# Moving and Handling Policy

## Document Details

<table>
<thead>
<tr>
<th>Title</th>
<th>Moving and Handling Policy</th>
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<tbody>
<tr>
<td>Trust Ref No</td>
<td>1535-47748</td>
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<tr>
<td>Local Ref (optional)</td>
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**Main points the document covers**

This policy sets out the arrangements for the management of moving and handling risk to staff and patients, including the assessment of risk and measures to be put into place to manage and control the risk.

**Who is the document aimed at?**

Managers who control activities which involve moving and handling patients and objects and staff that carry out these activities

**Author**

Viv Young/Peter Foord

## Approval process

<table>
<thead>
<tr>
<th>Approved by (Committee/Director)</th>
<th>Quality and Safety Delivery group</th>
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<tbody>
<tr>
<td>Approval Date</td>
<td>14/11/2018</td>
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<tr>
<td>Initial Equality Impact Screening</td>
<td>Yes</td>
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<td>Full Equality Impact Assessment</td>
<td>No</td>
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<td>Lead Director</td>
<td>Director of Corporate Affairs</td>
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<td>Category</td>
<td>General</td>
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<td>Sub Category</td>
<td>Health and Safety</td>
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<tr>
<td>Review date</td>
<td>01/12/2021</td>
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## Distribution

**Who the policy will be distributed to**

Distributed to nominated managers and available to all staff

**Method**

Safety Alert/Staff Intranet

**Keywords**

Handling, manual handling, moving and handling, lifting and handling, manual handling operations, handling training, posture, hoists, hoist, falls

## Document Links

Required by CQC

Domains for Safe, Caring and Effective

Other

## Amendments History

<table>
<thead>
<tr>
<th>No</th>
<th>Date</th>
<th>Amendment</th>
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<tr>
<td>1</td>
<td>July 2015</td>
<td>Titles and references updated</td>
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<tr>
<td>2</td>
<td>November 2018</td>
<td>Review with minor changes made to arrangements</td>
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<td>15 References</td>
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MOVING AND HANDLING POLICY

1. Introduction

Manual handling in Health and Social care service continues to be the cause of the highest amount of staff sickness absence related to the work carried out according to HSE published statistics. Handling related injury is the most common incident reported by the Health Services to the HSE under RIDDOR

This policy is designed to comply with the Manual Handling Operations Regulations 1992 as amended 2002 (MHOR). The Regulations seek to prevent handling related injury and establish a clear hierarchy of measures to reduce the likelihood of harm occurring

2. Purpose

Shropshire Community Health NHS Trust aims to practice and promote safer moving and handling. The Trust recognises that moving and handling cannot always be avoided however can be undertaken safely for the benefit of all staff and patient groups.

This policy which applies to all staff including permanent, bank, agency, work experience and volunteers provides guidance for the management of all moving and handling activities of animate and inanimate loads, to ensure that risks to both staff and patients are reduced to the lowest level reasonably practicable.

This is achieved by developing a proactive safety culture in which staff undertaking moving and handling tasks follow risk assessments, guidance and training provided by using appropriate process, techniques and when required equipment

3 Definitions

<table>
<thead>
<tr>
<th>Manual handling</th>
<th>Under the Manual Handling Operations Regulations is “the transporting or supporting of a load (including the lifting, putting down, pushing, pulling, carrying or supporting thereof) by hand or bodily force.”</th>
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</thead>
<tbody>
<tr>
<td>Moving and Handling</td>
<td>Refers to all manual handling tasks including the use of equipment</td>
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<tr>
<td>Ergonomics</td>
<td>The study of work that people carry out; the place it occurs, the tools and equipment used and the processes of work designed, so that the people carrying out the work do not have their health or wellbeing compromised regardless of gender, stature, age, physical or physiological abilities. It ensures that all work is effective and efficient</td>
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<tr>
<td>Load.</td>
<td>Is a discrete object that is animate or inanimate, including people</td>
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<tr>
<td>Patient</td>
<td>is a generic term to identify the people, both adults and children to whom care is given, in some areas also called client, resident or service user.</td>
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</table>
| Musculoskeletal Disorders | is the term used to describe any injuries to the
<table>
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<tr>
<th>(MSDs)</th>
<th>muscular system, including ligaments and tendons, attached to the skeletal system.</th>
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<tbody>
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<td>Reasonably practicable</td>
<td>Weighing the harm that could be caused against the time, trouble and cost of reducing the harm</td>
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4. Duties

4.1 The Chief Executive

The Chief Executive ultimately holds the responsibility for the health, safety and welfare of all employees at work as documented in the Health and Safety Policy, this will include the risks associated with moving and handling tasks.

4.2. Directors

Each director must establish a structure in their directorate for the assessment of handling tasks and the allocation of responsibilities for:

- Carrying out moving and handling risk assessments
- Reviewing of assessments and working practices
- The formulation of safe working practices as a result of handling risk assessments
- The purchase of suitable and sufficient equipment to ensure safer working practices
- Monitoring moving and handling training arrangements

The type of moving and handling within a directorate will determine the level and degree of interventions required.

4.3 Line Managers

Departmental managers are responsible for the following:

- All handling activities within their control have been considered and that where handling tasks cannot be avoided, a detailed assessment has been carried out where there is a significant risk of injury. These must adequately address hazards arising from both patient and inanimate load handling activities
- Where moving and handling competencies have been formulated, ensuring that these are adhered to
- Informing Staff and any other affected party of the risks of the work and methods of controlling the risks, this includes training internal and external. Where shortcomings are identified these should be reported and acted upon in accordance with this and other relevant policies and specialist advice sought if applicable.
- Ensuring suitable resources, equipment, environmental changes or staffing is available where it has been identified by the assessment as being relevant control.
- Provide adequate equipment, ensuring staff are competent to use it and it is properly maintained.
- Ensuring environments are suitable for the task and equipment in question
- Checking that handling risk assessments are current, suitable and sufficient. To achieve this regular review of assessments will be necessary.
• Ensuring that the significant findings from the handling risk assessments are suitably located and available to all staff.
• Ensure that the policy on Mandatory Training and the Training Needs Analysis contained within it is complied with in relation to moving and handling training.
• Where applicable in patient related areas identify a suitable clinician to become a Handling Linkworker / Key Assessor.
• Considering whether individual risk assessments are necessary to safeguard staff members where their capabilities may be reduced due to ill health; injury or because they are new and expectant mothers or are young persons.
• Ensure that all incidents are reported through the incident reporting system and in accordance with the Incident Reporting Policy.
• Ensuring that the requirements of the Trust Display Screen Equipment Policy are met (this policy is intrinsically linked to musco-skeletal injury).

4.4. All Staff

All employees must take reasonable care for themselves and others, who are affected by their acts and omissions, cooperate with their employer and:

• Must adhere to safe systems of work and identified control measures, this will include the use of postural principles shown in training.
• Must use equipment where it has been identified as appropriate.
• Must inform the person in charge of any shortcomings in any moving and handling arrangements.
• Must ensure that they attend the training appropriate training for their job role at required time intervals as described in the staff Training Needs Analysis.
• Assist line managers by carrying out detailed risk assessments when required of inanimate handling tasks and Individual Patient needs.
• Use incident reporting systems to report untoward events, all accidents, incidents and near misses.
• Only undertake moving and handling tasks they have been assessed as competent to do.

4.5 Corporate Risk Manager

Will provide support to departments on risk management and risk assessment.

4.6 Handling Risk Adviser

Will provide support to departments on risk assessment and handling techniques.

5. Training

The Mandatory Training, and Corporate and Local Induction Policies give detail on the management of training, including manual handling training. In addition to these policies the following points will apply, which are specific to handling.

• Moving and handling training is mandatory and is included in the mandatory training needs analysis. The training needs analysis details the individual training needed for each staff group/role.
At the discretion of the Handling Risk Adviser and the Organisation Development Team, training will be targeted at specific job roles and risks, including. This will include non-clinical staff who have specific moving and handling risks identified.

High risk patient handlers will attend a 2 day patient handling course as part of the induction process. High Risk Patient handlers includes
- All unregistered staff
- Bank staff that handle people
- Registered staff who cannot confirm to their manager that they hold evidence of current training, or who have not attended an update moving and handling session within the last three years
- patient handling staff that have become high risk patient handlers after working with medium or low risk clinical groups

Where staff do not attend training, including persistently not attending training, they will be managed according to the Mandatory Training Policy

Content of moving and handling training will follow the advice from the national Back Exchange, Standards in Manual Handling (3rd edition) 2010, “The Guide to the Handling of People” Edition 6 (BackCare 2010) and by the modular approach set by the All Wales NHS Moving and Handling Training Passport and Information Scheme version 2.1 (2010)

Training will include: Relevant Legislation and Professional responsibilities, Scale of the Musculoskeletal problem, How to avoid injuries, The role of Ergonomics, Risk assessment, Anatomy and Function of the Spine, Biomechanics, Controversial manoeuvres and unsafe postures, Patterns of natural movement, Principles of efficient moving and their application to practical tasks, Core load moving and handling tasks, pushing, pulling, lifting, lowering and carrying and core patient handling tasks, to include sit to stand, walking, the falling and fallen patient, bed manoeuvres, the use of slide sheet systems, other small handling equipment, lateral transfer and how to use hoists passive and active and slings

6 Moving and Handling Link Workers

A system of moving and handling linkworker/key staff will operate in each department or ward area where there is significant handling activity. The Handling Risk Adviser will determine where handling activity counts as significant.

6.1 Line manager will nominate, with the agreement of the staff member a suitable linkworker who will assist the managers and other staff members with issues concerning moving and handling

6.2 The linkworker will promote best evidence based practice in their workplace, including adopting safer postures, avoiding unsafe practices and correct use of equipment

6.3 Attend specific training as specified and provided by the moving and handling advisers to include an introduction to the role.

6.4 Attend an annual update training session

6.5 They will keep accurate records of any departmental training
6.6 They will assist managers with moving and handling risk assessments, including identification and implementation of appropriate risk reduction measures.

6.7 They, the Link workers, will assess all clinical staff on their competency using hoisting equipment within the department(s) they cover.

7 Techniques to be used for moving and handling

Patient Handling

For the physical movement of patients the techniques to be used are those detailed in the BackCare guide, The Handling of People, and publications by the National Back Exchange. This includes when and how to use slide sheets, handling belts, turning aids, wheelchairs and hoists.

In-animate or static objects

The techniques to be used are those detailed in the Health and Safety Executive publication “Getting to Grips with Manual Handling. The use of equipment will be dependant on the outcome of the risk assessment of tasks.

The above publications will be the basis for handling techniques taught during moving and handling training.

8 Specialist advice / guidance

Specialist advice on moving and handling can be sought from the Risk Manager for advice on risk assessment and compliance with legal requirements and policy, Handling Risk Advisers for handling techniques and aids and the Community Equipment Service Clinical Adviser for advice on selection and use of equipment.

Specialist advice for patient related assessments can be sought from other specialists in the field of moving and handling, e.g. Physiotherapists and Occupational therapists.

Clinicians who are prescribing moving and handling equipment in patients homes will attend the Introduction Hoist Assessors Course and annual update.

The advisers will provide either, telephone advice, arrange site visits or recommend further contacts from external sources should this be necessary, social service advisers, manufactures suppliers etc

Where advice is needed urgently out of hours the on-call managers should be contacted.

9 Risk Assessment

The Manual Handling Operations Regulations gives the following hierarchy of control measures to be followed in relation to manual handling:

- so far as is reasonably practicable avoid the need for his employees to undertake any manual handling operations at work which involve a risk of being injured:
if manual handling cannot be avoided then a suitable and sufficient assessment of all such manual handling operations is to be undertaken and then to;

- take appropriate steps to reduce the risk of injury to employees to the lowest level reasonably practicable

Handling risk assessment will fall into two areas, generic assessments in relation to the type of handling activities undertaken in a given environment and assessment of individual circumstances e.g. individual patient assessments.

### 9.1 Generic Risk Assessment

These assessments will consider the risk associated with handling tasks where there is a risk of injury, taking into account the environment where the task takes place.

Assessors should follow the risk assessment filter contained within the guidance to the Manual Handling Operations Regulations to ascertain what tasks are likely to cause injury.

The assessment should consider factors relating to:

- The load to be handled
- The individuals that handle the load
- What the tasks are and how they are carried out
- The environment that the task is carried out in

The principles of the risk assessment are

- Identify the hazards
- Decide who may be harmed and how
- Evaluate the risks arising from the hazards and decide whether existing precautions are adequate or more should be done
- Record the findings
- Review the assessment from time to time and revise if necessary

Identifying the hazards

This applies equally to the handing of animate (patients) and inanimate loads. For the generic assessment this will apply to activities in general e.g. “transferring patients from bed to wheelchair” or “mopping the floor”. With patient activities the environment will be a significant factor in the assessment. An example might be “transferring a patient from wheelchair to toilet in bathroom x where insufficient room is available for staff to stand to the side of the wheelchair”

Decide who may be harmed and how

The principle concern with handling is injury to staff; however how the patient could be harmed must be considered.

Evaluate the risks arising from the hazards and decide whether existing precautions are adequate or more should be done
The assessor will need to identify the current controls in place to reduce the risk e.g. equipment used, assistance available, alternative ways of carrying out the task. Rating the risk will assist in the decision process for the adequacy of existing precautions. The precedent set by the regulation is “to the lowest level reasonably practicable. In the example above this does not imply that bathroom x needs to be modified, an alternative solution may be to use bathroom y, which is bigger for patients that require assistance.

If the decision is made that more should be done, then an action plan will be needed. Whatever precautions are in place or to be introduced it is important that staff both know about them, and act on them.

Record the findings

The Trust expects all risk assessments to be entered onto the Trust Risk Register within Datix. The Handling Risk Adviser will supply tools, where appropriate, to assist with the assessment. For handling assessment the main register entry will be a summary, with the completed tools attached as documents.

Review the assessment from time to time and revise if necessary

Assessments must be reviewed when they are deemed to be no longer valid. This could be because of changes in location, patients or working practices. It may also be after an incident occurs. All areas must review their assessments at least annually.

9.2 Individual Patient Assessments

For patient handling the key risk control will be to identify the individual patient factors that pose a risk to both the patient and staff. All clinical areas where there is patient handling carried must have a system in place to identify these individual risks and the controls, e.g. equipment, that are needed to minimise the risks. There are many diverse clinical areas within the Trust, it is recognised that there will be different needs and that they will need to develop their own assessments tool, seeking advice from the Handling Risk Adviser as necessary. Assessments must be included in specific patient care plans to ensure that these are communicated and complied with by all staff. The Trust recognises that there is a careful balance between managing handling risk and promoting independence with patients. Staff should consult with the handling advisers and other expert staff, e.g. physiotherapists, as necessary.

Staff carrying out these assessments should have sufficient training and expertise to carry them out, especially in relation to providing equipment.

The Community Children’s Nursing, Palliative and Respite Care Teams conduct child specific risk assessments and competency assessments of the tasks that staff undertake with children in their care. These children have complex health care needs, mandatory training for staff in these teams is bespoke and requires staff to consider the specific needs of children in their care. Particular attention is paid to ensuring that risk assessments and training, pay due regard to the physical condition of each individual child including the possibility that because of their immobility they may have poor tissue viability and osteoporosis. Risk assessments pay due regard to the conducting of manual handling tasks in patients’ homes and risk assessments for
complex tasks or patients are therefore conducted by staff, at the patient’s home and with the involvement of the patient and where appropriate their carers.

**Communications and review**

It is vitally important that staff handling patients are informed of the outcome of assessment. The assessments should be contained within the patient record. Where there are rapidly changing circumstances changes in assessment will need to be communicated in other ways, e.g. handover, bedside communication boards.

Where the assessment has been carried out in other environments, e.g. patients homes and care homes it is important that the outcome is shared with all stakeholders e.g. relatives, carers and employees of other organisations involved in the patients care.

All patient assessments must be reviewed regularly. The timescale for review will vary according to the individual patients condition and needs. The timescale for review must be recorded on the assessment.

**9.3 Individual Staff Assessments**

In some situations individual staff will require an individual assessment to ensure their health and well being is not compromised. These will include a return to work assessment after a period of absence; new and expectant mothers and any young persons 16-18 years old working in the Trust and any staff who need reasonable adjustments made to their working situations due to their physical or health needs. Managers will liaise with the Occupational Health department when necessary.

**10. Developing Action Plans from Risk Assessments**

**10.1 Generic Risk Assessments**

Where it is deemed existing precautions are not enough an action plan will need to be formulated. This could include simple actions, e.g. changing procedure, through to provision of extra equipment and building modifications. Where an action is identified it should be discussed with the line manager, who will take advice from senior managers or expert staff as necessary. Once the action is agreed it should be entered onto the risk register action plan. The following fields must be completed:

- What the action is
- Who will be responsible for completing the action.
- When the action will be complete by

The line manager will be responsible for ensuring that the action is completed, and that it has achieved the desired outcome.

**10.2 Individual Risk Assessments**

An action plan will not be necessary for these assessments, unless they identify a failing in the general arrangements. In this case the generic assessment should be
reviewed and an action plan developed from this as necessary. Individual risk assessment will require acting upon, this will be carried out immediately to ensure that the benefit of the assessment is realised straight away.

11 Following up Action Plans

The line manager responsible will monitor the required actions identified by assessment. They should ensure that the risk register action plan is updated, and that the date of completion is entered into the due date field.

In addition to the above the Risk Manager will issue action summaries detailing where action have not been competed, to ensure that managers are aware of any outstanding actions they are responsible for. Where action completion dates are persistently not adhered to the Assistant Director or Director of the service will be informed.

12 Heavier people including Bariatric

Due to the increasing degree of obesity within the general population there will be increased need to have suitable equipment provided for people with greater load bearing capabilities. Risk assessments will need to take into account the needs of the person, the equipment necessary and available, space in the environment and the number of staff available to give the required safe care. All clinical areas will need to have access to appropriate patient weighing devices that will weigh up to 200 kgs (32 stone). Devices able to weigh up to 300 kg (47 stone) are available at the Shrewsbury and Telford Hospitals Trust. Any shortfalls in equipment must be reported to the line manager. Areas will need to have procedures in place for the purchasing or hiring of suitable equipment at short notice should this be needed.

Managers and staff need to be aware of the Safe Working Load capacity of all equipment. This will include all equipment, beds, couches and commodes, walking aids, hoists, chairs and also office chairs.

13 Consultation

Consultation for this policy has taken place with Service Managers and relevant professional leads.
## Monitoring Compliance

<table>
<thead>
<tr>
<th>Element to be monitored</th>
<th>Lead</th>
<th>Tool</th>
<th>Frequency</th>
<th>Reporting arrangements</th>
<th>Acting on recommendations and Lead(s)</th>
<th>Change in practice and lessons to be shared</th>
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<tbody>
<tr>
<td><strong>Moving and Handling</strong></td>
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<tr>
<td>Duties</td>
<td>Risk Manager</td>
<td>Annual report</td>
<td>Annually</td>
<td>The Corporate Risk Manager will prepare a summary report for health and safety arrangements, including moving and handling. The report will include performance against legal requirements and policy.</td>
<td>Any actions identified will be detailed in the report. Line managers will be responsible for implementing when appropriate</td>
<td>Lessons will be shared through the management chain by area representatives on the Quality and Safety Delivery group</td>
</tr>
<tr>
<td>Techniques to be used in the moving and handling of patients and objects, including the use of appropriate equipment</td>
<td>Handling Risk Adviser</td>
<td>Observation and feedback from staff</td>
<td>Continuous</td>
<td>Handling Risk Adviser will report concerns relating to handing techniques to the relevant line manager and risk manager</td>
<td>Line manager will arrange remedial action e.g. additional training. Risk Manager will formulate actions where problems are trust wide</td>
<td>Lessons will be shared through the management chain by area representatives on the Quality and Safety Delivery group</td>
</tr>
<tr>
<td>Arrangements for access to appropriate specialist advice</td>
<td>Risk Manager</td>
<td>Annual Report</td>
<td>Annually</td>
<td>The Corporate Risk Manager, in consultation with managers, will confirm arrangements for advice are effective and report findings in the annual report of health and safety arrangements.</td>
<td>Where problems are identified the risk manager will formulate and implement actions to remedy any shortfalls</td>
<td>Lessons will be shared through the management chain by area representatives on the Quality and Safety Delivery group</td>
</tr>
<tr>
<td>how the organisation risk assesses the moving and handling of patients and objects</td>
<td>Risk Manager</td>
<td>Departmental risk reports</td>
<td>Monthly</td>
<td>Quality and Safety Delivery groups will receive reports on departmental risk assessment, including moving and handling assessment s on a rolling</td>
<td>Recommendations will be made directly to the line manager of the area.</td>
<td>Lessons will be shared through the management chain by area representatives on the Quality and Safety Delivery group</td>
</tr>
<tr>
<td>how action plans are developed as a result of risk assessments</td>
<td>Risk Manager</td>
<td>Monthly report</td>
<td>Monthly</td>
<td>Corporate Risk Manager will produce a monthly report detailing actions required against all risks</td>
<td>Line Manager will formulate actions for any area of concern</td>
<td>Lessons will be shared through the management chain by area representatives on the Quality and Safety Delivery group</td>
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<tr>
<td>how action plans are followed up</td>
<td>Risk Manager</td>
<td>Monthly report</td>
<td>Monthly</td>
<td>The Line Manager should report any actions which are not completed by the due date</td>
<td>Line Manager will formulate actions for any area of concern</td>
<td>Lessons will be shared through the management chain by area representatives on the Quality and Safety Delivery group</td>
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<tr>
<td>duties</td>
<td>Risk Manager</td>
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<tr>
<td>how the organisation records that all permanent staff complete moving and handling training, in line with the training needs analysis</td>
<td>See Mandatory Training Policy</td>
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<td>how the organisation follows up those who do not complete moving and handling training</td>
<td>See Mandatory Training Policy</td>
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<tr>
<td>action to be taken in the event of persistent non-</td>
<td>See Mandatory Training Policy</td>
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</tbody>
</table>
References

All Wales NHS Manual Handling Passport and Information Scheme 2003
Version 2.1 (Re v2010) – HSE and HOWIS website
Manual handling assessment Charts (MAC) – HSE
ART tool – HSE
Making best use of lifting and handling aids (INDG398) HSE
Preventing back pain and other aches and pains to kitchen and food service staff. HSE (CAIS24)
Reducing Error and Influencing Behaviour ( HSE48) 1999
BackCare and Royal College of Nursing (RCN)
Guide to the Handling of People HSE Guidance July 2011
Understanding Ergonomics at Work INDG90 (rev2) HSE 03
Upper limb Disorders in the Workplace (HSG60) HSE 2002
Working with Display Screen Equipment (DSE) INDG 36 rev4 2013
Getting to grips with hoisting people HSIS 3 12/11 HSE
Managing Medical Devices DB2006 (05) Medicines and Healthcare products Regulatory Agency 6 November 2006
How the Lifting Operations and Lifting equipment Regulations apply to health and social care. Health Services Information sheet No 4. London HSE 09/12
Safer Moving and Handling in the Perioperative Environment. Nicola Sharpe, Kathryn Briody & Simon Love
Working at or near floor level Leaflet 01. Carol Croshaw. NBE 2013
The safe handling of a manual wheelchair. Leaflet02.Penny Townsend NBE 2014
Choosing a sling for your hoist. Leaflet03. Clair Gibson NBE 2015