	
<b>Service / Department:</b>		<b>Start Date:</b>	
<b>Place of work:</b>		<b>Unique ID:</b> (eg Payroll No.)	

Please state which of the following FOUNDATION MODULES you have completed:

Modules	Essential Modules For Post (please tick)	Date completed	Training Requirements	Date for Training	Completed Yes / No
A					
B					
C					
D					
E					
F					

**Comments**

Name of Manager (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Employee (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Induction Checklist – People Handling Employees

The employee has an awareness of:	Yes/No	Comments
• Organisation's Manual Handling (MH) Policy/Procedures		
• Responsibilities as stated in MH Policy/procedures		
• Local / departmental MH procedures		
• Generic People Handling Risk Assessments		
• Generic inanimate load handling risk assessments		
• Individual Person MH Assessment Forms (Mobility Charts / Care Plans / Support Plans etc)		

The employee is familiar with Service/Department equipment (list, including make and model)			
	Yes	No	Comments
• Passive hoists eg Liko Viking			
• Active hoists eg Oxford Stand-aid			
• Overhead tracking system			
• Static pool side hoist			
• Slings			
• Slide sheets			
▪ Lateral transfer boards eg Pat-slide			
<b>Other</b>			

The employee has awareness of MH safe systems of work to include:	
	Comments
• Falling person	
• Fallen person	
• Cardiac arrest situations	
• Emergency evacuations	
• Escorting a person	
• Plus size person	
• Other	

Identification of MH training requirements:

Contacts for MH information / advice:

Name of Manager(print): \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Employee(print): \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Induction checklist - Manual Handling Training Needs Form for Inanimate Load Handling Employees**

<b>Full Name (please print):</b>		<b>Job Title:</b>	
<b>Service / Department:</b>		<b>Start Date:</b>	
<b>Place of work:</b>		<b>Unique ID (eg Payroll No.):</b>	

Please state which of the following FOUNDATION MODULES you have completed:

Modules	Essential Modules For Post (please tick)	Date completed	Training Requirements	Date for Training	Completed Yes / No
A					
B					
F					

**Comments**

Name of Manager (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Employee (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Induction Checklist – Inanimate Load Handling Employees

The employee has an awareness of:	Yes/No	Comments
• Organisation’s Manual Handling (MH) Policy / Procedures		
• Responsibilities as stated in MH Policy / Procedures		
• Local / departmental MH Procedures		
• Generic inanimate load handling risk assessments		
• Incident reporting system		

The employee is familiar with equipment required to be used - list equipment eg pallet truck, bed mover, self levelling container			
	Yes	No	Comments
•			
•			
•			
•			

Awareness of manual handling safe systems of work to include eg use of a platform truck:	
	Comments
• DSE assessments	
• Other	

Identification of manual handling training requirements:

Contacts for manual handling information / advice:

Name of Manager(print): \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Employee(print): \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Generic Load Handling Risk Assessment Form**      **Ref No**

<b>Location</b>		<b>Department</b>		<b>Risk Assessor</b>	
-----------------	--	-------------------	--	----------------------	--

<b>Operation/Activity</b>	<i>Complete the relevant details of the activity being assessed</i>

<b>Hazards</b>	<p><i>List all hazards here: Lifting, lowering, pushing, pulling, twisting, carrying and working with an awkward posture.</i></p> <p><b>The Task</b> <i>Holding away from trunk Twist, stoop, reach, Lift or carry distance Frequency/recovery time.</i></p> <p><b>The Load</b> <i>Heavy, bulky, unstable, sharp, or hot surface etc.</i></p> <p><b>The Environment</b> <i>Space, floor, thermal, lighting, clothing, floor loading for equipment used with plus size people etc.</i></p> <p><b>Individual capacity</b> <i>Pregnant, health problem, requires special training</i></p>
Sample	
<b>Individuals or groups exposed</b>	<i>Highlight the people at risk and the likely maximum numbers exposed.</i>

<b>Current control measures</b>	<i>List current control measures, Eliminate the need to handle, redesign the task or load. Provide handling equipment, improve environment, vary work, job rotation, team handling, information instruction and training, supervision, enforcement of policy, protective measures and monitoring procedures.</i>

<b>Risk Rating</b> <i>Using information above, and the section, taking into account the control measures in position, decide the applicable <b>Severity</b> and <b>Likelihood</b>, and estimate</i>	<b>Severity</b> 1 No/ Slight injury, illness, loss 2 Moderate injury, illness, loss 3 Major Injury, illness or loss 4 Single Fatality or great loss 5 Extreme loss, fatality, disaster	<b>Likelihood</b> 1 Could occur, but rare 2 Has occurred at some time 3 Occurs occasionally 4 Occurs in most circumstances 5 Expected to occur often	<b>Rating</b> <b>R= S x L</b> <i>(V. High = 20 - 25) (High = 10- 19) (Med = 4 - 9) (Low = 1 - 3)</i>
Calculate <i>Rating =Severity x Likelihood</i>	<b>S=</b>	<b>L=</b>	<b>R=</b>
<b>RISK</b>	<b>LOW</b> <input type="checkbox"/>	<b>MEDIUM</b> <input type="checkbox"/>	<b>HIGH</b> <input type="checkbox"/> <b>Very High</b> <input type="checkbox"/>

<b>Further control measures required</b>	<i>Include any additional controls identified to eliminate or reduce the risk further</i> <b>OR</b> <i>state whether the risks are already as low as reasonably practicable.</i>

<b>New Risk Rating</b>	<b>S=</b>	<b>L=</b>	<b>R=</b>
------------------------	-----------	-----------	-----------

<b>Date</b>			
<b>Managers Signature</b>			

**Use a new box each time this assessment is reviewed**

## Generic People Handling Risk Assessment

(1/6)

The manual handling risk assessment forms for toileting, bathing, seats / wheelchairs / commodes, bed / trolley / plinth activities and transfer from floor level are not separate assessments, but should be used together to carry out an assessment for the manual handling activities of the whole service / department.

<b>Toileting</b>				<b>Ref No</b>	
Service / Department		Assessment Team			
Speciality		Age range of People		Male Female Mixed	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>System of Work</b>				<b>Systems of Work</b>	
<p style="font-size: 48px; opacity: 0.1; text-align: center;">Sample</p>				<ul style="list-style-type: none"> <li>List methods used for people of various degrees of dependency. Which methods are used most frequently, which are used only occasionally?</li> <li>If person's whole weight is being lifted seek a safer alternative.</li> </ul>	
				<p><b>Handling problems assisting people</b></p>	
				<p><b>For Example</b> is there:</p> <ul style="list-style-type: none"> <li>Enough room to move freely in a good posture?</li> <li>Enough room to use a hoist?</li> <li>Problems with stooping, twisting, lifting?</li> <li>Convenient grab rails etc,</li> <li>Floor slippery, type of person etc?</li> </ul>	
<b>With these controls the risk is (tick)</b>		<b>Low</b>	<b>Medium</b>	<b>High</b>	<b>Very High</b>
<b>Further control measures required</b>				<b>For Example:</b>	
				<ul style="list-style-type: none"> <li>Use a hoist (standing hoist, sling lifter)</li> <li>Wheel commode over WC.</li> <li>Move WC or partition wall for more space.</li> <li>Widen doorway.</li> <li>Install or move grab rails.</li> <li>Change door to open outwards.</li> <li>Change floor covering.</li> </ul>	
<b>New Risk Rating</b>	<b>S=</b>		<b>L=</b>		<b>R=</b>
<b>Manager's Initials</b>					

Go to the next section - assessment for bathing

**Generic People Handling Risk Assessment**

**(2/6)**

<b>Bathing &amp; Showering</b>				<b>Ref</b>	
<b>What types of bath or shower are available in the Ward?</b>	<b>How Many</b>	<b>Suitable? (If not why not)</b>		<p><i>For example,; Ordinary bath, Parker bath, variable height bath, ordinary shower, shower cabinet or shower trolley.</i></p>	
<b>System of Work</b>				<ul style="list-style-type: none"> <li>• List methods used for people of various degrees of dependency.</li> <li>• Which methods are used most frequently, which are used only occasionally?</li> <li>• If people are LIFTED into the bath seek a safer alternative.</li> </ul>	
<b>Handling problems assisting people</b>				<p><i>For Example is there:</i></p> <ul style="list-style-type: none"> <li>• Enough room to move freely in a good posture?</li> <li>• Enough room to use a hoist?</li> <li>• Problems with stooping, twisting, lifting?</li> <li>• Convenient grab rails etc,</li> <li>• Floor slippery, type of person etc?</li> </ul>	
<b>With these controls the risk is (tick)</b>	<b>Low</b>	<b>Medium</b>	<b>High</b>	<b>Very High</b>	
<b>Further control measures required</b>				<p><i>For Example</i></p> <ul style="list-style-type: none"> <li>• Move or use a hoist, shower trolley, bathing stretcher.</li> <li>• Wheel person into the shower, cut out casing around bath to improve hoist access.</li> <li>• Install or move grab rails.</li> <li>• Take more dependant people to wards with better facilities.</li> <li>• Re-schedule bathing to even out workload.</li> <li>• Install a different type of bath.</li> <li>• Move bath away from wall.</li> <li>• Remove partitions.</li> <li>• Change floor covering.</li> </ul>	
<b>New Risk Rating</b>	<b>S=</b>	<b>L=</b>		<b>R=</b>	
<b>Manager's Initials</b>					

Go to the next section - assessment for seats / wheelchairs / commodes

**Generic People Handling Risk Assessment**

**(3/6)**

<b>Seats, Wheelchairs and Commodes</b>				<b>Ref No</b>	
<b>System of Work</b>				<p><b>Systems of Work</b></p> <ul style="list-style-type: none"> <li>• List methods used for people of various degrees of dependency.</li> <li>• Sit to stand/stand to sit, repositioning in seat etc.</li> <li>• Which methods are used most frequently, which are used only occasionally?</li> <li>• If person's whole weight is being lifted seek a safer alternative.</li> </ul>	
<b>Handling problems assisting people</b>				<p><b>For Example;</b></p> <ul style="list-style-type: none"> <li>• Seats too low/too deep.</li> <li>• Arms get in the way.</li> <li>• Hoist cannot get close</li> <li>• Brakes or wheels defective</li> <li>• Not enough wheelchairs</li> <li>• Floor slippery.</li> <li>• Type of person.</li> </ul>	
<b>With these controls the risk is (tick)</b>		<b>Low</b>	<b>Medium</b>	<b>High</b>	<b>Very High</b>
<b>Further control measures required</b>				<p><b>For Example:</b></p> <ul style="list-style-type: none"> <li>• Use a hoist (standing hoist, sling lifter)</li> <li>• Use a sliding board.</li> <li>• Use a turning disk.</li> <li>• Sit person on one-way sliding aid.</li> <li>• Sit or kneel by person rather than stoop.</li> <li>• Change the type of seat used.</li> <li>• Install or move grab rails.</li> <li>• Change door to open outwards.</li> <li>• Change floor covering.</li> </ul>	
<b>New Risk Rating</b>	<b>S=</b>	<b>L=</b>		<b>R=</b>	
<b>Manager's Initials</b>					

**Go to the next section - assessment for bed and trolley moves**

**Generic People Handling Risk Assessment**

**(4/6)**

Bed, Trolley and Plinth Activities				Ref No	
<b>System of Work</b>				<p><b>Systems of Work</b></p> <ul style="list-style-type: none"> <li>List methods used for people of various degrees of dependency.</li> <li>Moving up/down the bed, moving on/off the bed, moving on/off bedpan, transfer from bed to seat, transfer from bed to trolley. Assisting people on beds, trolleys etc. bed bathing.</li> <li>Which methods are used most frequently, which are used only occasionally?</li> <li>If person's whole weight is being lifted seek a safer alternative.</li> </ul>	
<b>Handling problems assisting people</b>				<p><b>For Example;</b></p> <ul style="list-style-type: none"> <li>Enough room to move freely in good posture.</li> <li>Enough room to use a hoist.</li> <li>Furniture around beds etc. easily moved.</li> <li>Is stooping, twisting, lifting involved.</li> <li>Straight lifting hip/spinal injury people.</li> <li>Mechanisms for height adjustments/bed rail/headrest adequate.</li> <li>Brakes, wheels in good working order</li> </ul>	
<b>With these controls the risk is (tick)</b>		<b>Low</b>	<b>Medium</b>	<b>High</b>	<b>Very High</b>
<b>Further control measures required</b>				<p><b>For Example;</b></p> <ul style="list-style-type: none"> <li>Get height adjustable beds, trolleys and couches.</li> <li>Put only the most independent people in fixed height beds.</li> <li>Sit people on one way sliding aids.</li> <li>Use appropriate mattress.</li> <li>Label defective items and arrange for maintenance.</li> <li>Use handling aids whenever possible, eg</li> <li>Hoist, sliding/transfer aid, monkey pole, rope ladder, hand blocks etc</li> </ul>	
<b>New Risk Rating</b>	<b>S=</b>	<b>L=</b>		<b>R=</b>	
<b>Manager's Initials</b>					

**Go to the next section - assessment for transfer from floor level**



# Generic People Handling Risk Assessment

(5/6)

<b>Transfer from Floor level</b>		<b>Ref No</b>		
<b>System of Work</b>		<p><b>Systems of Work</b></p> <ul style="list-style-type: none"> <li>• Are falls to the floor frequent?</li> <li>• Are people frequently at floor level?</li> <li>• List methods used and precautions taken to reduce risks associated with falling or fallen people.</li> <li>• <b>For example:</b></li> <li>• Limit chances of person falling.</li> <li>• Check that nurses know techniques for dealing with fallen or falling person.</li> <li>• Use a hoist for fallen person.</li> </ul>		
<b>Handling problems assisting people</b>		<p><b>For Example</b></p> <ul style="list-style-type: none"> <li>• Uniform/footwear inadequate or unsuitable.</li> <li>• Remaining in awkward postures.</li> <li>• Supporting persons limbs.</li> <li>• Fitness/skill/ number of employees.</li> </ul>		
<b>With these controls the risk is (tick)</b>	<b>Low</b>	<b>Medium</b>	<b>High</b>	<b>Very High</b>
<b>Further control measures required</b>		<p><b>For Example</b></p> <ul style="list-style-type: none"> <li>• Uniform/footwear inadequate.</li> <li>• If people are being lifted manually from the floor, seek a safer alternative</li> </ul>		
<b>New Risk Rating</b>	<b>S=</b>	<b>L=</b>	<b>R=</b>	
<b>Manager's Initials</b>				

Go to the next section – Summary and Action Plan

# Generic People Handling Risk Assessment

(6/6)

Summary and Action Plan					Ref No	
<p><b>The following changes will be introduced in the Service / Department (with target dates)</b></p> <div style="text-align: center; font-size: 48px; opacity: 0.3; font-weight: normal;">Sample</div>					<p><i>Remember to justify any needs on the basis of level of risk, cost, and benefits to be gained.</i></p> <p><b>For example:</b></p> <ul style="list-style-type: none"> <li>• Why is the change needed?</li> <li>• How would it improve the current situation?</li> <li>• How many employees/people would the measure help?</li> <li>• How frequently would it be used?</li> <li>• What other benefits would it bring (eg independence to person, quality of care)?</li> <li>• Have you consulted anyone on the technical feasibility? Had a trial?</li> <li>• Have you already indented or put in a written request for this?</li> </ul>	
<b>Date</b>						
<b>Managers Signature</b>						

Use a new box each time this assessment is reviewed

**Individual Person Handling Assessment Form**

Person's name:		Named Nurse:		If Person is totally independent, tick here and go to date box		Risk: Low Medium High	
<b>BODY BUILD</b>			Problems with comprehension, behaviour, co-operation (specify):				
Above average	<input type="checkbox"/>	Tall	<input type="checkbox"/>				
Average	<input type="checkbox"/>	Medium	<input type="checkbox"/>				
Below average	<input type="checkbox"/>	Short	<input type="checkbox"/>				
Weight	<input type="checkbox"/>	Height	<input type="checkbox"/>	Handling constraints, eg disability, weakness, pain, skin lesions, infusions (specify):			
<b>RISK OF FALLS</b>							
High	<input type="checkbox"/>	Low	<input type="checkbox"/>				
<b>Transfers (Including to/ from: Bed; Wheelchair; Commode; Toilet)</b>							
HOIST/STANDAID	<input type="checkbox"/>	ASSISTANCE	<input type="checkbox"/>	SUPERVISION	<input type="checkbox"/>	INDEPENDENT	<input type="checkbox"/>
Model:	People: 1	2	3	Additional Information eg loop position used:			
Sling type:	Walking aid (specify)						
Sling size:							
<b>Toileting</b>							
HOIST/STANDAID	<input type="checkbox"/>	ASSISTANCE	<input type="checkbox"/>	SUPERVISION	<input type="checkbox"/>	INDEPENDENT	<input type="checkbox"/>
	People: 1	2	3	Additional Information:			
<b>Move on / off bed pan</b>							
HOIST	<input type="checkbox"/>	MANOEUVRE	<input type="checkbox"/>	ASSISTANCE	<input type="checkbox"/>	SUPERVISION	<input type="checkbox"/>
		Roll person		People 1		Additional Information:	
		Monkey pole		People 2			
		Person bridges		People 3			
<b>Move up / down bed</b>							
HOIST	<input type="checkbox"/>	HANDLING AIDS	<input type="checkbox"/>	ASSISTANCE	<input type="checkbox"/>	SUPERVISION	<input type="checkbox"/>
		Sliding sheet		People 1		Additional Information:	
		Monkey pole		People 2			
		Rope ladder		People 3			
<b>Transfer to / from trolley (or bed etc.)</b>							
HOIST	<input type="checkbox"/>	HANDLING AIDS	<input type="checkbox"/>	ASSISTANCE	<input type="checkbox"/>	SUPERVISION	<input type="checkbox"/>
		Patslide		People 1		Additional Information:	
		Other		People 2			
		Fabric sliding aid		People 3			
<b>Sit up over side of bed</b>							
BED REST	<input type="checkbox"/>	ASSISTANCE	<input type="checkbox"/>	SUPERVISION	<input type="checkbox"/>	INDEPENDENT	<input type="checkbox"/>
	People: 1	2	3	Additional Information (eg equipment to be used – swivel cushion):			
<b>Into Bath or Shower</b>							
WHICH BATH	<input type="checkbox"/>	HANDLING AID	<input type="checkbox"/>	ASSISTANCE	<input type="checkbox"/>	SUPERVISION	<input type="checkbox"/>
Shower		Shower chair		People 1		Additional Information:	
Variable height bath		Bathing Hoist eg Alenti		People 2			
Bed bath		Sling lifting hoist		People 3			
<b>Walking</b>							
NO WALKING	<input type="checkbox"/>	WALKING AID (specify)	<input type="checkbox"/>	ASSISTANCE	<input type="checkbox"/>	SUPERVISION	<input type="checkbox"/>
				People 1		Distanced walked / Additional Information:	
				People 2			
				People 3			
<b>Other Instructions</b>							
Recording Symbol:		/		X		*	
Date Assessed:							
Assessor's signature:							
Proposed Review date:							

## Continuation sheet

Transfers (Including to/from: Bed; Wheelchair; Commode; Toilet)										
HOIST/STANDAID	ASSISTANCE			SUPERVISION	INDEPENDENT					
Model:	People: 1	2	3	Additional Information, eg loop positioned used:						
Sling type:	Walking aid (specify)									
Sling size:										
Toileting										
HOIST/STANDAID	ASSISTANCE			SUPERVISION	INDEPENDENT					
	People: 1	2	3	Additional Information:						
Move on / off bed pan										
HOIST	MANOEUVRE	ASSISTANCE	SUPERVISION	INDEPENDENT		N / A				
	Roll person	People 1	Additional Information:							
	Monkey pole	People 2								
	Person bridges	People 3								
Move up / down bed										
HOIST	HANDLING AIDS	ASSISTANCE	SUPERVISION	INDEPENDENT						
	Sliding sheet	People 1	Additional Information:							
	Monkey pole	People 2								
	Rope ladder	People 3								
Transfer to / from trolley (or bed etc.)										
HOIST	HANDLING AIDS	ASSISTANCE	SUPERVISION	INDEPENDENT						
	Patslide	People 1	Additional Information:							
	Other	People 2								
	Fabric sliding aid	People 3								
Sit up over side of bed										
BED REST	ASSISTANCE			SUPERVISION	INDEPENDENT					
	People: 1	2	3	Additional Information (eg equipment to be used – swivel cushion):						
Into Bath or Shower										
WHICH BATH	HANDLING AID	ASSISTANCE	SUPERVISION	INDEPENDENT						
Shower	Shower chair	People 1	Additional Information:							
Variable height bath	Bathing Hoist eg Alenti	People 2								
Bed bath	Sling lifting hoist	People 3								
Walking										
NO WALKING	WALKING AID (specify)	ASSISTANCE	SUPERVISION	INDEPENDENT						
		People 1	Distanced walked / Additional Information:							
		People 2								
		People 3								
Other Instructions										
Sample										
Recording Symbol:	/		X		*					
Date Assessed:										
Assessor's signature:										
Proposed Review date:										

## PERSON HANDLING ASSESSMENT

### SECTION A:

A1 PERSONAL DETAILS		A2 WEIGHT / HEIGHT INFORMATION			
Pin No/Swift No:	Title:	Date			
Forename:	Surname:	Height	Actual Estimate	Actual Estimate	Actual Estimate
		Weight	Actual Estimate	Actual Estimate	Actual Estimate
A3 ASSESSOR DETAILS		DATE OF INITIAL ASSESSMENT:			
Name:		Details of other professionals involved:			
Designation:					
A4 REVIEW DETAILS	No Change	Changes	REVIEW DETAILS	No Change	Changes
Date of Review: Assessors Signature:			Date of Review: Assessors Signature:		
Date of Review: Assessors Signature:			Date of Review: Assessors Signature:		
Date of Review: Assessors Signature:			Date of Review: Assessors Signature:		

### Continue to Assessment at Section B

#### SECTION G: SERVICE USER/INFORMAL CARER AGREEMENT

This section to be completed after assessment undertaken and plan for handling discussed with user/informal carer.

Is this service user and/or carer in agreement with the recommendation or safer handling made in this assessment: Yes  No

If Yes, service user / informal carer Signature:

**End of Assessment.** If no, complete Service User/Informal Carer Disagreement Record (Additional Record No2)(Refer to Guidelines)

**SECTION B: PERSON HANDLING ASSESSMENT**

<b>B1 Movement Ability:</b> <i>Consider what the person can do for themselves and any risks associated with e.g: standing, walking, sitting balance, head control, upper limb strength / movement.</i>	
<u>Date</u>	
<b>B2 Handling Constraints:</b> <i>Consider any handling risks associated with e.g: pain, skin lesions/vulnerability, attachments, involuntary movements, muscle strength/tone, behaviour, stature, brittle bones.</i>	
<u>Date</u>	
<b>B3 Communication:</b> <i>Consider how the person communicates and any handling risks associated with e.g: hearing, vision, communication, comprehension.</i>	
<u>Date</u>	
<b>B4 Any other risks:</b> <i>Consider other handling risks associated with eg: falls, seizures, existing handling practices, existing equipment</i>	
<u>Date</u>	
<b>B5 Personal / Family preferences / needs:</b>	
<u>Date</u>	

**SECTION C: WORKING ENVIRONMENT****C. Working Environment:** *Consider any handling risks associated with e.g: space, furniture/work heights, flooring, lighting, temperatures, access/egress.*

<u>Date</u>	
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**SECTION D: CARER'S CAPABILITIES****D. Carer's Capabilities:** *Are there any risks for staff who have a health problem/injury or are new expectant mothers. Also consider any additional training requirements, or time constraints which may add to risks.***Note:** If additional on site training/instruction is required – record details on the On-site Training/Instruction Record (Additional Record 1)

<u>Date</u>	
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The information about the risks gathered from Sections A-D should be used to inform the Person Handling Plan and, if there are any remaining risks which require further or ongoing action, record this at Section E.

**SECTION E: FURTHER/ONGOING ACTION RECORD****E. Further Action Record:** *Document any remaining risks and further action to be taken to manage/control the risks.*

Date	Remaining Risks	Action to be taken	Date Actioned and Outcome

## PERSON HANDLING PLAN

### SECTION F: PERSON HANDLING PLAN

**SERVICE USER NAME: Pin No./SWIFT No.**

*The Person Handling Assessment must be carried out prior to completion of this Handling Plan. Refer to accompanying guidelines.*

*Staff have a responsibility to follow the instructions within this Handling Plan and to report any changes that may affect safer handling.*

**F1.** Summarise risks and information staff need to be aware of and action carers need to take in relation to all handling tasks.

<u>Date</u>	
-------------	--

**F2. Instructions for Handling Tasks**

DATE	TASK	INSTRUCTION / HANDLING METHOD	NO. OF CARERS	EQUIPMENT TO BE USED (where applicable)	HOISTING INSTRUCTIONS (where applicable)																
					<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Hoist make:</td> <td style="width: 50%;">Hoist model:</td> </tr> <tr> <td>Sling make:</td> <td>Sling model:</td> </tr> <tr> <td colspan="2" style="text-align: center;">Sling size:</td> </tr> <tr> <td colspan="2">*Sling Fitting:</td> </tr> <tr> <td>UL <input type="checkbox"/></td> <td>Th.L <input type="checkbox"/></td> <td>Th.X <input type="checkbox"/></td> </tr> <tr> <td colspan="2">*Loop Attachment number:</td> </tr> <tr> <td>Shoulder:</td> <td>Middle:</td> <td>Legs:</td> </tr> </table>	Hoist make:	Hoist model:	Sling make:	Sling model:	Sling size:		*Sling Fitting:		UL <input type="checkbox"/>	Th.L <input type="checkbox"/>	Th.X <input type="checkbox"/>	*Loop Attachment number:		Shoulder:	Middle:	Legs:
Hoist make:	Hoist model:																				
Sling make:	Sling model:																				
Sling size:																					
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UL <input type="checkbox"/>	Th.L <input type="checkbox"/>	Th.X <input type="checkbox"/>																			
*Loop Attachment number:																					
Shoulder:	Middle:	Legs:																			



SERVICE USER NAME:			PIN NO./SWIFT NO:		
F2. Instructions for Handling Tasks			Continuation Sheet Number:		
DATE	TASK	INSTRUCTION / HANDLING METHOD	NO. OF CARERS	EQUIPMENT TO BE USED (where applicable)	HOISTING INSTRUCTIONS (where applicable)
					Hoist make:            Hoist model:  Sling make:            Sling model: Sling size:  *Sling Fitting: UL <input type="checkbox"/> Th.L <input type="checkbox"/> Th.X <input type="checkbox"/>  *Loop Attachment: Shoulder:   Middle:   Legs:
					Hoist make:            Hoist model:  Sling make:            Sling model: Sling size:  *Sling Fitting: UL <input type="checkbox"/> Th.L <input type="checkbox"/> Th.X <input type="checkbox"/>  *Loop Attachment: Shoulder:   Middle:   Legs:

## Acknowledgements

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A steering group was formed with the support of the Scottish Government to produce a document for both Health Boards and Local Authorities. The Manual Handling Steering Group consists of representatives from Scottish Local Authorities, Health Boards and the independent care sector. For the purpose of developing this document, a representative from the Health and Safety Executive agreed to join the group. The group met several times during 2013 and consensus agreement was reached regarding this final document in early 2014. These meetings were chaired by [Laura Lapadula](#) and [Cameron Raeburn](#) (membership details below):

Name	Organisation	Title	Steering Group Role / Area Representing
Laura Lapadula	Fife Council	Moving and Handling Consultant	Joint Chairperson
Cameron Raeburn	NHS Greater Glasgow & Clyde	Moving and Handling Service Lead	Joint Chairperson
June Cairns	HSE Scotland Team	Policy Adviser	HSE Scotland
Sarah Crawshaw	NHS Highland	Moving and Handling Manager	NHS Highland experience
Kirsty Dewar	Edinburgh City Council	Learning and Development Advisor (Moving & Handling)	MH Practitioners from LA's Central /South Scotland Region
Neil Doherty	Dundee City Council	Corporate Health and Safety Officer	SPDS East Scotland Regional Group
Steven Fanning	Renfrewshire Council	Senior Health and Safety Officer	SPDS West Scotland Regional Group
Keith Flockhart	East Lothian Council	Corporate Health and Safety Officer	SPDS Central / South Scotland Regional Group
Sue Hain	Fife Council	Lead Moving and Handling Advisor	MH Practitioners from LA's East Scotland Region
Jim McCreath	The Highland Council	Moving and Handling Coordinator	MH Practitioners from LA's and SPDS North Scotland Regional Group
Susan Strain	Enable Scotland	Internal Verifier	Independent Care Sector
Annette Smith	Cordia	Senior Moving and Handling Advisor	MH Practitioners from LA's West Scotland Region

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## Further Information

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4. The Chartered Society of Physiotherapy - [www.csp.org.uk](http://www.csp.org.uk)
5. The College of Occupational Therapy - [www.cot.org.uk](http://www.cot.org.uk)
6. The Royal College of Midwives - [www.rcm.org.uk](http://www.rcm.org.uk)
7. The Royal College of Nursing – [www.rcn.org.uk](http://www.rcn.org.uk)
8. The Scottish Government – [www.scotland.gov.uk/home](http://www.scotland.gov.uk/home)
9. The Society of Radiographers - [www.sor.org.uk](http://www.sor.org.uk)
10. Scottish Social Services Council – [www.sssc.uk.com](http://www.sssc.uk.com) The SSSC's Codes of Practice are [here](#) and their National Occupational Standards are [here](#)
11. Scotland's Commissioner for Children and Young People – [www.sccyp.org.uk](http://www.sccyp.org.uk) a report on the moving and handling of children and young people with disabilities - [SCCYP Report](#)
12. Health and Safety Executive web pages and guidance, including:
  - [Musculoskeletal Disorders](#)
  - [Getting to grips with hoisting people](#)
  - [Health and Social Care Services](#)
13. Care Inspectorate - [Managing falls and fractures](#)



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