



Manual Handling Policy

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Document Control	This policy will be held on a central database and controlled and archived through the Governance Compliance Unit

The East of England Ambulance Service NHS Trust has made every effort to ensure this policy does not have the effect of unlawful discrimination on the grounds of the protected characteristics of: age, disability, gender reassignment, race, religion/belief, gender, sexual orientation, marriage/civil partnership, pregnancy/maternity. The Trust will not tolerate unfair discrimination on the basis of spent criminal convictions, Trade Union membership or non-membership. In addition, the Trust will have due regard to advancing equality of opportunity between people from different groups and foster good relations between people from different groups. This policy applies to all individuals working at all levels and grades for the Trust, including senior managers, officers, directors, non-executive directors, employees (whether permanent, fixed-term or temporary), consultants, governors, contractors, trainees, seconded staff, homeworkers, casual workers and agency staff, volunteers, interns, agents, sponsors, or any other person associated with the Trust.

All Trust policies can be provided in alternative formats

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1. Introduction

- 1.1 Evidence shows that Manual Handling is one of the biggest causes of injury to Employees in the United Kingdom.
- 1.2 It is the responsibility of the Trust to ensure so far as is reasonably practicable that all manual handling is kept to a minimum, thereby reducing incidents to our staff and reducing sickness absence.
- 1.3 The main function of the organisation is the care and transportation of patients and involves other tasks that require moving or handling. The Trust provides the public with an appropriate level of service while balancing its responsibilities under the Health and Safety at Work etc., Act 1974,
- 1.4 The Manual Handling Operations Regulations 1992 (MHOR) lays down duties on employers to so far as is reasonably practicable avoid the need for its employees to undertake any manual handling operations at work which involve a risk of their being injured. When this is not possible, the employer should make a suitable and sufficient assessment of all such operations which cannot be avoided and should all take the necessary steps to reduce the risk of injury during those operations to the lowest level of reasonably practicable.
- 1.5 Manual Handling applies to a wide range of manual handling activities, including lifting, lowering, pushing, pulling or carrying.

2. Purpose

- 2.1 The purpose of this policy is to set out how the East of England Ambulance Service NHS Trust will minimise manual handling operations and ensure a structured approach to moving and handling, in line with the Trust's Risk Management Strategy, the Health & Safety Policy and the relevant statutory provisions. The definition of staff and employees used within this document includes both contractors and volunteers working on behalf of the Trust. The Trust recognises that manual handling could be a contributory cause of musculoskeletal injuries to staff.

3. Definitions

The Trust	East of England Ambulance Service NHS Trust
The Policy	The Trust's Manual Handling Policy
Staff	Includes both contractors and volunteers working on behalf of the Trust as well as full and part time staff.

4. Duties

4.1 General

- 4.1.1 The Chief Executive and the Trust Board is responsible for ensuring the Health, Safety and Welfare of its staff. The Board will provide sufficient resources for this purpose.

The Trust has a designated Director who is responsible for keeping the provisions within this policy in line with employment legislation, best practice people management principles and NHS guidelines. This is the responsibility of the Director of Clinical Quality and Improvement.

- 4.1.2 The Health and Safety Team is able to provide guidance on matters relating to moving and handling.
- 4.1.3 In the event that specialist advice (such as Ergonomists) is required, the Trust will provide access to these resources.
- 4.1.4 Managers, HR staff and Trade Union representatives are responsible for providing guidance to employees on the application of this policy.
- 4.1.5 The Director of Clinical Quality and Improvement is responsible for the provision of training for moving and handling to all staff via;
 - The Health and Safety Team, who are responsible for identifying training needs for all staff through a training needs analysis (TNA).
 - It is the responsibility of the Health and Safety Team to ensure the TNA and contents remain current, and fit for purpose.
 - The appropriate commissioning of training and development will be done in consultation with the Organisational Development Team.
- 4.1.6 Line Managers are responsible for ensuring staff receive appropriate information, instruction and training. Line managers are to ensure they are compliant with Manual Handling Regulations. The Medical Devices Safety and Management Group and the Vehicle Working Group will investigate and recommend appropriate equipment for moving and handling pertaining to their area of expertise.
- 4.1.7 All incidents will be investigated by an appropriately trained, identified manager as per the Incidents Management Policy.

4.2 Employees

- 4.2.2 Staff are to ensure that they are aware of best practise and follow operating procedures.
- 4.2.1 The Management of Health and Safety at Work Regulations 1999 and the Health and Safety at Work etc., Act 1974, require employees to make use of appropriate equipment provided for them, in accordance with their training and the instructions provided by the Trust.
- 4.2.3 The MHOR requires employees to follow appropriate systems of work laid down by their employer to promote safety during moving and handling activity, such as using a tracked chair when appropriate and providing close supervision or monitoring during patient transfers. These provisions do not preclude well-intentioned improvisation (which should be risk assessed) in an emergency, for example during efforts to rescue a casualty.
- 4.2.4 Staff are responsible for maintaining sufficient fitness for their individual duties. They must report any condition or injury they have, which may increase the risk of incurring further injury during moving or handling to their Line Manager, who will seek the appropriate advice from Occupational Health prior to action being taken.

- 4.2.5 In accordance with the MHOR and the Trust's Maternity Leave Policy, anyone whose job involves moving or handling must inform their line manager as soon as they are aware of their pregnancy, so that a specific risk assessment can be undertaken and appropriate risk controls put in place.
- 4.2.6 All staff are encouraged to offer suggestions to improve moving and handling practice.
- 4.2.7 Staff are responsible for ensuring that all manual handling equipment is checked on a daily basis using the appropriate daily vehicle inspection form.
- 4.2.8 Staff are to identify and report defective manual handling equipment in accordance with SOP MD03.
- 4.2.9 Staff are responsible for reporting any moving and handling incidents or injuries on DATIX so that it can be investigated by their line manager. Any absences as a result of Moving and Handling incidents should be reported immediately as per the sickness absence policy

4.4 Risk Assessments

- 4.4.1 The static risk assessments cannot cover all situations encountered in the working environment. It is imperative therefore that staff undertake dynamic manual handling risk assessments prior to any moving or handling.
- 4.4.2 The static risk assessments will be reviewed every five years and/or if the nature of the work changes and/or if developments suggest that the assessment is no longer valid (for example, following an incident investigation). This will then be monitored by the Health and Safety Committee.
- 4.4.3 if the Trust is unable to provide the controls identified as necessary in the risk assessment, then the Trust will make arrangements with a third party to provide the necessary manual handling capability.
- 4.3.4 Where the risk assessment identifies that additional resources are required for the safe movement of the patient, staff should contact their Ambulance Operations Centre for assistance.
- 4.3.5 Manual Handling best practice or techniques will be communicated to staff .
- 4.3.6 Actions plans arising out of local risk assessments will be monitored by locality management.
- 4.3.7 Referral will be made to Occupational Health by the line manager for staff who are unable to perform manual handling tasks. .

4.4 Items of Equipment

- 4.4.1 Staff are to use the manual handling equipment's provided by the Trust if the risk assessment identifies manual handling equipment should be used, There are a number of pieces of equipment to reduce the risks associated with manual handling for use within the Trust e.g. longboard, Mangar Elk, carry chair, manual handling kits, orthopaedic stretcher, roll cages, sack barrows etc. This is not an exhaustive list.



4.4.2 The VWG and Medical Devices Groups will evaluate a variety of patient moving and transfer aids for their suitability.

4.4.3 New items of equipment will only be introduced after the following have been carried out:

- Risk assessment produced (PUWER, LOLER and operational)
- Safe working procedure written
- Staff have received appropriate training
- An appropriate trial has been undertaken with full evaluation reports being made available.

5. Training

5.1 Staff will be provided with up to date training in moving and handling, which includes the agreed techniques for the use of moving and handling equipment, posture, body mechanics, risk assessments, causes and prevention of musculoskeletal injury. Such training is mandatory on commencement of employment for all staff, contactors and volunteers

5.2 Moving and handling training has been designed to ensure that staff are able to dynamically assess risk, and adopt the most appropriate moving and handling strategy. The risk assessment should take account of assessment of task, load, environment and individual capability (Appendix A.) Following the risk assessment, staff will, use the correct type of equipment and adopt the system of work that reduces the risk of injury.

5.3 The Trust provides a manual of moving & handling for the training and reference of all staff.

6. Monitoring

6.2 6.1 All incidents relating to Moving and Handling will be reported on the DATIX risk management system All manual handling incidents will be investigated by an appropriately trained line manager to ascertain the root cause of the incident (see also 4.1.7). Where additional controls are identified, action plans will be devised, implemented and monitored at a local level and by the Health and Safety Committee.

6.3 All reportable incidents, including manual handling will be monitored quarterly by the Health and Safety Committee and Health and Safety Working Group, notes of which will be submitted to the Quality Governance Committee to enable independent monitoring and to provide Board assurance.

6.4 Proactive monitoring will also be undertaken by managers during staff assessments. These completed assessments will be monitored by an appropriately nominated manager

7. Review

This Policy will be reviewed every two years by the Health and Safety Committee or earlier if prompted by changes in legislation or organisational restructure.

8. References

Health and Safety at Work etc., Act 1974

Manual Handling Operations Regulations 1992 (as amended)

Management of Health and Safety at Work Regulations 1999

Health and Safety (Consultation with Employees) Regulations 1996.

Safety Representatives and Safety Committees Regulations (SRSCR) 1977.

National Health Service. (2005). Manual Handling Training Guidelines Policy.

EEAST - Core Mandatory training

APPENDIX 1 Monitoring Table

<i>What</i>	<i>Who</i>	<i>How</i>	<i>Frequency</i>	<i>Evidence</i>	<i>Reporting arrangements</i>	<i>Acting on recommendations</i>	<i>Change in practice and lessons to be shared</i>
This Policy	The Policy is the responsibility of the Health and Safety Committee which is chaired by the Director of Clinical Quality and Improvement who is the nominated Director for Health and Safety in the Trust	This Policy will be reviewed every two years or when circumstances indicate that it is no longer valid	Every two years	Health & Safety Committee Minutes QGC Minutes	Minutes of Meetings	The Director of Clinical Quality and Improvement , Safety and Risk Lead and the Health, Safety & Security Officer will monitor this policy.	The policy will be communicated to all staff via the internal intranet. Those staff who do not have access to this format will be informed by their manager and a copy of the policy will be placed on the premises notice board.
Duties of individuals within the Trust identified within the policy	Managers at all levels of the organisation are responsible to ensure compliance with the policy.	Managers at all levels discuss health and safety issues with their staff; supervise tasks and audit compliance with the policy. All incident reports are investigated and learnings and outcomes are identified as necessary.	Each manager within the trust has the responsibility to supervise and audit their staff on a regular basis.	Inspection reports Audit reports. DATIX reports	Managers report on health and safety quarterly to their line managers. Any recommendations or issues that cannot be resolved locally are escalated to the Health and Safety committee. Trends and themes are monitored through the Health and Safety Working Group and Health and Safety Committees. Proactive actions to reduce injuries as a result of Manual Handling incidents are taken via the Health and Safety Committee.	Managers act on recommendations. Where this does not happen it is escalated to the next level.	Where changes are required they will be communicated to all staff using the Trust email system, the intranet or via managers for those staff who do not have access to PCs.

What	Who	How	Frequency	Evidence	Reporting arrangements	Acting on recommendations	Change in practice and lessons to be shared
Techniques to be used for manual handling	The Health and Safety Team are responsible for ensuring that the staff are trained on how to move a patient or object in a safe manner and where appropriate to use the trust provided manual handling aids	Initial training for all A&E and PTS staff Induction training for support staff Professional update (PU) Clinical Manual Trust Handle with Care Book	Manual handling is covered on PU every year	Sign off sheets Attendance sheets	Any issues identified are brought to the attention of the local manager to investigate and if necessary this is also brought to the attention of the Health and Safety Committee.	Managers act on recommendations. Where this does not happen it is escalated to the next level.	Where changes are required they will be communicated to all staff using the Trust email system, the intranet or via managers for those staff who do not have access to PCs.
Specialist Advice	The trust has a cadre of BTec trained Manual Handling advisors who can advise on manual handling and also currently use an external agency for advice who belong to the Back Care Association The Trust OH advisors can also be contacted in the event that specialist advice is needed.	Following an incident or sickness absence	As required	Incident reports OH referrals	Any issues identified are brought to the attention of the local manager to investigate and if necessary this is also brought to the attention of the Health and Safety Committee.	Managers act on recommendations. Where this does not happen it is escalated to the next level.	Where changes are required they will be communicated to all staff using the Trust email system, the intranet or via managers for those staff who do not have access to PCs.



<i>What</i>	<i>Who</i>	<i>How</i>	<i>Frequency</i>	<i>Evidence</i>	<i>Reporting arrangements</i>	<i>Acting on recommendations</i>	<i>Change in practice and lessons to be shared</i>
<p>Risk Assessments and Action Plans</p>	<p>Generic risk assessments are undertaken of all equipment used by the trust.</p> <p>Staff have the responsibility to dynamic risk assess all moving and handling operations prior to any manual handling activity</p> <p>Specific risk assessments are carried out for certain activities identified following an incident</p>	<p>The Trust has an agreed risk Performa which is used.</p>	<p>The Trust reviews risk assessments every 5 years or where a situation deems the risk assessment invalid. These assessments are also reviewed following a serious incident to a member of staff, patients or others.</p>	<p>Risk assessments.</p> <p>Local managers have the responsibility for populating their local risk register and advising staff and others of the findings of the risk assessment.</p> <p>All staff are required to report incidents to themselves, patients or others on the Trust DATIX incident reporting system.</p>	<p>Any issues and recommendations are reported to the Health & Safety Committee as necessary.</p>	<p>The Health and Safety Committee will work with managers to ensure that an action plan is developed and agreed.</p> <p>The Health and Safety Committee will monitor progress against the action plan.</p>	<p>Where changes are required they will be communicated to all staff using the Trust email system, the intranet or via managers for those staff who do not have access to PCs.</p>

Appendix B - Equality Impact Assessment Summary

Guidance Notes

Equality Impact Assessments (EIA) and Equality Analysis are processes by which we assess or test the impact of the way we provide our services be it services to our communities or staff. They are relevant to all of our services, policies and procedures and functions. They are a legal requirement and adhere to the EDS2 and Equality Act 2010.

EIA's are primarily used to help us demonstrate that we have considered equality and is designed to make us challenge our own assumptions about whether a policy or service is fair to all? We need to ensure and provide evidence that people are not being excluded or treated unfairly. We collect this evidence via equality analysis.

Providing information

We have a wealth of information that we can call on to help us assess the impact of our services, policies and procedures from an equality perspective. This could include data that is routinely collected. It can also include minutes from management or team meetings. It could simply be conversations we have with our staff and communities / service users who have used a particular service. Information could come from outside the service I, such as our partners or visitors. Anything that helps inform our understanding can be included.

Protected Characteristics

Through the EIA process, we are asking managers and staff to think seriously about equality based on the protected characteristics which we are bound by law to consider:

Race
Gender
Age

Religion/belief
Disability
Gender re-assignment

Marriage/Civil Partnership
Sexual orientation
Pregnancy/maternity

Action Plans

You may find that you need more information to help make a full assessment. Please put down what information you need and identify in the action plan, how you intend to collect it. When completing your action plan it is important that you clearly state where within existing management structures those actions will be performance monitored.

Guidelines	
Written policy involving staff and patients	X
Strategy	
Changes in practice	
Department changes	
Project plan/Action plan	
Other (please state) Training Programme	

Please do not view EIAs as a simple tick box exercise designed to placate or meet the needs of some bureaucratic government department and something which can be ignored. Should we ever face a legal challenge on the grounds of discrimination, we will be asked to demonstrate to the courts that we have met the full requirements of the law. The completed EIA is ours/your written evidence of our commitment to equality, diversity, inclusion and human rights.



Equality Impact Assessment

EIA Cover Sheet																	
Name of process/policy	Manual Handling policy																
Is the process new or existing? If existing, state policy reference number	Existing policy – Reference number – POL028																
Person responsible for process/policy	Ajay Kumar (Health and Safety Officer) Tracy Nicholls (Director – Clinical Quality and Improvement)																
Directorate and department/section	Clinical Quality																
Name of assessment lead or EIA assessment team members	Ajay Kumar, Amanda Marsh																
Has consultation taken place? Was consultation internal or external? (please state below):	Internal – The policy was submitted to the Health and Safety Committee for approval. The Health and Safety Committee is represented by UNISON and Senior Managers from Operations, Estates, Health and Safety etc. The minutes of the policy are also available on the intranet for staff to view																
The assessment is being made on: Please tick whether the area being assessed is new or existing.	<table border="1"> <tbody> <tr> <td>Guidelines</td> <td></td> </tr> <tr> <td>Written policy involving staff and patients</td> <td style="text-align: center;">X</td> </tr> <tr> <td>Strategy</td> <td></td> </tr> <tr> <td>Changes in practice</td> <td></td> </tr> <tr> <td>Department changes</td> <td></td> </tr> <tr> <td>Project plan</td> <td></td> </tr> <tr> <td>Action plan</td> <td></td> </tr> <tr> <td colspan="2">Other (please state) Training programme.</td> </tr> </tbody> </table>	Guidelines		Written policy involving staff and patients	X	Strategy		Changes in practice		Department changes		Project plan		Action plan		Other (please state) Training programme.	
Guidelines																	
Written policy involving staff and patients	X																
Strategy																	
Changes in practice																	
Department changes																	
Project plan																	
Action plan																	
Other (please state) Training programme.																	



Equality Analysis

What is the aim of the policy/procedure/practice/event?

The overriding purpose of this policy is to ensure so far as is reasonably practicable, that all manual handling is kept to a minimum, thereby reducing incidents to our staff and reducing sickness absence.

The policy will always ensure that the Trust remain focused on equality of outcome and purpose. Equality, Diversity, Inclusion and Human Rights encompass all our aims, objectives and actions addressing inequalities and promoting diversity in healthcare and employment.

The policy has also taken into consideration the key principle of Diversity and Inclusion, that it belongs to everyone and that every individual has the right to be treated with respect and dignity as aligned to our core values. EEAST will ensure that its services are anti-discriminatory enabling equality of access and provision and meeting the legal requirements under the Equality Act 2010 and the specific elements of the Public Sector Equality Duty. EEAST will use the EDS2 to ensure that service priorities are influenced and set by the health needs of all our local and regional communities through consultation, equality monitoring and partnership working. The Trust will demonstrate “Due Regard” in all aspects of our business

Who does the policy/procedure/practice/event impact on?

Race	<input type="checkbox"/>	Religion/belief	<input type="checkbox"/>	Marriage/Civil Partnership	<input type="checkbox"/>
Gender	<input type="checkbox"/>	Disability	<input checked="" type="checkbox"/>	Sexual orientation	<input type="checkbox"/>
Age	<input type="checkbox"/>	Gender re-assignment	<input type="checkbox"/>	Pregnancy/maternity	<input checked="" type="checkbox"/>

Who is responsible for monitoring the policy/procedure/practice/event? Director – Clinical Quality and Improvement

What information is currently available on the impact of this policy/procedure/practice/event?

The policy has taken into account the key principles of Diversity and Inclusion and meets the legal requirements under the Equality Act 2010 and the specific elements of the Public Sector Equality Duty. The policy was reviewed and approved by the Health and Safety Committee (the Committee is represented by UNISON and Senior Managers from Operations, Estates, Health and Safety etc.).

Do you need more guidance before you can make an assessment about this policy/procedure/practice/event?

No. I have reviewed the contents of the policy and its impact with the EDI Team. However, I will review the policy the external parties and the EDI team if the policy is found to not meet the requirements of the Equality Act 2010.

Do you have any examples that show that this policy/procedure/practice/event is having a positive impact on any of the following protected characteristics? Yes

Race		Religion/belief		Marriage/Civil Partnership	
Gender	<input checked="" type="checkbox"/>	Disability	<input checked="" type="checkbox"/>	Sexual orientation	
Age	<input checked="" type="checkbox"/>	Gender re-assignment		Pregnancy/maternity	<input checked="" type="checkbox"/>

Please provide evidence:

The policy ensures that staff are provided with adequate training to use manual handling equipment. If the staff report any condition or injury or there is a risk of incurring further injury during moving or handling to their Line Manager, who will seek the appropriate advice from Occupational Health prior to action being taken. Consideration should be given that staff may have reduced muscle/core strength following a return to work from an injury and possibly as part of the ageing process.

In accordance with the MHOR and the Trust's Maternity Leave Policy, anyone whose job involves moving or handling must inform their line manager as soon as they are aware of their pregnancy, so that a specific risk assessment can be undertaken and appropriate risk controls put in place.

Are there any concerns that this policy/procedure/practice/event could have a negative impact on any of the following characteristics?

Race	<input type="checkbox"/>	Religion/belief	<input type="checkbox"/>	Marriage/Civil Partnership	<input type="checkbox"/>
Gender	<input type="checkbox"/>	Disability	<input checked="" type="checkbox"/>	Sexual orientation	<input type="checkbox"/>
Age	<input checked="" type="checkbox"/>	Gender re-assignment	<input type="checkbox"/>	Pregnancy/maternity	<input checked="" type="checkbox"/>

Please provide evidence:

No. The policy aims to provide an environment where they are able to perform manual Handling activities in a safe manner. In the event they are unable to do so, because of a disability, injury or pregnancy, they will be supported by the Trust.

Action Plan/Plans - SMART

Specific

Measurable

Achievable

Relevant

Time Limited

Evaluation Monitoring Plan/how will this be monitored?

Who - Ajay Kumar

How- Regular review of the policy

By – Every two years (earlier , if required)

Reported to – Director- Clinical Quality and Improvement

