



Moving & Handling Strategy

*An initiative of the London Group of
National Back Exchange to provide*

**Standards
for
Handling People and
Objects
in
Health and Social Care**

Folder 6

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Appendix 10 – Unit/ ward MH assessments/ audits

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Joan Gabbett (Individual capability assessment, Unit/ ward musculoskeletal disorders assessment)

This appendix relates to Standard B9 – ‘Unit/ward assessments and audits’.
It gives a suite of tools for auditing, consisting of:

A General data

B Moving & handling risks

C Equipment

D Incidents and accidents, and work related sickness absence

E Reporting and monitoring

E.1 Periodic return

E.2 Monitoring form

E.3 Seeking help

E.4 Link worker’s management report

F Planning

F. 1 Action plan

F.2 Equipment acquisition plan

F.3 Training plan

G Staff

G.1 Individual capability

G.2 Unit/ ward musculoskeletal disorders assessment

H Management

H.1 Management check list

N.B. These letters A-H do not refer to the standards, but to this appendix only.
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MOVING & HANDLING UNIT LEVEL OVERVIEW

Name and Address of Unit/ Ward/ Workplace		
Directorate	Description of Service/ Speciality/ Purpose – e.g. continuing care/ rehabilitation/ respite	Phone No.

This is a tool suitable for a clinical service unit/ workplace where there are dependent patients/ clients/ service-users who require physical help (moving and handling) in order to provide for their needs.

Section A – General Data

Modern Matron:		
Manager:		
Deputy Manager:		
Manual Handling Link Workers:		
1.....		
2.....		
3.....		
Other members of staff with H&S responsibilities		
1.....		
2.....		
3.....		
4.....		
5.....		
Health & Safety Representatives (Staff Side)		
Number of nursing/care staff per shift – AM (early); PM (late); Nights		
AM: Registered = HCA =	PM: Registered = HCA =	Night: Registered = HCA =
Staff Turnover: high / medium / low		
Current No. of individuals who need regular M&H training every year:		
Registered = _____ HCA = _____ Others = _____		

No. of Beds/Places: _____	Average No. of Service Users: _____
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Average No. of Service Users in each <u>mobility score</u> category	0	1	2	3	4	5	6

No handling needs	Independent with equipment	Supervision / verbal prompting or minimal assistance required	Full / partial weight bearing. Moderate assistance. Use of small handling aids	Minimal/ non weight bearing. Has upper body strength and sitting balance	Minimal/ non weight bearing. Little/no sitting balance	Totally dependent; assistance required with all movement
0	1	2	3	4	5	6

Section B – Moving & handling risks

NB: There are 5 levels of risk in this system, relating to the standard NHS 5 X 5 risk evaluation scheme. This takes into account the impact or consequences (C) of an adverse event (accident/incident/injury) and the likelihood or probability (L) of it occurring.

Risk score (C x L)	0 – 6/25 1/5	8 – 12/25 2/5	15 – 16/25 3/5	20/25 4/5	25/25 5/5
Risk Level	Low (L)	Medium (M)	High (H) 3/5	Very High (VH)	Extreme (Ex)

B.1 – Environment

Use the assessment tools in the appendix to identify the hazards and evaluate the risks for each category of working environment (type of room or space):

Type of room/ space	Hazards identified	Who is at risk and in what way?	Risk evaluation	
			Score	Level
Bedrooms				
Bath/ shower rooms				
Toilets				
Day rooms				
Dining rooms				
Corridors				

Reception areas and lobbies				
Offices				
Kitchens				
Store rooms				
Garden/ grounds				
Other				
Overall summary				
Comments				

B.2 – Individuals (members of staff)

Use the assessment tools in the appendix to identify the hazards and evaluate the risks for each member of staff. These will be so called ‘personal risk factors’.

As this document is public and some of the information about staff may be confidential, please indicate any general problems here as a summary of the individual assessments, which should be kept with the individual member of staff’s personal records.

Summary of moving & handling risks associated with the staff and their risk factors:
Summarise competency issues, consider remedial measures and refer to Training Plan and enter into Action Plan
Summarise health & fitness issues, consider remedial measures and referral to Occupational Health and enter into Action Plan

B.3 – Inanimate loads

Use the assessment tools in the appendix to identify the hazards and evaluate the risks for each category of load. (Consider - stores, shopping, furniture, equipment, waste, laundry etc.)

Type of load <i>and</i> tasks required to handle load	Hazards identified	Who is at risk and in what way?	Risk evaluation	
			Score	Level

Equipment available for handling inanimate loads

Make	Model	Last serviced	Comments (Condition, adequate numbers, suitability, owned by unit, on loan, rented, lease agreement)
General comments			
NB: Refer any inadequacies to the action and purchase plans			

B.4 – Tasks required in order to care for service users

Summary of tasks from analysis tables below				
Task	Hazards Identified	Who is at risk and in what way?	Risk evaluation	
			Score	Level
Bed moves (in bed moves)				
Bed moves (Transfers to/ from bed)				
Seated transfers and sit ← → stand				

Toileting				
Washing/ bathing				
Walking and mobilising				
Other rehab				
Transfers from floor				
Emergency evacuation				
Other				
Summary				
Write or review Standard Operating procedures for all tasks.				

In the following analysis tables of the current system of work for moving & handling;

Legend: M = Method
Eq = Equipment
N = Number of carers

Handling task (manoeuvre)		Bed moves (in bed moves)	
MS	SYSTEMS OF WORK	PROBLEMS/ HAZARDS/ OTHER FACTORS	For example:
1	M: Eq: N:		Height adjustable/profiling beds? Any specialised equipment?
2	M: Eq: N:		Enough suitable slide sheets? Enough room to move freely?
3	M: Eq: N:		Enough room to use a hoist?
4	M: Eq: N:		Excessive stooping/ twisting? Are bed rails/ cot sides present?
5	M: Eq: N:		Is furniture around bed easy to move? Pressure relieving mattresses?
6	M: Eq: N:		Wheels/ brakes working?
ADDITIONAL MEASURES TO CONSIDER TO REDUCE RISK:			For example: Types of bed Hand blocks Improving hoist access Furniture sliders Using different types of slide sheet Additional training
Write or review SOPs for these tasks			

Handling task (manoeuvre)		Bed moves (transfers to/ from bed)	
MS	SYSTEMS OF WORK	PROBLEMS/ HAZARDS/ OTHER FACTORS	For example:
1	M: Eq: N:		Height adjustable/profiling beds? Any specialised equipment?
2	M: Eq: N:		Enough suitable slide sheets?
3	M: Eq: N:		Enough room to move freely? Enough room to use a hoist?
4	M: Eq: N:		Excessive stooping/ twisting? Are bed rails/ cot sides present?
5	M: Eq: N:		Is furniture around bed easy to move?
6	M: Eq: N:		Pressure relieving mattresses? Wheels/ brakes working?
ADDITIONAL MEASURES TO CONSIDER TO REDUCE RISK:			For example: Types of bed Hand blocks Improving hoist access Furniture sliders Using different types of slide sheet Additional training
Write or review SOPs for these tasks			

Handling task (manoeuvre)		Seated transfers and sit ← → stand	
MS	SYSTEMS OF WORK	PROBLEMS/ HAZARDS/ OTHER FACTORS	For example:
1	M: Eq: N:		Type of seating - Chairs too low? - Chairs too deep? Any specialised equipment?
2	M: Eq: N:		Enough room to move freely?
3	M: Eq: N:		Enough room to use a hoist? Excessive stooping/ twisting?
4	M: Eq: N:		Chair arms get in the way? Flooring and footwear?
5	M: Eq: N:		Brakes or wheels defective? Not enough suitable wheelchairs/ transfer chairs?
6	M: Eq: N:		
ADDITIONAL MEASURES TO CONSIDER TO REDUCE RISK:			For example: Use of suitable hoist and sling Use of standing hoist Use of handling belt/ suitable transfer board/ one way glide Use of rotastand/ rotamove
Write or review SOPs for these tasks			

Handling task (manoeuvre)		Toileting	
MS	SYSTEMS OF WORK	PROBLEMS/ HAZARDS/ OTHER FACTORS	
1	M: Eq: N:		For example: Number of toilets? Ease of access? Enough room to move freely in a good posture?
2	M: Eq: N:		Enough room to use a hoist?
3	M: Eq: N:		Excessive stooping/ twisting? Convenient grab rails, etc?
4	M: Eq: N:		Floor slippery? Toilet seat height?
5	M: Eq: N:		Inward opening doors?
6	M: Eq: N:		
ADDITIONAL MEASURES TO CONSIDER TO REDUCE RISK:			For example: Use of suitable hoist and sling Use of standing hoist Install grab rails Use of rotastand/ rotamove Use of commodes
Write or review SOPs for these tasks			

Handling task (manoeuvre)		Washing/ bathing	
MS	SYSTEMS OF WORK	PROBLEMS/ HAZARDS/ OTHER FACTORS	For example:
1	M: Eq: N:		Number of bathrooms? Type of baths/ showers?
2	M: Eq: N:		Any specialised equipment? Height adjustable?
3	M: Eq: N:		Enough room to move freely in a good posture? Enough room to use a hoist?
4	M: Eq: N:		Excessive stooping/ twisting?
5	M: Eq: N:		Convenient grab rails, etc? Floor slippery?
6	M: Eq: N:		
ADDITIONAL MEASURES TO CONSIDER TO REDUCE RISK:			For example: Improving hoist access Install grab rails Reschedule workload Different type of bath Use of showers
Write or review SOPs for these tasks			

Handling task (manoeuvre)		Walking and mobilising	
MS	SYSTEMS OF WORK	PROBLEMS/ HAZARDS/ OTHER FACTORS	For example:
1	M: Eq: N:		Ability to walk is assessed? Enough room to walk/ mobilise freely, with a handler if required?
2	M: Eq: N:		Floor suitable? Footwear suitable?
3	M: Eq: N:		Doors open automatically and know which way? Suitable equipment available?
4	M: Eq: N:		Any equipment adjusted to correct height?
5	M: Eq: N:		Correct equipment for the person to assist in walking?
6	M: Eq: N:		
ADDITIONAL MEASURES TO CONSIDER TO REDUCE RISK:			For example: Walking hoists, walking tables walking frames (various)/ crutches/ stick/s as required.
Write or review SOPs for these tasks			

Handling task (manoeuvre)		Other rehabilitation	
MS	SYSTEMS OF WORK	PROBLEMS/ HAZARDS / OTHER FACTORS	
1	M: Eq: N:		For example: Height adjustable/profiling beds? Any specialised equipment?
2	M: Eq: N:		Enough suitable slide sheets?
3	M: Eq: N:		Enough room to move freely? Enough room to use a hoist?
4	M: Eq: N:		Excessive stooping/ twisting? Are bed rails/ cot sides present?
5	M: Eq: N:		Is furniture around bed easy to move? Pressure relieving mattresses?
6	M: Eq: N:		Wheels/ brakes working and are on to stop furniture moving?
ADDITIONAL MEASURES TO CONSIDER TO REDUCE RISK:			For example: Types of bed Hand blocks Improving hoist access Furniture sliders Using different types of slide sheet Additional training
Write or review SOPs for these tasks			

Handling task (manoeuvre)		Transfers from floor	
MS	SYSTEMS OF WORK	PROBLEMS/ HAZARDS/ OTHER FACTORS	For example:
1	M: Eq: N:		Hoist suitable? Can the person be flat lifted from the floor if they have sustained a fractured spine or femur?
2	M: Eq: N:		Any specialised equipment?
3	M: Eq: N:		Enough room to move freely? Enough room to use a hoist?
4	M: Eq: N:		Any specific slide sheets? Floor slippery?
5	M: Eq: N:		
6	M: Eq: N:		
ADDITIONAL MEASURES TO CONSIDER TO REDUCE RISK:			For example: Improving hoist access Staff training Any existing protocols or standard procedures
Write or review SOPs for these tasks			

Handling task (manoeuvre)		Emergency evacuation	
MS	SYSTEMS OF WORK	PROBLEMS/ HAZARDS / OTHER FACTORS	For example:
1	M: Eq: N:		<p>Enough room to move freely and safely?</p> <p>Any specialised and suitable equipment required? e.g slide sheets and extension handles, evacuation chairs, ski sheets etc.</p>
2	M: Eq: N:		
3	M: Eq: N:		
4	M: Eq: N:		
5	M: Eq: N:		
6	M: Eq: N:		
ADDITIONAL MEASURES TO CONSIDER TO REDUCE RISK:			For example:
Write or review SOPs for these tasks			

Handling Task (Manoeuvre)		Other
SYSTEMS OF WORK	PROBLEMS/ HAZARDS/ OTHER FACTORS	For example:
M:		
Eq:		
N:		
M:		
Eq:		
N:		
M:		
Eq:		
N:		
M:		For example:
Eq:		
N:		
M:		
Eq:		
N:		
M:		
Eq:		
N:		
ADDITIONAL MEASURES TO CONSIDER TO REDUCE RISK:		
Write or review SOPs for these tasks		

B.5 – Patients/ persons/ service users

All persons/ service users must have an individual assessment of their handling needs and the associated risks, using the forms in the appendix.

This form may be used for checking that all patients/ service users have been assessed.

	Service User Name	MS	RS	Most recent review / /	Complete, accurate, current and up to date (Y/N)	Comments
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						

MS = Mobility Score

RS = Risk Score

B.6 - Organisational, psycho-social issues and other contributory factors

Use the assessment tools in the appendix to identify the problems and hazards and evaluate the risks.

Summary of issues and problems relating to organisational and psycho-social factors

Consider solutions and enter into action plan.

Section C - Equipment

Equipment for moving and handling:

Hoists/ stand aids/ bath hoists:

Make	Model	Last serviced and tested	Comments (Condition, adequate numbers, suitability, owned by unit, on loan, rented, lease agreement)

Slings:

Make	Model / type	Number in use	Last tested	Comments (Condition, adequate numbers, suitability, owned by unit, on loan, rented, lease agreement)

Slide sheets:

Make	Size/ type	Number in use	Comments (Condition, adequate numbers, suitability, owned by unit, on loan, rented, lease agreement)

Other handling aids:

Make	Size/ type	Number in use	Comments (Condition, adequate numbers, suitability, owned by unit, on loan, rented, lease agreement)

Other related equipment

(Therapeutic equipment, Beds - profiling, commodes, walking aids etc.)

Make	Size/ type	Number in use	Comments (Condition, adequate numbers, suitability, owned by unit, on loan, rented, lease agreement)

Section D – Incidents and accidents, and work related sickness absence

Moving and handling only	No.
Serious untoward incidents in the last 12 months affecting service users only	
Serious untoward incidents in the last 12 months affecting staff only	
Serious untoward incidents in the last 12 months affecting both	
Total No. of serious untoward incidents in the last 12 months	
Over 3 day or other RIDDOR injuries	
Members of staff off sick for more than 1month	
Any significant sickness absence -	
Rate of sickness absence	_____ %

Section E - Reporting and monitoring

E1 Moving & handling periodic return form

For the period / /20 - / /20
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The purpose of this form is to ensure that issues, problems and hazards are identified and dealt with and to assure senior management and the Board that practice is safe and quality is delivered. The service lead or manager will know all the frontline problems and the local manager will be assured that they know.

This return is to be submitted by the ward / unit / team manager on a regular basis, at agreed intervals, to their manager.

Agreed interval > _____

Directorate/ Service		Ward/ Unit/ Team	
Speciality		Manager	
No. of patients/ service users/ beds		No. of staff in post	

Every aspect of moving & handling is as safe as it is reasonably practicable to achieve and maintain, and all contingencies are catered for so far as is reasonably foreseeable. If true, sign below; if not proceed to next table.			
Signature		Date	

Unresolved issues, regarding: -

Element	Brief description and comments
Policy/ procedure/ assessment	
Practice	
Safe systems of work	
Access & egress (including emergency evacuation)	
Clinical & working environment	
Handling equipment (hoists & small aids)	
Associated equipment (beds, baths, commodes etc.)	
Furniture & furnishings (patient seating etc.)	
Fixtures & fittings	

Workforce - staffing levels	
Staff capability – health & fitness	
Staff capability – competence	
Patient/ service user issues	
Inanimate loads	
Tasks that involve unusual movements or applications of force	
Tasks that require maintaining undesirable postures	
Bariatrics	
Emergency/ contingency	
Equip. servicing/ Maintenance/ repairs	
Equipment cleaning	
Transport	
Other	

Serious untoward incidents (SUI)

Some aspects of moving & handling are not as safe as it is reasonably practicable to achieve and maintain, and/ or some contingencies are not catered for so far as is reasonably foreseeable. If true, sign below.

Signature		Date	
-----------	--	------	--

Formulate an action plan

E2 Moving & handling monitoring form

Date of Summary ____/____/____

The purpose of this form is for service leads / modern matrons, etc. to summarise the periodic returns submitted by local managers. This will provide an overview as part of the risk management and assurance process.

Directorate/ Service		Manager/ Service Lead/ Modern Matron	
-------------------------	--	---	--

Ward/ Uni / Team 1		Local Manager	
Issues, problems, hazards encountered – brief description			
Resolved?	Yes / No / Partially / Not sure		
Further action required			
Further action taken			
Review date			

Ward/ Unit/ Team 2		Local Manager	
Issues, problems, hazards encountered – brief description			
Resolved?	Yes / No / Partially / Not sure		
Further action required			
Further action taken			
Review date			

Ward/ Unit/ Team 3		Local Manager	
Issues, problems, hazards encountered – brief description			
Resolved?	Yes / No / Partially / Not sure		
Further action required			
Further action taken			
Review date			

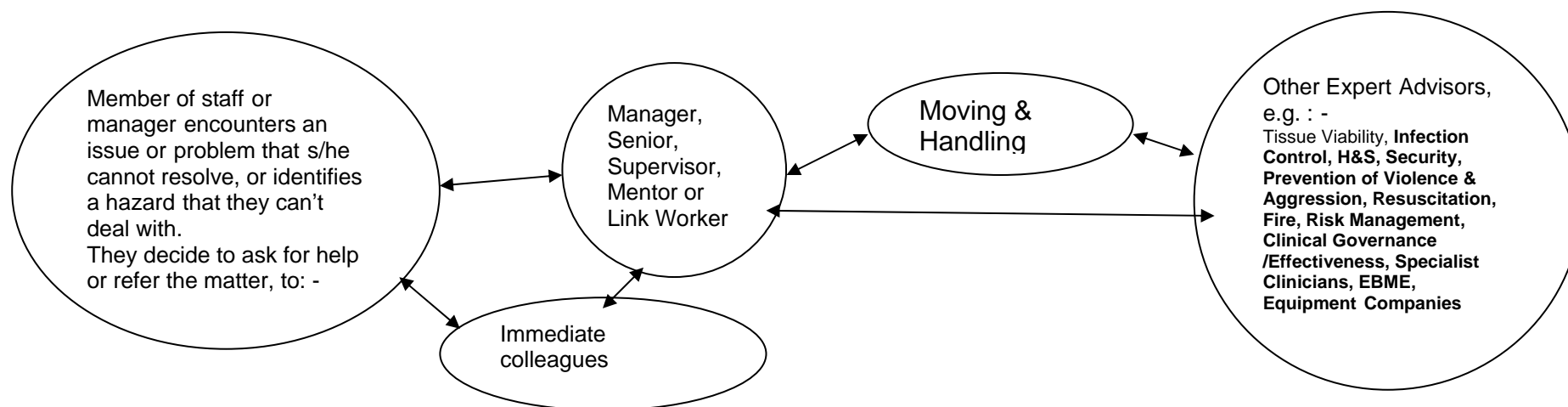
Ward/ Unit/ Team 4		Local Manager	
Issues, problems, hazards encountered – brief description			
Resolved?	Yes / No / Partially / Not sure		
Further action required			
Further action taken			
Review date			

Ward/ Unit/ Team 5		Local Manager	
Issues, problems, hazards encountered – brief description			
Resolved?	Yes / No / Partially / Not sure		
Further action required			
Further action taken			
Review date			

E3 Seeking help (information / advice / guidance) – Technical expertise

From time to time members of staff and managers encounter a moving & handling issue that may be a problem or pose a hazard to patients/service-users and/or staff. The principle is for that person to deal with it themselves if they can. This should be done in a systematic way, considering all of the pros and cons and consulting with everyone involved. Frequently however, the individual cannot resolve the issue, in which case they should seek help. Unresolved issues can be divided into three kinds: -

- 1) Issues that require authority and /or funding. These are dealt with by escalating them through the management chain of command, until they reach a level where they can be dealt with.
- 2) Issues that require communication for cooperation / collaboration, as frequently happens where different teams, organisations or professions are providing services jointly, or sharing premises. This is covered in the Management of Health & Safety at Work Regulations 1999. These issues require negotiation and agreement, with perhaps memorandums of understanding.
- 3) Issues that require technical expertise – see flowchart below



Follow the flowchart until the issue is resolved.

If you encounter a situation that you cannot resolve, you must take action to start resolving the problem and refer on as necessary. **PTO**

E3 (cont) Seeking help – Record of action

Person raising issue		Job title	
Team/ Location		Service/ Directorate	

Action	Date
Outline description of situation/ issue/ problem/ hazard Resolved? – Yes / No / Partially / Not sure	Reported
	Resolved
Action taken (Risk Assessment, Stopping the process, Isolating the problem, Problem-solving, Setting-up Safe System of Work, Discussion with immediate colleagues/team) Resolved? – Yes / No / Partially / Not sure	Reported
	Resolved
Link worker involved Resolved? – Yes / No / Partially / Not sure	Reported
	Resolved
Referred to Manager Resolved? – Yes / No / Partially / Not sure	Reported
	Resolved
Referred to moving & handling team Resolved? – Yes / No / Partially / Not sure	Reported
	Resolved
Referred to other expert advisors Resolved? – Yes / No / Partially / Not sure	Reported
	Resolved
Issue remains unresolved → Management of residual risk(s)	
Review planned for	

E4 Link worker management report

Report for (Manager)		Date	/ /
Author(s) (Link worker/s)			

I/we carried out an assessment of the unit between / / and / /
The following is a summary* of our findings, conclusions and recommendations. I/we
have resolved/started to resolve some of these issues. *The detail is documented.

Findings

Problems and hazards encountered

Problems and hazards fully resolved

Problems and hazards partially resolved

Problems and hazards that you need to deal with (this will require an agreed action plan)

Recommendations (possible solutions – immediate, short-term and long-term)

Benefits from the actions already undertaken and the proposed actions

Costs

Further action (e.g. escalation of risk, using the Risk Register)

Report signed-off _____ (Link Worker) Date / /

_____ (Manager) Date / /

Section F - Planning

F1 Action plan

Plan generated by		Date	/	/
Manager				

Proposed action

Reasons for action – e.g. reduction or risk (patient and staff safety); enhanced quality; reduced costs; other:

Problems/ costs with implementing plan

Success criteria – to identify/ clarify when plan achieved

Implementation timetable – deadlines, target dates and review dates

Person(s) who will implement the plan

Reviews/ progress reports

Plan agreed (1)

Plan signed-off at completion (2)

(1)_____ (2)_____ (Link Worker) Date / /

(1)_____ (2)_____ (Manager) Date / /

F2 Equipment acquisition plan

Plan generated by		Date	/	/
Manager				

Items required

Suppliers

Proposals for acquisition – to: borrow; rent; lease; purchase; other

Prices

Reasons for acquisition – e.g. reduction or risk (patient and staff safety); enhanced quality; reduced costs; other:

Plan agreed (1)

Plan signed-off at completion (2)

(1)_____ (2)_____ (Link Worker) Date / /

(1)_____ (2)_____ (Manager) Date / /

F3 Training plan

Plan generated by		Date	/	/
Manager				

Simple

Staff requiring training in the next 12 months

Staff group Type of course No. to be trained Total training days

New clinical

Current clinical

Link workers (new)

Link workers (update)

Admin

Other

Total

Sophisticated

Knowledge and skills that need to be updated/ enhanced/ developed to ensure competence.

Training modules suggested/ required

No. of training person days

Benefits

Plan agreed (1)

Plan signed-off at completion (2)

(1)_____ (2)_____ (Link Worker) Date / /

(1)_____ (2)_____ (Manager) Date / /

Section G - Staff

G1 Individual capability

To be completed by each member of staff/ carer in the unit and returned to your manager – in confidence.

	Yes	No	Comments
Do the tasks (activities/ jobs) you do: -			
Mean you have to work in awkward positions? e.g. stooped, twisted			
Require a lot of effort/ strength from you?			
Require prolonged effort?			
Require handling by 2 or more people?			
Are you pregnant?			
Have you recently returned to work following childbirth?			
Do you have a health problem (e.g. back pain, hernia)?			
Does your uniform allow free and unrestricted movement?			
Have you read the organisation Moving and Handling policy?			
Have you read the Departmental Moving and Handling policy?			
Do you have written procedures/ protocols to follow?			
Have you read and understood them?			
Do you require special knowledge and training to do your job safely?			
Do you have a record of your moving and handling training?			
When was your last mandatory care handling training?			
Was it appropriate for you to do your job safely?			
Are you able to use all the moving and handling equipment in your area?			
Have you been trained in the cleaning of all the handling equipment?			
Do you have any difficulties in carrying out any of the tasks you do? If so, write them below;			

To be updated annually or when any changes occur.

Adapted from RCN manual handling assessments in hospitals and the community (rev 2003) code 000 605

G2 Unit/ ward musculoskeletal disorders assessment

To be completed by the Ward Manager.

	Yes	No	N/A	Comments
If an accident or near miss occurs is there evidence to show that this is followed up by the H & S and/or Risk Management teams and/or the MHP/ BCA (as appropriate)?				
If a member of staff reports an onset of pain in the back or elsewhere in the musculoskeletal system is an incident/accident form completed?				
If the above occurs, do you; 1. Notify Occupational Health as soon as possible? 2. Advise the staff member to contact Occupational Health?				
Do you have staff off sick with injuries at present? How many:				
Do you have staff working with musculoskeletal problems at present? How many:				
Total number of staff in department/ ward: Is this in line with RCN recommendations?				

To be updated annually.

Adapted from RCN manual handling assessments in hospitals and the community (rev 2003) code 000 605

Section H - Management

H1 Management checklist

Unit/ Ward/ Team		Date
Manager		/ /

The purpose of this checklist is for managers to assure themselves (and any other interested parties with the right to know) that all moving & handling and back care issues are under control. This form may also be used for auditing purposes.

1. The Moving & Handling and Back Care Policy is being implemented and complied with

	Yes	No
--	-----	----

2. Link workers are in place and have received the necessary training

	Yes	No
--	-----	----

3. Staff know who to approach in the event of a problem occurring or a hazard being identified

	Yes	No
--	-----	----

4. Assessments have been carried out to discover problems, hazards and risks relating to moving & handling and back care, in terms of the clinical and working environment, equipment, members of staff, inanimate loads, service users and tasks or manual handling operations (MHO)

	Yes	No
--	-----	----

5. All service users have been assessed for their moving & handling needs and any associated risks

	Yes	No
--	-----	----

6. All assessments are current and up to date

	Yes	No
--	-----	----

7. Where necessary, risks have been evaluated or quantified using the recommended 0 – 25 scoring system

	Yes	No
--	-----	----

8. All risks have been controlled, so far as is reasonably practicable and where possible, eliminated, using safe systems of work (SSW) and standard operating procedures (SOPs)

	Yes	No
9. All of the staff (including bank staff) are fully aware of all problems, hazards	Yes	No
10. The modern matron/ service manager is fully aware of all problems, hazards and risks	Yes	No
11. Arrangements are in place for emergency evacuation	Yes	No
12. Arrangements are in place for identified contingencies, e.g. mechanical failure of a hoist	Yes	No
13. Arrangements are in place to deal with slips, trips and falls	Yes	No
14. Arrangements are in place for the care of bariatric service users	Yes	No
15. Plans have been formulated to deal with any unmet needs and uncontrolled risks	Yes	No
16. Handling and associated equipment is fit for purpose and regularly inspected and maintained	Yes	No
17. Staff are up to date with mandatory training	Yes	No
18. Plans are being formulated to work towards competence-based training	Yes	No
19. Supervision and support is in place to ensure safe practice and eradicate unsafe practice (e.g. the "drag lift")	Yes	No
20. Regular monitoring is in place and regular reporting occurs	Yes	No

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|-----|--|-----|----|
| 21. | Ad hoc reporting occurs as necessary | Yes | No |
| 22. | Staff know when and how to report accidents/ incidents/ injuries | Yes | No |
| 23. | There is a culture of openness and "fair blame" | Yes | No |
| 24. | There is a learning culture | Yes | No |
| 25. | There is a culture of safety | Yes | No |

Comments:

Signature _____ Date / /

Status reported to _____ Date / /
 (Manager/ committee/ group)

Review Date / / Review carried out Date / /