



## MANUAL HANDLING POLICY

|                                                          |                                                                                                        |                             |
|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-----------------------------|
| <b>Policy number and category</b>                        | <b>RS 21</b>                                                                                           | <b>Corporate Governance</b> |
| <b>Version number and date</b>                           | <b>6</b>                                                                                               | <b>December 2025</b>        |
| <b>Ratifying committee or executive director</b>         | <b>Trust Clinical Governance Committee</b>                                                             |                             |
| <b>Date ratified</b>                                     | <b>February 2026</b>                                                                                   |                             |
| <b>Next anticipated review</b>                           | <b>February 2029</b>                                                                                   |                             |
| <b>Executive director</b>                                | <b>Executive Director of Quality and Safety (Chief Nurse)</b>                                          |                             |
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| <b>Exec Sign off Signature (electronic)</b>              |                     |                             |
| <b>Disclosable under Freedom of Information Act 2000</b> | <b>Yes</b>                                                                                             |                             |

### POLICY CONTEXT

The Manual Handling Operations Regulations 1992 require that manual handling is avoided wherever reasonably practicable. Where it cannot be avoided, the risks must be assessed and reduced. This policy sets out how the Trust will do that in practice. The Trust Moving & Patient Handling and Falls Prevention & Management Subject Matter Expert is the appointed competent person (with named deputies) acting on behalf of the Trust to discharge relevant statutory duties under HSWA, MHSWR, MHOR, LOLER and PUWER.

### POLICY REQUIREMENT (see Section 2)

Employees should avoid manual handling wherever reasonably practicable and use mechanical aids first. Where handling cannot be avoided, they must complete and record a suitable and sufficient TILEO dynamic risk assessment for hazardous loads and for people, review it when conditions change, and follow this policy's guidance. Managers must ensure appropriate lifting equipment and mechanical aids are available and maintained so risks are reduced where handling is unavoidable. They must also ensure employees have time and opportunity to complete and review risk assessments and that local arrangements support safe practice. The Health and Safety Team, working with the Trust Moving & Patient Handling and Falls Prevention & Management Subject Matter Expert, will develop and deliver suitable training for new and existing employees (e-learning and face-to-face as legally required). They will also support managers to monitor and review incidents and ensure that appropriate learning and actions are taken.

## Change Record

| Date       | Version | Author (Name & Role)                                                                                | Reasons for review / Changes incorporated                           | Ratifying Committee |
|------------|---------|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------|
| 01/12/2025 | 6       | Dr Louis Watson, Trust Moving & Patient Handling, Falls Prevention/Management Subject Matter Expert | Updated to reflect current legislation and regulatory body guidance | TCGC                |

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# 1 INTRODUCTION

## 1.1 Rationale (Why)

Musculoskeletal disorders are a leading cause of work-related injury and absence in the NHS. Effective manual and service user handling risk management protects employees' health and wellbeing, maintains operational capacity, and enables safe, dignified care for service users.

Birmingham and Solihull Mental Health NHS Foundation Trust (the Trust thereafter) has both a legal and a moral duty to take all reasonably practicable steps to prevent, reduce, and, where possible, eliminate injuries and accidents arising from the movement of loads, whether human or inanimate. Where avoidance is not possible, handling tasks will be assessed, designed, equipped, supervised, and resourced so that risks are reduced to as low as is reasonably practicable.

This policy should be read alongside the Health and Safety at Work etc. Act 1974, the Management of Health and Safety at Work Regulations 1999, the Manual Handling Operations Regulations 1992 (as amended), the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013, the Lifting Operations and Lifting Equipment Regulations 1998, and the Provision, Use of Work Equipment Regulations 1998, Work Related Musculoskeletal Disorders and Psychological harm Policy, the Falls prevention and management Policy and any related Trust Policy where Moving/Patient handling is identified. It aligns with the NHS Service user Safety Incident Response Framework (2023) commitment to proactive harm prevention and with the Health and Safety Executive Work-Related Musculoskeletal Disorders guidance (January 2025) on early ergonomic risk identification, control, and review.

## 1.2 Scope (Where, When, Who)

This policy applies to all persons working on behalf of the Trust, including permanent employees, bank and agency employees, contractors, volunteers, Prison Healthcare employees, and anyone else delivering services for which the Trust is accountable. It applies at all times while those duties are being carried out.

The policy governs all manual and service user handling activities undertaken on Trust-owned or leased premises, in community and domiciliary care settings, and in any other location where the Trust has a statutory or contractual duty of care.

## 1.3 Definitions for the purposes of this policy:

Manual handling has the meaning in the Manual Handling Operations Regulations 1992: any transporting or supporting of a load by hand or bodily force (including lifting, putting down, pushing, pulling, carrying or moving), where "load" includes any person or animal.

Service user or patient handling means any activity in which a worker physically supports or assists the movement or posture of a service user—by lifting, lowering, pushing, pulling, carrying, steadying, turning or repositioning—by hand or bodily force, with or without mechanical aids.

Non-service user or patient handling means any activity in which a worker transports or supports an inanimate load—such as equipment, supplies, furniture or waste—by hand or bodily force, with or without mechanical aids.

## 1.4 Bariatric Care – Scope and Limitations

For this policy, bariatric care is structured using four categories to support consistent, lawful and equitable decision making. Body mass index (BMI) is used as a screening tool only; it does not, on its own, determine handling need or equipment prescription. Build/physique, functional mobility, dignity, comfort and safety must also be considered (see [Appendix 3](#) and see Bariatric policy).

## 1.5 Table 1: Bariatric categories and rationale

| Category | BMI range     | Description / handling implication                                                                                                            | Rationale                                                                                                                                                  |
|----------|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 0        | BMI <30       | Not bariatric for the purposes of this policy. Standard equipment and handling methods usually sufficient, subject to individual assessment.  | Distinguishes general population from bariatric caseload, ensuring bariatric resources are targeted where risk is higher.                                  |
| 1        | BMI 31 to <35 | Lower bariatric range. May require some bariatric-rated equipment depending on build, mobility and co-morbidities.                            | Recognises increased manual handling and tissue viability risk while enabling proportionate, ALARP-based adjustments.                                      |
| 2        | BMI 36 to <40 | Moderate–high bariatric range. Likely to require bariatric-rated equipment and enhanced handling plans.                                       | Ensures earlier escalation to bariatric equipment and environmental checks as risk of harm increases for service user and employees.                       |
| 3        | BMI ≥41       | Very high bariatric range. Requires full bariatric pathway, including environmental verification, equipment review and employees' safeguards. | Identifies service users at highest handling and evacuation risk, triggering comprehensive governance oversight and commissioner involvement where needed. |

**Note:** BMI is a screening threshold only. All decisions must incorporate functional assessment, including transfer ability, standing tolerance, cardiovascular stability, cognition, tissue viability risk, and the service user's dignity and comfort.

## 1.6 Category 3 admissions

Category 3 admissions, including non-ambulatory cases, are permitted only where strict safeguards are met. The Trust Moving & Patient Handling and Falls Prevention & Management Subject Matter Expert (Competent Person) must be notified prior to admission, or within 24 hours if admission occurs out of hours, in line with [Appendix 9](#). Admission may proceed only once environment, equipment and employees have been verified as safe.

## 1.7 Table 2: Category 3 admission safeguards and rationale

| Domain                         | Safeguard / requirement                                                                                                                                            | Rationale                                                                                                                      |
|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| <b>Notification</b>            | Trust Moving & Patient Handling and Falls Prevention & Management Subject Matter Expert informed before admission, or within 24 hours for out-of-hours admissions. | Ensures early specialist oversight, enabling timely identification of risks and required adjustments.                          |
| <b>Environment – structure</b> | Estates and Facilities and ward managers confirm door widths, turning circles, lift dimensions and safe working loads.                                             | Prevents entrapment, collision, and structural overload; ensures the service user can move safely along the full care pathway. |
| <b>Environment – layout</b>    | Room layout and egress assessed and confirmed as safe for equipment, employees' access and emergency evacuation.                                                   | Ensures sufficient space for equipment, team handling and rapid evacuation without compromising dignity or safety.             |

|                                       |                                                                                                                                |                                                                                                                                        |
|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| <b>Equipment availability</b>         | Appropriate bariatric-rated equipment available throughout the full path of travel (bed, chair, commode, hoist, slings, etc.). | Guarantees that every stage of the service user journey is supported with equipment that meets safe working load and fit requirements. |
| <b>Employees competence</b>           | All handlers have in-date Level 2 training; advanced training required for complex or hoist moves.                             | Reduces risk of injury to service users and employees by ensuring handlers have the competence to use bariatric equipment safely.      |
| <b>Handling plan</b>                  | TILEO-based handling plan recorded in RiO before the first full transfer and reviewed daily.                                   | Provides a documented, dynamically updated plan that reflects changing risk, meeting governance, and legal standards.                  |
| <b>Emergency planning</b>             | Personal emergency evacuation plan (PEEP) and emergency repositioning plan in place.                                           | Ensures a clear, rehearsed response for fire, cardiac arrest or other emergencies, reducing delay and confusion.                       |
| <b>Governance records – care</b>      | All approvals, validations and reviews documented in RiO.                                                                      | Creates an auditable record demonstrating that risks were identified, mitigated, and reviewed in line with Article 2 duties.           |
| <b>Governance records – equipment</b> | All equipment approvals and validations recorded via SHUB.                                                                     | Provides a central, asset-based audit trail for equipment selection, servicing, and safe working loads.                                |
| <b>Escalation to commissioners</b>    | Where, after reasonable adjustments, safeguards cannot be achieved, escalation to commissioners for alternative placement.     | Ensures the Trust does not accept unsafe admissions; transfers responsibility to secure a suitable, safe placement without delay.      |

Where these safeguards cannot be achieved, despite reasonable adjustments, the case is escalated to commissioners to identify an appropriate alternative placement without delay. No Category 3 admission proceeds without documented evidence that environment, equipment and employees are safe and that all decisions have been recorded in RiO and, for equipment, via SHUB.

### 1.8 Central Equipment Governance – SHUB (service user-use handling and support equipment)

SHUB is the Trust’s single route for ordering, hiring, repairing and removing lifting, handling and service user-support equipment. It is operated and overseen by the Trust Moving & Patient Handling and Falls Prevention & Management Subject Matter Expert through the SHUB Asset and Training Unit. All requests must go through SHUB so each device is checked for safe working load, LOLER/POWER status, compatibility, decontamination and logistics; out-of-hours requests follow [Appendix 9](#). If a request is made outside SHUB it will be redirected into SHUB and supportive coaching provided.

**Manual handling equipment (clinical or non-clinical) is defined as:** Any item that supports the person, touches them during a move, or enables transfer, repositioning, posture, pressure care or evacuation is in scope. This includes portable and fixed systems and their accessories. Inclusive categories (non-exhaustive). Beds (profiling, low/high-low, bariatric), bed extensions and side-rail accessories; mattresses and overlays (static foam, dynamic/alternating-pressure, low-air-loss, hybrid), pressure-relieving cushions; hoists (all types) and stand aids; spreader bars,

integrated hoist scales; slings of all types and sizes (loop, clip, single-service user-use/disposable, hygiene/bathing, amputee, bariatric) with compatible attachments; friction-reducing and transfer aids (reusable and single-use slide sheets, lateral transfer boards, air-assisted devices, positioning sheets, limb lifters, handling belts, pivot discs/turntables); seating and hygiene equipment (rise-recline and bariatric chairs, tilt-in-space, shower chairs, commodes, toilet frames/risers); transport and evacuation equipment (transfer chairs, wheelchairs, stretchers/trolleys, evacuation chairs and mats/sleds). SHUB will coordinate with SSL Estates to ensure structural approval and statutory inspections.

### **1.9 Traceability and safety**

Every asset is logged in SHUB, labelled, and linked to decontamination and quarantine records; sling labelling and compatibility checks are mandatory, and donations/loans cannot be used until processed through SHUB. Training is linked to equipment release: Manual Handling Level 2 is required for all handlers, and device-specific or advanced training is arranged where needed; no unsupervised use occurs until competence is verified in ESR.

### **1.10 Specialist Equipment and Environmental Adaptations**

Equipment selection must be person-specific, factoring in build/physique, Safe Working Load (SWL), and environmental constraints. Specialist handling equipment must be considered for any service user, regardless of BMI, when required for safety, comfort, or dignity.

Environmental adaptations must be developed collaboratively with the Trust Moving & Patient Handling and Falls Prevention & Management Subject Matter Expert, Estates & Facilities, clinical teams, and the service user.

### **1.11 Regulatory Alignment**

This policy aligns with the following statutory and regulatory frameworks: Health and Safety at Work etc. Act 1974 (sections 2 and 3); Management of Health and Safety at Work Regulations 1999 (including regulation 3 risk assessment and regulation 7 appointment of a competent person); Manual Handling Operations Regulations 1992 (as amended) (regulation 4 duty to avoid or reduce handling risks); Lifting Operations and Lifting Equipment Regulations 1998; Provision and Use of Work Equipment Regulations 1998; Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013; Workplace (Health, Safety and Welfare) Regulations 1992; Personal Protective Equipment at Work Regulations 1992 (as amended 2022); Regulatory Reform (Fire Safety) Order 2005; Corporate Manslaughter and Corporate Homicide Act 2007; Equality Act 2010 (reasonable adjustments and non-discrimination); Human Rights Act 1998 (Articles 2, 3, 5 and 8); Mental Capacity Act 2005 and Code of Practice; Mental Health Act 1983 and Code of Practice; Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (CQC fundamental standards); Data Protection Act 2018 and UK GDPR; and the Construction (Design and Management) Regulations 2015 (where fixed/track hoists or structural works are involved). It also aligns with NHS PSIRF 2023 (proactive hazard identification and learning from safety events) and HSE's Work-Related Musculoskeletal Disorders guidance (January 2025) on early ergonomic prevention.

Under the Management of Health and Safety at Work Regulations 1999, regulation 7, the Trust appoints a competent person to oversee and implement statutory duties. For manual handling and service user handling this is the Trust Moving & Patient Handling and Falls Prevention & Management Subject Matter Expert (with named deputies). Their written advice, issued under this policy, sets the Trust's compliance position for MHOR, LOLER and PUWER and will prevail ensuring risks are reduced so far as is reasonably practicable.

**Cross-policy links:** This policy can be applied alongside the Trust's Restrictive Practice/AVERTS Policy, Tissue Viability, Ligature risk, IPC, Medical Devices and Decontamination Policy, and Falls Prevention and Management Policy where activities overlap, and with the Records Management Code of Practice for retention of risk assessments, training and equipment records.

## **1.12 Principles (Beliefs)**

All Trust employees will avoid manual and service user handling wherever reasonably practicable. Where handling cannot be avoided, risks must be identified, controlled and reviewed so far as is reasonably practicable in accordance with the Manual Handling Operations Regulations 1992. The Trust will provide suitable equipment, training, supervision and safe systems of work, and will maintain equipment appropriately. Employees must take reasonable care for their own safety and that of others, follow training, use equipment correctly, stop and escalate where a task appears unsafe, and report hazards, defects, near misses and incidents without delay.

Working at height will not be undertaken by employees for any task or reason unless authorised to do so. Employees must not stand on beds, chairs, steps or ladders to move a person or adjust equipment. Any task that requires work at height will be arranged through Estates or approved contractors under the Trust's Work at Height and CDM controls.

Full-weight manual lifting of people is prohibited. Drag lifts, improvised techniques and using any furniture to lever or move a person are not permitted. Hoist moves must use compatible, in-date equipment with sufficient trained employees; single-employees hoisting is not permitted. Slings must be individually sized and typed, checked before use, removed when not in use and never used as restraints. All hoist slings must be clearly labelled in permanent ink with the service user's name and the date the sling was issued. Slings must be replaced every six months, or sooner if any wear, damage, or defect is identified. Slings are strictly single person use and must never be used for any service user other than the individual to whom they were originally allocated.

Any service user admitted with any pre-existing manual handling related equipment needs must be reported to the Trust Moving & Patient Handling and Falls Prevention & Management Subject Matter Expert within 24 hours of admission, so that a full assessment can be completed and clear directions issued.

A TILEO-based handling plan must be documented in RiO before the first full transfer is undertaken. The handling plan must be reviewed and updated whenever there is any change in the person, the equipment, or the environment.

Only legally compliant equipment may be used, and it must be used strictly in accordance with the manufacturer's instructions for use, intended purpose, compatibility guidance and stated safe working load. No off-label use, and no use outside the manufacturer's instructions for use, is permitted, including improvised substitutes or mixing non-compatible components. Devices designed for restrictive practice are used only for that purpose; restrictive-practice pods are not crash mats, seating or falls-prevention devices. Where falls protection is required, the correct equipment must be obtained and prescribed by the Trust Moving & Patient Handling and Falls Prevention & Management Subject Matter Expert.

To meet legal duties and reduce risk swiftly, the Trust Moving & Patient Handling and Falls Prevention & Management Subject Matter Expert may issue written or spoken instructions on equipment selection or practice. If the Trust Moving & Patient Handling and Falls Prevention & Management Subject Matter Expert assesses risk to employees or service users is high the Trust Moving & Patient Handling and Falls Prevention & Management Subject Matter Expert will act immediately and their supportive actions must be followed and reassessed within 48 hours and weekly thereafter. Such supportive actions take immediate effect. The Trust operates a just and learning culture; deviations will trigger supportive feedback, retraining and coaching.

## **2 POLICY (What)**

### **2.1 Core Standards**

All employees, with the support of their line managers, must comply with the following.

### 2.1.1 Avoid manual handling wherever reasonably practicable.

Do not carry out any service user or non-service user handling that constitutes work at height (section 1.12).

### 2.1.2 Manual Handling to preserve Life

Manual lifting or carrying of a person (where employees bear any significant proportion of the person's body weight, instead of using approved moving and handling equipment) is not permitted as a planned handling method. It is acceptable only in an emergency, as a last-resort action to preserve life, where there is an immediate and serious risk to life and no safer alternative is reasonably practicable in the time available, consistent with the duty to avoid hazardous manual handling so far as is reasonably practicable and to reduce risk where it cannot be avoided.

This policy must not be applied in a way that prevents registrants from providing prompt emergency assistance. Nurses, midwives and nursing associates must offer help in an emergency, act within the limits of their competence, arrange for emergency care to be accessed promptly, and take account of their own safety, the safety of others and the availability of other options.

Any emergency manual handling event must be reported and documented as soon as reasonably practicable and will be followed up within 48 hours. The healthcare professional(s) involved must provide a written justification for their actions, including the life-preserving necessity, the dynamic risk assessment undertaken, why safer options or equipment were not reasonably practicable at the time, who assisted, any harm or near miss, and the actions required to prevent recurrence, consistent with NMC record-keeping requirements. The Trust Moving & Patient Handling and Falls Prevention & Management Subject Matter Expert must be included in any incident, communication and/or follow up.

### 2.1.3 Table 3: Life preserving requirements, rationale, UK legislative alignment, and Health professional registration alignment

| Requirement                                                                                                                                                       | Rationale                                                                                                                                      | UK legislative alignment                                                                                                                                                | Professional code of conduct alignment (applies across NMC and equivalent UK regulators)                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Manual lifting or carrying of people is prohibited as a planned method. Suitable equipment and safer systems of work must be used.</b>                         | Reduces foreseeable injury risk to staff and service users by avoiding high-risk handling wherever possible.                                   | Manual Handling Operations Regulations 1992, regulation 4 (avoid hazardous manual handling so far as reasonably practicable; assess and reduce risk where unavoidable). | Maintain safety, manage risk, and use safer alternatives. Work within policies and use appropriate resources to protect people and yourself. |
| <b>Emergency manual lift or carry is permitted only to preserve life, as a last resort, when no safer option is reasonably practicable in the time available.</b> | Allows immediate life-saving intervention while maintaining a high threshold and clear governance to prevent normalisation of unsafe practice. | MHOR 1992, regulation 4 (reasonably practicable avoidance and risk reduction); HSWA 1974 section 2 (so far as reasonably practicable, ensure                            | Respond to emergencies, act within competence, seek urgent assistance, and balance immediate need with safety of all involved.               |

|                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                 |                                                                                                                                               |                                                                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                 | health, safety and welfare at work).                                                                                                          |                                                                                                                        |
| <b>Any emergency manual lift or carry must be reported to the senior clinician or shift lead, and the Trust Moving &amp; Patient Handling and Falls Prevention &amp; Management Subject Matter Expert, recorded on Eclipse, and documented as soon as practicable, including risks identified and steps taken.</b> | Creates contemporaneous evidence, informs colleagues, supports learning, and reduces recurrence.                                                | MHSWR 1999 regulation 3 (suitable and sufficient risk assessment); HSWA 1974 section 2 (safe systems, information, instruction and training). | Keep accurate records promptly; escalate concerns; support transparency, learning, and continuity of safe care.        |
| <b>Follow-up review within 48 hours by the line manager and the Trust's competent person (Trust Moving &amp; Patient Handling and Falls Prevention &amp; Management Subject Matter Expert), with actions to prevent recurrence (equipment, staffing, environment, training, care plan updates).</b>                | Ensures timely learning, immediate risk controls, and evidence that reasonable adjustments were implemented without delay.                      | HSWA 1974 section 2 (arrangements to ensure health and safety); MHSWR 1999 regulation 3 (risk assessment maintained and acted upon).          | Participate in review and improvement; act on learning; cooperate with governance processes to reduce future harm.     |
| <b>Written justification statements are required from the clinician(s) involved, explaining the life-preserving necessity and why safer options were not reasonably practicable at the time.</b>                                                                                                                   | Provides accountability, tests the "last resort" threshold, supports defensible decision-making, and prevents unsafe practice becoming routine. | MHOR 1992 regulation 4 (avoid, assess, reduce); MHSWR 1999 regulation 3 (risk assessment and control).                                        | Be accountable and honest; provide clear rationale for decisions; support incident review and organisational learning. |

#### 2.1.4 Manager Responsibilities

Managers must:

- Ensure appropriate lifting and handling equipment and mechanical aids are available, suitable, maintained, and in date for LOLER/PUWER where applicable.
- Establish and keep under review safe systems of work and local handling procedures consistent with this policy and associated SOPs.

- Monitor and evidence compliance: Level 2 and device-specific training, incident and near-miss reporting, completion and review of TILEO risk assessments, pre-use equipment checks, and record keeping.
- Ensure employees are aware of this policy, verify competence before permitting unsupervised handling (including bank and agency employees at induction), and arrange supportive retraining where required.
- Route all service user-use handling and support equipment orders, hires, repairs and removals through SHUB; use [Appendix 9](#) for out-of-hours requests; prevent and correct any non-compliance.
- Escalate high risks or unmet safeguards immediately to the Trust Moving & Patient Handling and Falls Prevention & Management Subject Matter Expert and senior person in your workplace (for example, Bariatric Category 3 admissions or work-at-height issues) and suspend the activity until safe controls are confirmed.

### 2.1.5 Incident Reporting and Review

All incidents must be reported on the Eclipse system.

RIDDOR reportable incidents must be notified to the HSE within statutory timeframes.

Data is reviewed monthly by Trust Moving & Patient Handling and Falls Prevention & Management Subject Matter Expert and Health and Safety lead.

Investigations and learning follow the Service user Safety Incident Response Framework (PSIRF). Compliance with CQC Regulation 12 (Safe care and treatment) is evidenced by: a documented TILEO plan in RiO; certified equipment (LOLER/PUWER); and trained, competent employees rostered for each move.

### 2.1.6 Support and Education Pathway Following an Incident

To strengthen practice and prevent recurrence:

- **First Incident** – Employees completes a targeted refresher of Level 1 non-clinical or Level 2 service user handling e-learning within 14 days, with reflection logged in training records.
- **Second Incident (within 12 months)** – Employees receives direct coaching from the Trust Moving & Patient Handling and Falls Prevention & Management Subject Matter Expert, including a ward-based skills review.
- **Third Incident (within 12 months)** – A structured improvement plan is created, combining scenario-based simulation, supervision, and follow-up observation.

At all stages, the focus is on support, skills reinforcement, and confidence-building.

### 2.1.7 Training and Competency

All new and existing employees must complete relevant manual handling training before undertaking unsupervised handling tasks. Specialist teams (e.g., Dementia and Frailty) receive face-to-face, environment-specific training.

All employees complete the Level 1 (non-service user facing) or Level 2 service user handling face to face or e-learning on induction as instructed by the Trust Moving & Patient Handling and Falls Prevention & Management Subject Matter Expert.

- Refresher training every 2 years (or sooner if an incident occurs, see 2.1.6).
- Where a service user with complex handling needs is admitted, the Trust Moving & Patient Handling and Falls Prevention & Management Subject Matter Expert will deliver targeted training to the ward team.
- Referral to physiotherapy, occupational therapy, or other physical health services will be made where appropriate and with a completed TILEO risk assessment highlighting referral need and risks identified. All referrals must be documented in RiO with the mandatory TILEO risk assessment.

### 3 PROCEDURE

#### 3.1 Non-Clinical Risk Assessments & Safe Working Practices

The risk assessment must be carried out for all hazardous manual handling tasks that cannot be reasonably avoided. This will follow a TILEO-based systematic approach, assessing ([Appendix 3](#)):

- **Task** – the activity being undertaken.
- **Individual** – the person(s) undertaking the task.
- **Load** – which may be a service user or object.
- **Environment** – where the task is being performed.
- **Other** – PPE requirements, emergency considerations, and other influencing factors.

**Risk assessments may be:**

- **Formal/Specific** – for individual, high-risk tasks.
- **Dynamic** – for risks common across similar activities.
- **Local** – service-specific, aligned with departmental SOPs and induction training.

Only suitably trained employees may conduct formal/specific risk assessments.

**Action plans from assessments must:**

- Be recorded using the Trust's approved format.
- Use the guidance in [Appendix 6](#) – "Service user Manual Handling Risk Assessment Flow Chart".
- Be shared with budget holders if they require resource allocation.
- Be reported to the Health & Safety Committee quarterly.

#### 3.2 Risk Assessment – Service Users

In general, the following principle for any Service user risk assessment must follow these principles,

**Avoid → Assess (TILEO) → Equipment via SHUB → Escalate thresholds → Document**

Service user manual handling risk assessments must be completed daily for high-risk/rapidly changing; weekly for moderate; and immediately after any change (see [Appendix 7](#))

Initial assessments are completed by the admitting nurse or nurse in charge. If there are concerns about safe moving/handling, the Trust Moving & Patient Handling and Falls Prevention & Management Subject Matter Expert must complete a detailed assessment and management plan. (see [Appendix 5](#)).

- Risk assessments are required for all service users accessing Trust premises, including day services.
- Placement decisions for service users must consider environmental suitability and equipment availability. Bed Management must be consulted where risks exist.
- A service user-specific handling plan must be documented in RiO and accessible to all relevant employees.
- Reassessments: To be completed daily for high-risk/rapidly changing; weekly for moderate; and immediately after any change. (see [Appendix 7](#)).
- Manual handling needs must be handed over in full during transfers or discharge.
- New nursing, bank, and agency employees must complete Level 2 service user handling training before assisting with transfers.

### 3.3 Lifting Aids & Equipment

Where risk assessment identifies the need, only approved and SWL-rated equipment may be used. All operators must be trained and competent. Visual inspection before each use is mandatory. Defects must be reported to the Ward/Unit Manager immediately, labelled **DO NOT USE**, and escalated to Estates and the Trust Moving & Patient Handling and Falls Prevention & Management Subject Matter Expert. Servicing is carried out by approved providers in accordance with manufacturer schedules. See [Appendix 8](#) – Hiring of Clinical Moving & Handling Equipment for procurement process and preferred suppliers.

**Slings are classed as lifting accessories under LOLER:** size/fit must be service user-specific; batch/serial numbers must be recorded in RiO or SHUB; visual and label checks are completed before every use; any damaged/illegible sling is quarantined. It is mandatory to write the users' name and date of issue on the sling. A used sling must be replaced every six months. Slings are service user specific and must not be used for other service users.

### 3.4 No Lifting Procedure

- Unsafe techniques such as drag lifts or lifting with arms around the handler's neck are prohibited.
- Employees must always maintain posture and safe handling techniques, including when managing aggressive behaviour.
- Fallen service users must only be moved using approved equipment and techniques. If unavailable, emergency services must be called. Follow Falls policy CG18.
- If a service user refuses equipment deemed essential, care must continue without manual lifting, and this must be documented in their handling plan and care record.
- Negotiation should be attempted to introduce acceptable alternatives, but the default position is no manual lifting outside emergency exceptions.
- Where essential equipment is refused, care continues without manual lifting; the alternative plan is documented in RiO; the case is escalated the same shift to the ward manager and the Competent Person for review.

**3.5 Post-event actions Senior ward/department person's responsibility:** record rationale in RiO, complete Eclipse within 24h, contact the Competent Person within 6 hours, initiate a brief AAR (learning only), and update the handling plan before any further transfer.

## 4 RESPONSIBILITIES

| Post(s)       | Key Responsibilities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Ref                                                                                                                                                        |
|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| All Employees | <ul style="list-style-type: none"> <li>• Attend and complete appropriate manual handling training relevant to role.</li> <li>• Co-operate with managers to meet health and safety duties.</li> <li>• Take reasonable care for own health and safety, and that of others.</li> <li>• Follow this policy and all approved moving and handling procedures, including those issued following consultation with the Trust Moving &amp; Patient Handling and Falls Prevention &amp; Management Subject Matter Expert.</li> <li>• Use equipment and safe systems of work as provided.</li> <li>• Report hazards, changes, or concerns via Eclipse .</li> <li>• Notify line manager of injuries/incidents to enable referral to Physiotherapy Services.</li> </ul> | Section:<br>1.12; 2.1;<br>2.1.1 to<br>2.1.2;<br>2.1.5;<br>2.1.6;<br>2.1.7;<br>3.2; 3.3;<br>3.4; 3.5;<br>Appendix<br>2;<br>Appendix<br>3;<br>Appendix<br>7. |

|                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                              |
|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                              | <ul style="list-style-type: none"> <li>Act in accordance with any handling, falls prevention, or environmental safety plans developed or approved by the Trust Moving &amp; Patient Handling and Falls Prevention &amp; Management Subject Matter Expert.</li> <li>Cooperate and collaborate with the Trust Moving &amp; Patient Handling and Falls Prevention &amp; Management Subject Matter Expert</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                              |
| <b>Associate Directors of Operations, Clinical &amp; Corporate Directors</b> | <ul style="list-style-type: none"> <li>Ensure adequate resources for procurement of relevant manual handling equipment.</li> <li>Support the implementation of safe manual handling practices Trust-wide.</li> <li>Ensure that directorate policies, service changes, and capital works comply with handling, falls prevention, and environmental safety requirements as advised by the Trust Moving &amp; Patient Handling and Falls Prevention &amp; Management Subject Matter Expert.</li> <li>Where safety, compliance, or statutory obligations are in question, adopt the handling and safety position advised by the Trust Moving &amp; Patient Handling and Falls Prevention &amp; Management Subject Matter Expert as the Trust's compliance standard.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Section: 1.8 to 1.11; 1.12; 2.1; 2.1.4; 2.1.7; 3.1 to 3.3; 9.                                                                                |
| <b>Managers</b>                                                              | <ul style="list-style-type: none"> <li>Provide adequate employees levels based on risk assessment.</li> <li>Ensure accidents are reported, investigated, and learning is shared.</li> <li>Maintain safe environments and minimise manual handling through task re-design.</li> <li>Provide and maintain appropriate equipment in safe working order.</li> <li>Ensure unavoidable manual handling operations are risk assessed. (<a href="#">Appendix 5</a> – Manual Handling Initial Assessment; <a href="#">Appendix 3</a> – Manual Handling Information Checklist).</li> <li>Implement recommendations from Health &amp; Safety or competent persons, including the Trust Moving &amp; Patient Handling and Falls Prevention &amp; Management Subject Matter Expert.</li> <li>Ensure all manual handling employees receive appropriate and timely training.</li> <li>Rotate and distribute tasks to minimise strain and poor posture.</li> <li>Refer employees to Occupational Health and implement rehabilitation plans.</li> <li>Highlight manual handling requirements during recruitment and pre-employment screening.</li> <li>Maintain accurate manual handling documentation and records.</li> <li>Arrange and release employees for relevant training and ensure action plans from risk assessments are implemented and monitored.</li> <li>Consult the Trust Moving &amp; Patient Handling and Falls Prevention &amp; Management Subject Matter Expert on any handling, falls-related matters where manual handling or environmental safety is a contributing factor, restrictive practice, or other relevant safety</li> </ul> | Section: 1.8 to 1.10; 1.12; 2.1.4; 2.1.5; 2.1.6; 2.1.7; 3.1; 3.2; 3.3; 3.4; 3.5; Appendix 3; Appendix 5; Appendix 7; Appendix 8; Appendix 9. |

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                              | <p>concerns where employees or service user safety could be at risk and ensure that the agreed position is implemented as the Trust's compliance standard.</p> <ul style="list-style-type: none"> <li>Cooperate and collaborate with the Trust Moving &amp; Patient Handling and Falls Prevention &amp; Management Subject Matter Expert</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                    |
| <p><b>Trust Moving &amp; Patient Handling and Falls Prevention &amp; Management Subject Matter Expert (Clinical) (Competent Person under HSAWA 1974 &amp; MHOR 1992)</b></p> | <p>The Trust Moving &amp; Patient Handling and Falls Prevention &amp; Management Subject Matter Expert is the competent person (with named deputies) appointed under regulation 7 of the Management of Health and Safety at Work Regulations 1999 to assist the Trust in discharging duties under HSWA, MHSWR, MHOR, LOLER and PUWER. The purpose of this section is to secure, so far as is reasonably practicable, the health, safety and welfare of service users and employees wherever Manual/Patient handling occur by coordinating plans, methods, equipment and learning across services.</p> <p><b>Maintains and ensures legal compliance Standards for equipment and practice</b></p> <p><b>LOLER:</b> Lifting equipment used to lift people will receive a thorough examination at least every six months (or as specified by an examination scheme). LOLER governs the equipment and the lifting operation; it does not classify people as equipment. The Trust adopts LOLER "lifting of persons" controls for any situation in which a person is raised, lowered, supported or suspended (including restrictive practices and emergency repositioning): a recorded plan, competent handlers, pre-use checks, prohibition of full-weight manual lifts except to prevent immediate life-threatening harm, and six-monthly thorough examination of person-lifting equipment.</p> <p><b>PUWER:</b> Service user-handling devices that are not subject to LOLER will receive a documented inspection at least annually (or more frequently where manufacturer guidance or risk assessment requires).</p> <p><b>Practice reviews:</b> All service user-handling practice, including restrictive practices, will undergo a formal six-monthly risk assessment by the Trust Moving &amp; Patient Handling and Falls Prevention &amp; Management Subject Matter Expert or a named delegate. Written instructions issued by the Lead take immediate effect and are reviewed by the Physical Health Committee.</p> <p><b>Collaboration and risk assessment</b></p> <p>Before any manual or service user-handling activity is commenced, varied or ceased, services will consult the Manual/Patient Handling function so that a suitable and sufficient risk assessment is agreed and recorded. This applies across all services, projects and contractors; planning and delivery remain local. Definitions are those set out in this policy.</p> <p><b>Internal control for handling of persons</b></p> | <p>Section: 1.4 to 1.11; 1.12; 2.1; 2.1.1 to 2.1.7; 3.1 to 3.5; 9; Appendix 3; Appendix 5; Appendix 7; Appendix 8; Appendix 9.</p> |

|                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   |
|----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
|                                              | <p>Where any person is raised, lowered, supported or suspended—by equipment, during restrictive practices, or in emergency repositioning—the Trust applies the LOLER “lifting of persons” control regime as its internal safety standard: a recorded plan; competent handlers; pre-use checks; prohibition of full-weight manual lifts except to prevent immediate life-threatening harm; and six-monthly thorough examination of lifting equipment.</p> <p><b>Risk register</b><br/>A separate Manual/Patient Handling Risk Register will be maintained as the live record of handling risks. It will be updated after any incident, near miss, or material change in equipment or environment, formally reviewed each year, and presented quarterly to the relevant governance committees. Any AAR/PSIRF touching Manual/Patient handling will notify the function within two working days and create or update an entry.</p> <p><b>Equipment, decontamination and SHUB</b><br/>No item will be used until accepted to the asset register and confirmed in-date for LOLER/PUWER; non-compliant items are quarantined. All service user-use devices and slings follow the approved procurement and acceptance pathway via SHUB, with compatibility and decontamination traceability recorded through the chain-of-custody process.</p> <p><b>Training and competence</b><br/>Level 2 and Advanced Level 2 training are delivered with Learning and Development; ESR prompts align to a 24-month cycle. Employees with lapsed certification are temporarily removed from handling duties until competence is restored; just-in-time coaching is provided on wards.</p> <p><b>Assurance and learning</b><br/>Incident data, trends and dashboards are used to prioritise controls and share learning. Where local consensus is not reached, RS21 requirements (law, standards and the safest available method/equipment) will determine the interim position so work proceeds safely pending committee review.</p> <p><b>WRMSD reduction</b><br/>A Trust-wide programme will set measurable reductions from baseline and support each specialty—including those using restrictive practices—with targeted controls and audit.</p> |                                   |
| <b>Policy Lead(s)</b>                        | <ul style="list-style-type: none"> <li>• Keep the policy up to date with legislation and best practice.</li> <li>• Monitor compliance and address any concerns.</li> <li>• Ensure accessibility of the policy for all relevant employees.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Section: 5; 6; 7; 9.              |
| <b>Health and Safety Team (Non-Clinical)</b> | <ul style="list-style-type: none"> <li>• Develop and update non-clinical manual handling training in consultation with the Trust Moving &amp; Patient Handling and Falls Prevention &amp; Management Subject Matter Expert to ensure alignment with statutory and best practice requirements.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Section: 2.1.5; 2.1.7; 3.1; 9; 5. |

|                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                            |
|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| <p><b>Competent Person under HSAWA 1974</b></p>                                           | <ul style="list-style-type: none"> <li>• Co-ordinate training delivery and supervision of practical skills in collaboration with the Trust Moving &amp; Patient Handling and Falls Prevention &amp; Management Subject Matter Expert.</li> <li>• Conduct and review manual handling risk assessments for non-clinical contexts, escalating any findings with implications for employees or service user safety to the Trust Moving &amp; Patient Handling and Falls Prevention &amp; Management Subject Matter Expert</li> <li>• Provide specialist advice and investigate manual handling incidents in collaboration with the Trust Moving &amp; Patient Handling and Falls Prevention &amp; Management Subject Matter Expert, ensuring conclusions and recommendations are implemented</li> <li>• Guide appropriate equipment selection and safe use, referring all service user handling-related or high-risk equipment decisions to the Trust Moving &amp; Patient Handling and Falls Prevention &amp; Management Subject Matter Expert.</li> <li>• Identify high-risk tasks and recommend control measures.</li> <li>• Maintain an overview of Trust-wide manual handling risk assessment themes.</li> <li>• Cooperate and collaborate with the Trust Moving &amp; Patient Handling and Falls Prevention &amp; Management Subject Matter Expert</li> </ul> |                                                                                                            |
| <p><b>Occupational Health Team</b></p>                                                    | <ul style="list-style-type: none"> <li>• Assess health of prospective candidates against job physical requirements.</li> <li>• Process management referrals promptly after incidents.</li> <li>• Advise managers on actions to support employee's safety.</li> <li>• Provide environmental advice to prevent adverse health impacts.</li> <li>• Cooperate and collaborate with the Trust Moving &amp; Patient Handling and Falls Prevention &amp; Management Subject Matter Expert</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <p>Section: 2.1.6; 2.1.7; 2.1.4; 9.</p>                                                                    |
| <p><b>Competent person boundaries and escalation rule (clinical and non-clinical)</b></p> | <p>The Trust appoints competent persons to assist in discharging statutory duties. For the avoidance of doubt, competent person functions under this policy are allocated by handling type and risk profile and must not be interpreted as interchangeable.</p> <p><b>Service user handling and any person-lifting activity:</b> The Trust Moving &amp; Patient Handling and Falls Prevention &amp; Management Subject Matter Expert (and named deputies) is the competent person for all matters involving service user handling, patient handling equipment, and any activity in which a person is raised, lowered, supported or suspended, including transfers, repositioning, hoisting, stand aids, evacuation equipment used for moving people, restrictive practice handling scenarios, emergency repositioning, and any equipment or technique used to move or support a service user. This includes equipment selection and</p>                                                                                                                                                                                                                                                                                                                                                                                                                         | <p>Section: 4; 1.8 to 1.10; 1.11; 1.12; 3.1; 3.2; 3.3; Appendix 2; Appendix 3; Appendix 8; Appendix 9.</p> |

|  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|  | <p>compatibility, staffing requirements for the move, competence requirements, immediate practice directions, and the escalation and governance actions required under RS21. Where any service user handling risk is present, the Trust Moving &amp; Patient Handling and Falls Prevention &amp; Management Subject Matter Expert sets the Trust's compliance standard.</p> <p><b>Non-clinical manual handling of inanimate loads:</b> The Health and Safety Team is the competent person for non-clinical manual handling systems involving inanimate loads (for example, supplies, waste, furniture, roll cages, deliveries, office moves, and general workplace load movement). This includes development of non-clinical manual handling training, non-clinical risk assessment support, workplace ergonomic controls, and investigation of non-clinical load-handling incidents.</p> <p><b>Overlap and escalation rule:</b> If a task involves any service user handling equipment, any equipment that touches or supports a person during movement, or there is any foreseeable risk to a service user arising from the handling method, environment, staffing, or equipment, the matter must be referred to the Trust Moving &amp; Patient Handling and Falls Prevention &amp; Management Subject Matter Expert, and their position prevails as the Trust's compliance standard for that activity. The Health and Safety Team may provide supporting advice but must not authorise service user handling methods or service user-use equipment decisions outside SHUB.</p> <p><b>Single route for service user-use equipment:</b> All service user-use handling and support equipment decisions, orders, hires, repairs, quarantines, and removals must be managed through SHUB under the oversight of the Trust Moving &amp; Patient Handling and Falls Prevention &amp; Management Subject Matter Expert. The Health and Safety Team may advise on general workplace safety considerations but does not approve service user-use equipment outside SHUB.</p> |  |
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## 5 DEVELOPMENT AND CONSULTATION PROCESS

| Consultation summary                                            |                     |                    |
|-----------------------------------------------------------------|---------------------|--------------------|
| Date policy issued for consultation                             | December 2025       |                    |
| Number of versions produced for consultation                    | 1                   |                    |
| Committees or meetings where this policy was formally discussed |                     |                    |
|                                                                 |                     |                    |
|                                                                 |                     |                    |
| Where else presented                                            | Summary of feedback | Actions / Response |
|                                                                 |                     |                    |
|                                                                 |                     |                    |
|                                                                 |                     |                    |

## 6 REFERENCE DOCUMENTS

- Health and Safety at Work etc. Act 1974
- Management of Health and Safety at Work Regulations 1999
- Manual Handling Operations Regulations 1992 (as amended)
- Lifting Operations and Lifting Equipment Regulations 1998
- Provision and Use of Work Equipment Regulations 1998
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
- Workplace (Health, Safety and Welfare) Regulations 1992
- Personal Protective Equipment at Work Regulations 1992 (as amended 2022)
- Work at Height Regulations 2005
- Regulatory Reform (Fire Safety) Order 2005
- Corporate Manslaughter and Corporate Homicide Act 2007
- Equality Act 2010
- Human Rights Act 1998
- Mental Capacity Act 2005 and Code of Practice
- Mental Health Act 1983 and Code of Practice
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (CQC)
- Data Protection Act 2018 and UK GDPR
- Construction (Design and Management) Regulations 2015 (for fixed/track hoists and structural works)
- NHS Service user Safety Incident Response Framework (2023)
- HSE Work-Related Musculoskeletal Disorders Guidance (January 2025)
- HSE manual handling assessment tools (MAC and RAPP)

## 7 BIBLIOGRAPHY

- Trust Health and Safety Policy
- Trust Restrictive Practice/AVERTS Policy
- Trust Medical Devices and Decontamination Policy
- Trust Falls Prevention and Management Policy
- Trust Work at Height Policy
- Trust Fire Safety Policy and PEEP Procedure
- Trust Procurement Policy and Standing Financial Instructions
- Trust Records Management Policy; NHS Records Management Code of Practice
- SHUB Standard Operating Procedures (ordering, acceptance, decontamination, quarantine)
- Learning and Development: Manual/Patient Handling Training Standards (Level 2 and Advanced Level 2)
- Estates and Facilities Standards for fixed/track hoists and safe egress
- Incident Reporting and Investigation Procedure (Eclipse/PSIRF)

## 8 GLOSSARY

- HASAW / HSWA – Health and Safety at Work etc. Act 1974
- MHSWR – Management of Health and Safety at Work Regulations 1999
- MHOR – Manual Handling Operations Regulations 1992 (as amended)
- LOLER – Lifting Operations and Lifting Equipment Regulations 1998
- PUWER – Provision and Use of Work Equipment Regulations 1998
- RIDDOR – Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
- WHSWR – Workplace (Health, Safety and Welfare) Regulations 1992
- PPE Regulations – Personal Protective Equipment at Work Regulations 1992 (as amended 2022)
- WAHR – Work at Height Regulations 2005
- RRFSSO – Regulatory Reform (Fire Safety) Order 2005
- CMCHA – Corporate Manslaughter and Corporate Homicide Act 2007

- EqA – Equality Act 2010
- HRA – Human Rights Act 1998
- MCA – Mental Capacity Act 2005 (and Code of Practice)
- MHA – Mental Health Act 1983 (and Code of Practice)
- HSCA Regs – Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (CQC)
- DPA 2018 / UK GDPR – Data Protection Act 2018 and UK General Data Protection Regulation
- CDM 2015 – Construction (Design and Management) Regulations 2015
- PSIRF – NHS Service user Safety Incident Response Framework (2023)
- HSE WRMSD Guidance – HSE Work-Related Musculoskeletal Disorders Guidance (January 2025)
- SWL – Safe Working Load
- IFU – Manufacturer’s Instructions for Use
- OOH – Out of hours
- COMPETENT PERSON – The Trust Moving & Patient Handling and Falls Prevention & Management Subject Matter Expert , appointed under MHSWR regulation 7 (with named deputies), who issues binding written instructions under this policy pending committee review.
- SERVICE USER HANDLING – Any activity where a worker supports or assists the movement or posture of a service user by hand or bodily force, with or without mechanical aids (includes transfers, repositioning, assisted standing/walking).
- NON-SERVICE USER HANDLING – Any activity where a worker moves or supports an inanimate load (equipment, supplies, furniture, waste) by hand or bodily force, with or without mechanical aids.
- BARIATRIC (Category 3) – For this policy, BMI  $\geq 41$ ; handling decisions also consider body habitus, mobility, dignity, comfort and safety.
- RESTRICTIVE PRACTICES – Time-limited interventions used to prevent serious harm, governed by the Trust Restrictive Practice/AVERTS policy, MCA/MHA, and this policy’s handling controls.
- THOROUGH EXAMINATION (LOLER) – A systematic examination by a competent person at prescribed intervals (at least six-monthly for equipment used to lift people).
- INSPECTION (PUWER) – Planned checks to ensure work equipment remains safe and is maintained as required by risk assessment and IFU.
- QUARANTINE – Immediate removal of equipment from use where compliance, condition or compatibility cannot be assured.
- ASSET REGISTER – The Trust system of record for equipment identity, status, location, ownership and compliance.
- DECONTAMINATION CHAIN OF CUSTODY – Traceable cleaning and disinfection records linked to each applicable asset.
- RiO – The Trust’s electronic service user record system.
- Eclipse – The Trust’s incident and risk management system.
- ESR – Electronic Employees Record (training and competency tracking).
- SHUB – The Trust’s central ordering and asset-governance system for handling and service user-support equipment, operated by the Trust Moving & Patient Handling and Falls Prevention & Management Subject Matter Expert through the SHUB Asset and Training Unit; the single route for orders, hires, repairs and removals.

## 9 AUDIT AND ASSURANCE

| Element to be Monitored | Lead | Tool | Frequency | Reporting Committee |
|-------------------------|------|------|-----------|---------------------|
|                         |      |      |           |                     |

|                                                                                                                                                         |                                                                                                                                                 |                                           |          |                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------|---------------------------------------------------------------|
| Successful completion rate of all manual/ service user handling training (face-to-face and electronic)                                                  | Trust Moving & Patient Handling and Falls Prevention & Management Subject Matter Expert in collaboration with Health & Safety Team              | Insight, Learning & Development reports   | Annually | Annual H&S Report and Trust H&S Committee                     |
| Completion and quality of all manual handling risk assessments (clinical & non-clinical) ( <a href="#">Appendix 3</a> and <a href="#">Appendix 5</a> .) | Trust Moving & Patient Handling and Falls Prevention & Management Subject Matter Expert with Health & Safety Team                               | Audit of completed TILEO risk assessments | Annually | Trust H&S Committee                                           |
| Regular review and investigation of <b>all</b> manual handling incidents Trust-wide                                                                     | Trust Moving & Patient Handling and Falls Prevention & Management Subject Matter Expert                                                         | Eclipse Incident Reporting System         | Daily    | Local H&S Committees and monthly Trust H&S Committee          |
| Provision, deployment, and suitability of manual handling mechanical aids where a risk assessment identifies the need                                   | Trust Moving & Patient Handling and Falls Prevention & Management Subject Matter Expert with Estates & Facilities and Operational Service Leads | Equipment audit, SWL compliance checks    | Annually | Local H&S Committees including Estates & Facilities Committee |

### Records Management:

All records created under this policy — including TILEO assessments, incident reports, asset register entries, and training records — must be stored, retained, and disposed of in accordance with the Trust’s Records Management Code of Practice. Access to records must be limited to authorised personnel only.

## 10 APPENDICES

APPENDIX 1 - Equality Analysis Screening Form

APPENDIX 2 - Guidelines for Employees for Safe People and Manual Handling

APPENDIX 3 - Manual Handling Information Checklist

APPENDIX 4 - Guidelines for Clinical vs Non-Clinical Handling Decision Flowchart

APPENDIX 5 - MANUAL HANDLING INITIAL ASSESSMENT

APPENDIX 6 - Service user/ SU Manual Handling Risk Assessment Flow Chart

APPENDIX 7 - Regular Re-assessment Template

APPENDIX 8 - Hiring of Clinical Moving and Handling Equipment

APPENDIX 9 - Out-of-Hours (OOH) Competent Person Escalation Protocol

## APPENDIX 1

### Equality Analysis Screening Form

A word version of this document can be found on the HR support pages on Connect

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                      |                       |                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------------------|-----------------------------------------------------------------------------------------|
| <b>Title of Policy</b>                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Manual Handling Policy (RS21)</b> |                       |                                                                                         |
| <b>Person Completing this policy</b>                                                                                                                                                                                                                                                                                                                                                                                                                               | Dr Louis Watson                      | <b>Role or title</b>  | Trust Moving & Patient Handling and Falls Prevention & Management Subject Matter Expert |
| <b>Division</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                    | AHP                                  | <b>Service Area</b>   | Corporate                                                                               |
| <b>Date Started</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                | December 5 <sup>th</sup> 2025        | <b>Date completed</b> | December 5 <sup>th</sup> 2025                                                           |
| <b>Main purpose and aims of the policy and how it fits in with the wider strategic aims and objectives of the organisation.</b>                                                                                                                                                                                                                                                                                                                                    |                                      |                       |                                                                                         |
| To ensure employees understand legal manual handling requirements and the measures needed for compliance, embedding the competent person role for TILEO-based risk assessment, bariatric pathways, equipment selection, restrictive practice handling risk assessment, and environmental safety oversight, aligning with Trust safety objectives.                                                                                                                  |                                      |                       |                                                                                         |
| <b>Who will benefit from the policy?</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                       |                                                                                         |
| All employees with responsibilities under MHOR 1992 and related legislation; all service users, particularly those with complex physical health needs and bariatric requirements; Estates/Facilities and clinical teams involved in equipment and environment decisions.                                                                                                                                                                                           |                                      |                       |                                                                                         |
| <b>Does the policy affect service users, employees or the wider community?</b>                                                                                                                                                                                                                                                                                                                                                                                     |                                      |                       |                                                                                         |
| <b><i>Add any data you have on the groups affected split by Protected characteristic in the boxes below. Highlight how you have used the data to reduce any noted inequalities going forward</i></b>                                                                                                                                                                                                                                                               |                                      |                       |                                                                                         |
| Yes. It affects employees by setting training/competence and safe system of work requirements, and affects service users by requiring individualized, safe handling plans and safe equipment across inpatient and community settings.<br>Data used and how it reduces inequality:<br>Disability and complex physical needs: the policy uses TILEO planning, bariatric pathways, and equipment governance to ensure reasonable adjustments and safe access to care. |                                      |                       |                                                                                         |

| Pregnancy/maternity: risk assessment and equipment provision reduce avoidable risk to expectant/post-natal employees and service users requiring support.                                                                                 |                          |                        |                                                                                                                                                                                                                                                                     |                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| <b>Does the policy significantly affect service delivery, business processes or policy?</b><br><i>How will these reduce inequality?</i>                                                                                                   |                          |                        |                                                                                                                                                                                                                                                                     |                                                                                                                              |
| Yes. It formalizes the risk assessment process (TILEO), governance of equipment orders/hires, training requirements, and escalation routes, supporting consistent safe practice across services.                                          |                          |                        |                                                                                                                                                                                                                                                                     |                                                                                                                              |
| <b>Does it involve a significant commitment of resources?</b><br><i>How will these reduce inequality?</i>                                                                                                                                 |                          |                        |                                                                                                                                                                                                                                                                     |                                                                                                                              |
| Yes. It requires training delivery, equipment procurement/hire/maintenance, and governance systems; these enable reasonable adjustments and safe participation in care for people with higher physical risk and/or complex needs.         |                          |                        |                                                                                                                                                                                                                                                                     |                                                                                                                              |
| <b>Does the policy relate to an area where there are known inequalities? (e.g. seclusion, accessibility, recruitment &amp; progression)</b>                                                                                               |                          |                        |                                                                                                                                                                                                                                                                     |                                                                                                                              |
| Yes. People with disability, reduced mobility, sensory impairment, cognitive impairment, and bariatric needs require reasonable adjustments (equipment, environment, competence). The policy is designed to standardise these safeguards. |                          |                        |                                                                                                                                                                                                                                                                     |                                                                                                                              |
| <b>Impacts on different Personal Protected Characteristics – Helpful Questions:</b>                                                                                                                                                       |                          |                        |                                                                                                                                                                                                                                                                     |                                                                                                                              |
| <i>Does this policy promote equality of opportunity?</i><br><i>Eliminate discrimination?</i><br><i>Eliminate harassment?</i><br><i>Eliminate victimisation?</i>                                                                           |                          |                        | <i>Promote good community relations?</i><br><i>Promote positive attitudes towards disabled people?</i><br><i>Consider more favourable treatment of disabled people?</i><br><i>Promote involvement and consultation?</i><br><i>Protect and promote human rights?</i> |                                                                                                                              |
| <b>Please click in the relevant impact box and include relevant data</b>                                                                                                                                                                  |                          |                        |                                                                                                                                                                                                                                                                     |                                                                                                                              |
| <b>Personal Protected Characteristic</b>                                                                                                                                                                                                  | <b>No/Minimum Impact</b> | <b>Negative Impact</b> | <b>Positive Impact</b>                                                                                                                                                                                                                                              | <b>Please list details or evidence of why there might be a positive, negative or no impact on protected characteristics.</b> |
| <b>Age</b>                                                                                                                                                                                                                                | X                        |                        |                                                                                                                                                                                                                                                                     | No/minimum impact (TILEO supports safe handling across all ages, including older adults).                                    |

|                                                                                                                                                                                                                                                                                                                                                                           |   |  |   |                                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--|---|--------------------------------------------------------------------------------------------------------------------------------------------------|
| Including children and people over 65<br>Is it easy for someone of any age to find out about your service or access your policy?<br>Are you able to justify the legal or lawful reasons when your service excludes certain age groups                                                                                                                                     |   |  |   |                                                                                                                                                  |
| <b>Disability</b>                                                                                                                                                                                                                                                                                                                                                         |   |  | X | Positive impact (bariatric pathways, equipment selection standards, environmental adaptations and reasonable adjustments).                       |
| Including those with physical or sensory impairments, those with learning disabilities and those with mental health issues<br>Do you currently monitor who has a disability so that you know how well your service is being used by people with a disability?<br>Are you making reasonable adjustment to meet the needs of the staff, service users, carers and families? |   |  |   |                                                                                                                                                  |
| <b>Gender</b>                                                                                                                                                                                                                                                                                                                                                             | X |  |   |                                                                                                                                                  |
| This can include male and female or someone who has completed the gender reassignment process from one sex to another<br>Do you have flexible working arrangements for either sex?<br>Is it easier for either men or women to access your policy?                                                                                                                         |   |  |   |                                                                                                                                                  |
| <b>Marriage or Civil Partnerships</b>                                                                                                                                                                                                                                                                                                                                     | X |  |   |                                                                                                                                                  |
| People who are in a Civil Partnerships must be treated equally to married couples on a wide range of legal matters<br>Are the documents and information provided for your service reflecting the appropriate terminology for marriage and civil partnerships?                                                                                                             |   |  |   |                                                                                                                                                  |
| <b>Pregnancy or Maternity</b>                                                                                                                                                                                                                                                                                                                                             |   |  | X | Positive impact (risk assessment/equipment provision protects expectant/post-natal employees; handling plans support post-natal recovery needs). |
| This includes women having a baby and women just after they have had a baby<br>Does your service accommodate the needs of expectant and post-natal mothers both as staff and service users?<br>Can your service treat staff and patients with dignity and respect relation into pregnancy and maternity?                                                                  |   |  |   |                                                                                                                                                  |
| <b>Race or Ethnicity</b>                                                                                                                                                                                                                                                                                                                                                  | X |  |   |                                                                                                                                                  |
| Including Gypsy or Roma people, Irish people, those of mixed heritage, asylum seekers and refugees<br>What training does staff have to respond to the cultural needs of different ethnic groups?                                                                                                                                                                          |   |  |   |                                                                                                                                                  |

|                                                                                                                                                                                                                                                                                                                         |                    |                      |                   |                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------------|-------------------|-----------------------------------------------------------------------------------|
| What arrangements are in place to communicate with people who do not have English as a first language?                                                                                                                                                                                                                  |                    |                      |                   |                                                                                   |
| <b>Religion or Belief</b>                                                                                                                                                                                                                                                                                               | X                  |                      |                   |                                                                                   |
| Including humanists and non-believers<br>Is there easy access to a prayer or quiet room to your service delivery area?<br>When organising events – Do you take necessary steps to make sure that spiritual requirements are met?                                                                                        |                    |                      |                   |                                                                                   |
| <b>Sexual Orientation</b>                                                                                                                                                                                                                                                                                               | X                  |                      |                   |                                                                                   |
| Including gay men, lesbians and bisexual people<br>Does your service use visual images that could be people from any background or are the images mainly heterosexual couples?<br>Does staff in your workplace feel comfortable about being 'out' or would office culture make them feel this might not be a good idea? |                    |                      |                   |                                                                                   |
| <b>Transgender or Gender Reassignment</b>                                                                                                                                                                                                                                                                               | X                  |                      |                   |                                                                                   |
| This will include people who are in the process of or in a care pathway changing from one gender to another<br>Have you considered the possible needs of transgender staff and service users in the development of your policy or service?                                                                              |                    |                      |                   |                                                                                   |
| <b>Human Rights</b>                                                                                                                                                                                                                                                                                                     |                    |                      | X                 | Positive impact (promotes safety, dignity, and freedom from degrading treatment). |
| Affecting someone's right to Life, Dignity and Respect?<br>Caring for other people or protecting them from danger?<br>The detention of an individual inadvertently or placing someone in a humiliating situation or position?                                                                                           |                    |                      |                   |                                                                                   |
| <b>If a negative or disproportionate impact has been identified in any of the key areas would this difference be illegal / unlawful? I.e. Would it be discriminatory under anti-discrimination legislation. (The Equality Act 2010, Human Rights Act 1998)</b>                                                          |                    |                      |                   |                                                                                   |
|                                                                                                                                                                                                                                                                                                                         | <b>Yes</b>         | <b>No X</b>          |                   |                                                                                   |
|                                                                                                                                                                                                                                                                                                                         | <b>High Impact</b> | <b>Medium Impact</b> | <b>Low Impact</b> | <b>No Impact</b>                                                                  |

|                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|---|
| <b>What do you consider the level of negative impact to be?</b>                                                                                                                                                                                                                                                                                                                                        |  |  |  | X |
| <p>If the impact could be discriminatory in law, please contact the <b>Equality and Diversity Lead</b> immediately to determine the next course of action. If the negative impact is high a Full Equality Analysis will be required.</p>                                                                                                                                                               |  |  |  |   |
| <p>If you are unsure how to answer the above questions, or if you have assessed the impact as medium, please seek further guidance from the <b>Equality and Diversity Lead</b> before proceeding.</p>                                                                                                                                                                                                  |  |  |  |   |
| <p>If the policy does not have a negative impact or the impact is considered low, reasonable or justifiable, then please complete the rest of the form below with any required redial actions, and forward to the <b>Equality and Diversity Lead</b>.</p>                                                                                                                                              |  |  |  |   |
| <p><b>Action Planning:</b></p>                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |   |
| <p>How could you minimise or remove any negative impact identified even if this is of low significance?</p>                                                                                                                                                                                                                                                                                            |  |  |  |   |
| <p>No significant negative impacts identified; maintain focus on reasonable adjustments, competence, and safe equipment governance.</p>                                                                                                                                                                                                                                                                |  |  |  |   |
| <p>How will any impact or planned actions be monitored and reviewed?</p>                                                                                                                                                                                                                                                                                                                               |  |  |  |   |
| <p>Policy compliance monitored via audit and assurance activity including training completion, risk assessment quality audits, equipment inspection/compliance monitoring, and incident review.</p>                                                                                                                                                                                                    |  |  |  |   |
| <p>How will you promote equal opportunity and advance equality by sharing good practice to have a positive impact other people as a result of their personal protected characteristic.</p>                                                                                                                                                                                                             |  |  |  |   |
| <p>Share case studies and audit findings through governance forums, training updates, and the intranet resource library.</p>                                                                                                                                                                                                                                                                           |  |  |  |   |
| <p>Please save and keep one copy and then send a copy with a copy of the policy to the Senior Equality and Diversity Lead at <a href="mailto:bsmhft.edi.queries@nhs.net">bsmhft.edi.queries@nhs.net</a>. The results will then be published on the Trust's website. Please ensure that any resulting actions are incorporated into Divisional or Service planning and monitored on a regular basis</p> |  |  |  |   |

## APPENDIX 2 Guidelines for Employees for Safe People and Manual Handling

**All medical equipment**, including fire evacuation devices, must be fully serviced in accordance with manufacturer instructions, statutory regulations, and applicable LOLER and PUWER requirements. Servicing records must be entered into the asset register and submitted to the Trust Moving & Patient Handling and Falls Prevention & Management Subject Matter Expert for review and compliance approval before the equipment is placed into use.

**Any piece of equipment**, clinical or non-clinical, without documented evidence of recent legal servicing (per manufacturer requirements, statutory regulations, and LOLER/PUWER provisions) or without a valid decontamination record (including a visible “clean” sticker or equivalent proof), must be immediately withdrawn from use, quarantined, and escalated to the Trust Moving & Patient Handling and Falls Prevention & Management Subject Matter Expert for review and compliance determination before it can be returned to service.

### Definition of Clinical and Non-Clinical Handling

#### Clinical Handling

Any manual handling activity that involves moving, supporting, or assisting a service user in whole or in part. This includes:

- Assisting with mobility (walking, standing, transferring).
- Bed, chair, wheelchair, or toilet transfers.
- Use of hoists, slings, slide sheets, stand aids, and other service user handling equipment.
- Bariatric handling.
- Evacuation of service users in an emergency.
- **Moving a bed with a service user in it OR without a service user** (due to equipment safety considerations).

#### Non-Clinical Handling

Any manual handling activity involving inanimate objects such as furniture, equipment, supplies, laundry, cages, or deliveries, where no service user is directly handled.

### Part A – Clinical Handling (Service User Handling)

#### Principles

- Only employees **trained, assessed, and signed off as competent** in the specific handling method/equipment may undertake the activity.
- **TILEO documentation in RiO is mandatory:**
  - For the **first handling of the day** for each service user.
  - Reviewed **weekly** unless a change in the service user’s condition, environment, or equipment occurs — then update immediately.
- If there is any uncertainty about handling safety, contact the Trust Moving & Patient Handling and Falls Prevention & Management Subject Matter Expert before proceeding.

#### TILEO Application:

- **Task** – purpose, urgency, and complexity.
- **Individual** – Healthcare professional’s capability, competency, training, health physical ability.
- **Load** – service user’s capability, body habitus, functionality, mental competency, weight, body type (including bariatric category), tissue viability.
- **Environment** – space, floor conditions, obstacles, lighting.
- **Other** – equipment availability, employees’ competence, PPE.

## **Mandatory Clinical Risk Assessment Content**

(Recorded in RiO and reviewed at least weekly, or sooner if condition changes)

- Weight and body habitus (with bariatric category if applicable).
- Falls risk rating (high/low).
- Medical, sensory, or cognitive conditions affecting handling.
- Nature and purpose of the task.
- Required equipment (hoists, slide sheets, turntables, belts).
- Behavioural or compliance constraints.
- Skin integrity/tissue viability considerations.

## **Emergency Evacuation**

- For non-ambulant service users, use bed moves if possible.
- If bed cannot fit through doorway, risk assess environment suitability and record outcome.
- Transfer to wheelchair using approved method if feasible.
- Only trained employees to operate evacuation equipment.
- Fire evacuation of any type must be serviced and recorded on asset register and be sent to the Trust Moving & Patient Handling and Falls Prevention & Management Subject Matter Expert before proceeding.

## **Approved Clinical Handling Techniques**

*(Only if trained and signed-off competent)*

### **Moving in Bed:**

- Rolling using slide sheet.
- Moving up bed (lying or sitting) with slide sheet.
- Palm-to-palm from lying to sitting – NO WEIGHT BEARING.
- One/two-person assist with slide sheet.
- One-person assist from side-lying (service user assisting).

### **Bed to Chair Transfers:**

- Independent.
- Sit-to-stand (one handler) without handling belt.
- Assisted (one/two handlers) with handling belt.
- Standing transfer using turntable.
- Sit-to-stand (two handlers) with stand aid.

### **Chair to Chair Transfers:**

- Sliding board transfer.
- Standing transfer with approved stand aid.

### **Getting Up from Chair:**

- Independent.
- Assisted scooting to seat edge, then standing.
- One/two-person palm-to-palm assist.

### **Walking Assistance:**

- One/two-person palm-to-palm assist. NO WEIGHT BEARING.

## **Safe Hoist & Sling Use**

*(LOLER & PUWER compliance applies – inspection and maintenance records must be up to date)*

- Only trained employees may operate hoists or fit slings.
- Inspect sling and hoist before use; check **Safe Working Load (SWL)** label.
- Ensure sling type and size are correct for the service user.
- Minimum **two trained employees** for all hoist lifts unless risk assessment states otherwise.

- Keep suspension time to a minimum.
- Position service user correctly before removing sling to avoid additional manual handling.

### Transport Transfers

- Where a hoist is needed for transport, arrange wheelchair-accessible vehicle.
- Wheelchair must be clamped to vehicle floor and service user secured with waist belt.

## Part B – Non-Clinical Handling (Inanimate Loads)

### Principles

- Only employees **trained in manual handling techniques** may carry out non-clinical handling tasks.
- Complete **TILEO-based risk check** before lifting or moving.
- If task exceeds your capability, request assistance.

### Responsibilities

- **High-risk or unusual non-clinical handling tasks** (e.g., moving medical beds, large equipment, or items over SWL limits) **must be referred to the Trust Moving & Patient Handling and Falls Prevention & Management Subject Matter Expert** functioning and acting on behalf of the Trust to discharge statutory duties.
- Standard non-clinical handling queries to be directed to the Health & Safety Team.

### Examples & Requirements

- **Furniture Movement:**
  - Solo only if item is wheeled and assessed safe.
  - All other items: minimum two-person lift.
  - Moving a bed (with or without a service user) is **clinical handling** — requires consultation with the Trust Moving & Patient Handling and Falls Prevention & Management Subject Matter Expert functioning and acting on behalf of the Trust to discharge statutory duties.
- **Dirty Laundry Bags:**
  - Fill to no more than half capacity.
  - Use wheeled trolleys for transport and limit distance travelled.
- **Roll Cages:**
  - Do not exceed fill line.
  - Maintain clear line of sight and ensure distance travelled is least possible.
  - Avoid over-weighting to prevent topple.

### Governance and Escalation

- All handling activities must comply with:
  - Trust Manual Handling Policy
  - TILEO risk assessment process
  - LOLER and PUWER requirements for equipment inspection and maintenance

Bariatric handling, equipment selection, and environment suitability must be signed off by the Trust Moving & Patient Handling and Falls Prevention & Management Subject Matter Expert for all high-risk or exceptional cases.

All deviations from approved methods must be justified, documented, and approved.

Contact Trust Moving & Patient Handling and Falls Prevention & Management Subject Matter Expert for:

- Any clinical handling queries.
- Non-clinical handling involving service user handling equipment or high-risk items.

Contact Health & Safety Team for:

- Routine non-clinical handling queries.
- General workplace load movement risk assessments.

## APPENDIX 3 Manual Handling Information Checklist

Task Location: \_\_\_\_\_

Task Being Undertaken: \_\_\_\_\_

| Section                                                                      | Questions to Consider                                                                                                                                                                                                           | Y/N | Comments / Findings (A YES response indicates further action may be required – record details and actions)                                                                        |
|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Bariatric Classification</b><br>(Mandatory for all service user handling) | <input type="checkbox"/> Not Bariatric (BMI <30)<br><input type="checkbox"/> Category 1 (BMI 31–<35)<br><input type="checkbox"/> Category 2 (BMI 36–<40)<br><input type="checkbox"/> Category 3 (BMI ≥41)                       |     | Record BMI, weight (kg), and height (m). For Category 2 or 3, escalate to Trust Moving & Patient Handling and Falls Prevention & Management Subject Matter Expert within 6 hours. |
| <b>Build/Physique Classification</b><br>(Tick all that apply)                | <input type="checkbox"/> Apple (Central/Ascites)<br><input type="checkbox"/> Pear (Abducted/Adducted)<br><input type="checkbox"/> Proportional<br><input type="checkbox"/> Anasarca<br><input type="checkbox"/> Bulbous Gluteal |     | Record observations. Certain habitus types may restrict equipment choice, require extra space, or increase skin shear risk.                                                       |
| <b>The Task – Does it Involve:</b>                                           | Holding loads away from trunk?                                                                                                                                                                                                  |     |                                                                                                                                                                                   |
|                                                                              | Twisting or stooping?                                                                                                                                                                                                           |     |                                                                                                                                                                                   |
|                                                                              | Reaching upwards?                                                                                                                                                                                                               |     |                                                                                                                                                                                   |
|                                                                              | Large vertical movement?                                                                                                                                                                                                        |     |                                                                                                                                                                                   |
|                                                                              | Long carrying distances?                                                                                                                                                                                                        |     |                                                                                                                                                                                   |
|                                                                              | Strenuous pushing or pulling?                                                                                                                                                                                                   |     |                                                                                                                                                                                   |
|                                                                              | Unpredictable movement of loads?                                                                                                                                                                                                |     |                                                                                                                                                                                   |
|                                                                              | Stretching more than 30cm?                                                                                                                                                                                                      |     |                                                                                                                                                                                   |
|                                                                              | Repetitive handling?                                                                                                                                                                                                            |     |                                                                                                                                                                                   |
|                                                                              | Insufficient rest/recovery?                                                                                                                                                                                                     |     |                                                                                                                                                                                   |
|                                                                              | Work rate imposed by process?                                                                                                                                                                                                   |     |                                                                                                                                                                                   |
|                                                                              | Performed sitting?                                                                                                                                                                                                              |     |                                                                                                                                                                                   |
|                                                                              | Performed kneeling?                                                                                                                                                                                                             |     |                                                                                                                                                                                   |
|                                                                              | Performed standing?                                                                                                                                                                                                             |     |                                                                                                                                                                                   |
|                                                                              | Other? (specify)                                                                                                                                                                                                                |     |                                                                                                                                                                                   |
| <b>Frequency of Task:</b>                                                    | Handling performed >1 hour?                                                                                                                                                                                                     |     |                                                                                                                                                                                   |
|                                                                              | One person does task continuously?                                                                                                                                                                                              |     |                                                                                                                                                                                   |
|                                                                              | Sufficient rest periods provided?                                                                                                                                                                                               |     |                                                                                                                                                                                   |
|                                                                              | Breaks beyond control of lifter?                                                                                                                                                                                                |     |                                                                                                                                                                                   |
|                                                                              | Job/task rotation in place?                                                                                                                                                                                                     |     |                                                                                                                                                                                   |

|                                                |                                               |  |  |
|------------------------------------------------|-----------------------------------------------|--|--|
|                                                | Task under individual's control?              |  |  |
| <b>Posture – Is the commencing position:</b>   | Bent from waist or hips?                      |  |  |
|                                                | Twisted trunk?                                |  |  |
|                                                | Leaning forward or sideways?                  |  |  |
| <b>Does the individual spend long periods:</b> | Unable to change position?                    |  |  |
|                                                | With weight on one leg?                       |  |  |
|                                                | Crouching?                                    |  |  |
| <b>Individual Capability – Does the job:</b>   | Require unusual capability?                   |  |  |
|                                                | Endanger those with health problems?          |  |  |
|                                                | Endanger those who are pregnant?              |  |  |
|                                                | Require specialist training?                  |  |  |
| <b>The Load – Is it:</b>                       | Inanimate?                                    |  |  |
|                                                | Human (service user)?                         |  |  |
|                                                | Heavy (state weight)                          |  |  |
|                                                | Bulky/unwieldy?                               |  |  |
|                                                | Difficult to grasp?                           |  |  |
|                                                | Awkward to grip?                              |  |  |
|                                                | Unstable/unpredictable?                       |  |  |
|                                                | Intrinsically harmful (sharp/hot)?            |  |  |
| <b>The Environment – Are there:</b>            | Constraints on posture?                       |  |  |
|                                                | Poor floor conditions?                        |  |  |
|                                                | Variations in levels?                         |  |  |
|                                                | Hot/cold/humid conditions?                    |  |  |
|                                                | Strong air movement?                          |  |  |
|                                                | Poor lighting conditions?                     |  |  |
|                                                | Other environmental hazards?                  |  |  |
| <b>Other Factors:</b>                          | Is movement/posture hindered by PPE/clothing? |  |  |
|                                                | Additional risks noted?                       |  |  |

**Completed by:** \_\_\_\_\_

**Job Role:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Governance Notes:**

All clinical manual handling involving service users must have TILEO documented in RiO before the first handling of the day and reviewed weekly or sooner if changes occur.

**Any ‘YES’ response in this checklist must trigger either:**

- Clinical Handling → escalate to Trust Moving & Patient Handling and Falls Prevention & Management Subject Matter Expert functioning and acting on behalf of the Trust is to discharge statutory duties.
  - Non-Clinical Handling → escalate to Health & Safety Team (or to the Trust Moving & Patient Handling and Falls Prevention & Management Subject Matter Expert if service user handling equipment or high-risk loads are involved).
- LOLER and POWER inspection/servicing records must be verified for any equipment involved.
  - Bariatric handling, equipment selection, and environment suitability must be approved by the Trust Moving & Patient Handling and Falls Prevention & Management Subject Matter Expert before task commencement.

**Manual Handling Information Checklist (Example)**

**Task Location:** Ward 3, Dementia & Frailty Unit

**Task Being Undertaken:** Hoisting a non-ambulant service user from bed to wheelchair using a mobile hoist and fabric sling.

| Section                              | Questions to Consider                                                                                                                                                                                                                      | Y/N | Comments / Findings                                                                                                                                                                                 |
|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Bariatric Classification</b>      | <input type="checkbox"/> Not Bariatric (BMI <30)<br><input type="checkbox"/> Category 1 (BMI 31–<35)<br><input checked="" type="checkbox"/> Category 2 (BMI 36–<40)<br><input type="checkbox"/> Category 3 (BMI ≥41)                       | Y   | BMI 36 – Category 2. Weight 105 kg, height 1.70 m. <b>Category 2</b> requires escalation to Trust Moving & Patient Handling and Falls Prevention & Management Subject Matter Expert within 6 hours. |
| <b>Build/Physique Classification</b> | <input checked="" type="checkbox"/> Apple (Central/Ascites)<br><input type="checkbox"/> Pear (Abducted/Adducted)<br><input type="checkbox"/> Proportional<br><input type="checkbox"/> Anasarca<br><input type="checkbox"/> Bulbous Gluteal | Y   | Apple – central adiposity affects sling fit and increases abdominal pressure when seated. Requires sling with supportive leg sections and additional trunk support.                                 |
| <b>The Task – Does it Involve:</b>   | Holding loads away from trunk?                                                                                                                                                                                                             | Y   | Sling straps positioned away from handler’s body during attachment – requires awareness.                                                                                                            |
|                                      | Twisting or stooping?                                                                                                                                                                                                                      | Y   | Stooping risk when accessing sling loops under service user’s legs – mitigated with slide sheet positioning.                                                                                        |
|                                      | Reaching upwards?                                                                                                                                                                                                                          | N   | Hoist height adjusted to employee’s height before lift.                                                                                                                                             |
|                                      | Large vertical movement?                                                                                                                                                                                                                   | N   | Movement is smooth vertical lift within safe range.                                                                                                                                                 |
|                                      | Long carrying distances?                                                                                                                                                                                                                   | N   | Hoist manoeuvred short distance from bed to chair.                                                                                                                                                  |
|                                      | Strenuous pushing or pulling?                                                                                                                                                                                                              | Y   | Requires moderate pushing force to move hoist with service user – reduced by clear floor space.                                                                                                     |

|                                                |                                      |   |                                                                                          |
|------------------------------------------------|--------------------------------------|---|------------------------------------------------------------------------------------------|
|                                                | Unpredictable movement of loads?     | Y | Service user may shift position in sling – requires two trained employees for stability. |
|                                                | Stretching more than 30cm?           | N | All actions performed within safe reach zone.                                            |
|                                                | Repetitive handling?                 | N | Task performed once for morning transfer.                                                |
|                                                | Insufficient rest/recovery?          | N | Adequate rest between hoists.                                                            |
|                                                | Work rate imposed by process?        | N | Planned as per service user care schedule.                                               |
|                                                | Performed sitting?                   | N | –                                                                                        |
|                                                | Performed kneeling?                  | N | –                                                                                        |
|                                                | Performed standing?                  | Y | Handlers stand for entire manoeuvre.                                                     |
|                                                | Other? (specify)                     | N | –                                                                                        |
| <b>Frequency of Task:</b>                      | Handling performed >1 hour?          | N | Transfer completed in under 10 mins.                                                     |
|                                                | One person does task continuously?   | N | Rotation in place for handling duties.                                                   |
|                                                | Sufficient rest periods provided?    | Y | Between lifts.                                                                           |
|                                                | Breaks beyond control of lifter?     | N | Managed within shift plan.                                                               |
|                                                | Job/task rotation in place?          | Y | Nursing team rotates hoist duties.                                                       |
|                                                | Task under individual's control?     | Y | Employees schedule activity in care plan.                                                |
| <b>Posture – Is the commencing position:</b>   | Bent from waist or hips?             | Y | Initial loop check can cause bending – mitigated by raising bed height.                  |
|                                                | Twisted trunk?                       | N | Employees positioned to avoid twisting.                                                  |
|                                                | Leaning forward or sideways?         | Y | Brief forward lean when attaching leg straps.                                            |
| <b>Does the individual spend long periods:</b> | Unable to change position?           | N | Movement throughout task.                                                                |
|                                                | With weight on one leg?              | N | Balanced stance maintained.                                                              |
|                                                | Crouching?                           | N | –                                                                                        |
| <b>Individual Capability – Does the job:</b>   | Require unusual capability?          | N | Requires standard handling competence.                                                   |
|                                                | Endanger those with health problems? | N | Only fit and signed-off employees perform.                                               |
|                                                | Endanger those who are pregnant?     | N | Employees risk assessment applied.                                                       |
|                                                | Require specialist training?         | Y | Hoist/sling training completed, and competency recorded.                                 |
| <b>The Load – Is it:</b>                       | Inanimate?                           | N | Service user handling.                                                                   |
|                                                | Human (service user)?                | Y | Non-ambulant service user.                                                               |
|                                                | Heavy (state weight)                 | Y | 105 kg – SWL of sling 200 kg, hoist 250 kg.                                              |
|                                                | Bulky/unwieldy?                      | N | Supported in sling.                                                                      |
|                                                | Difficult to grasp?                  | N | Sling handles present.                                                                   |
|                                                | Awkward to grip?                     | N | –                                                                                        |

|                                     |                                               |   |                                                                                   |
|-------------------------------------|-----------------------------------------------|---|-----------------------------------------------------------------------------------|
|                                     | Unstable/unpredictable?                       | Y | Service user movement possible – two employees present.                           |
|                                     | Intrinsically harmful (sharp/hot)?            | N | –                                                                                 |
| <b>The Environment – Are there:</b> | Constraints on posture?                       | Y | Bed position limits approach from one side only.                                  |
|                                     | Poor floor conditions?                        | N | Clear, level flooring.                                                            |
|                                     | Variations in levels?                         | N | –                                                                                 |
|                                     | Hot/cold/humid conditions?                    | N | –                                                                                 |
|                                     | Strong air movement?                          | N | –                                                                                 |
|                                     | Poor lighting conditions?                     | N | –                                                                                 |
|                                     | Other environmental hazards?                  | N | –                                                                                 |
| <b>Other Factors:</b>               | Is movement/posture hindered by PPE/clothing? | N | PPE worn does not restrict movement.                                              |
|                                     | Additional risks noted?                       | Y | TILEO in RiO completed before first handling of the day; weekly review scheduled. |

**Completed by:** Jane Smith

**Job Role:** Employees Nurse

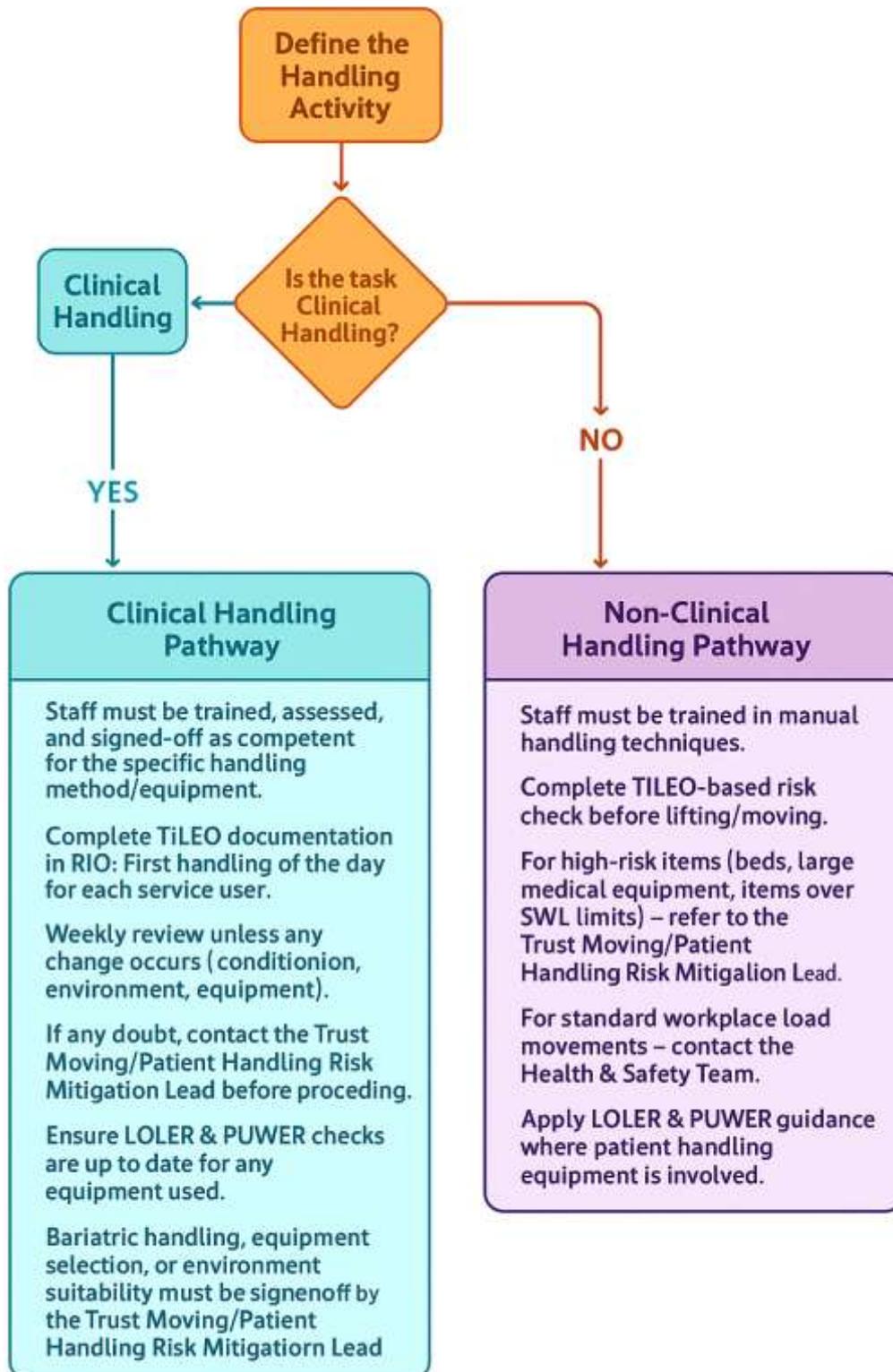
**Date:** 12/08/2025

**Governance Notes for This Example:**

- **TILEO documented in RiO** before this transfer.
- LOLER & PUWER compliance confirmed – hoist and sling inspected, in-date service records checked.
- Bariatric considerations not applicable.
- Any equipment fault or missing clean sticker → quarantine immediately and escalate to Trust Moving & Patient Handling and Falls Prevention & Management Subject Matter Expert functioning and acting on behalf of the Trust is to discharge statutory duties.
- Any clinical doubt or handling concern → escalate to Trust Moving & Patient Handling and Falls Prevention & Management Subject Matter Expert before proceeding.

## APPENDIX 4 Guidelines for Clinical vs Non-Clinical Handling Decision Flowchart

This flowchart defines clinical and non-clinical handling activities, clarifies TILEO documentation requirements, and sets out the escalation routes for approval, advice, and compliance sign-off. This removes any ambiguity and ensures all employees follow the correct governance pathway.





## APPENDIX 5 Manual Handling Initial Assessment

|                             |                        |
|-----------------------------|------------------------|
| <b>Service User Details</b> | <b>Assessment Data</b> |
| Height: _____               | Weight: _____          |
| BMI: _____                  | Hip/Waist Ratio: _____ |

### Functional and Sensory Assessment

| Assessment Area            | Yes / No                                                 | Details |
|----------------------------|----------------------------------------------------------|---------|
| Impaired Sitting Balance   | Yes <input type="checkbox"/> No <input type="checkbox"/> |         |
| Impaired Standing Balance  | Yes <input type="checkbox"/> No <input type="checkbox"/> |         |
| Communication Difficulties | Yes <input type="checkbox"/> No <input type="checkbox"/> |         |
| Sight Impairment           | Yes <input type="checkbox"/> No <input type="checkbox"/> |         |
| Hearing Impairment         | Yes <input type="checkbox"/> No <input type="checkbox"/> |         |
| Analgesia Needed           | Yes <input type="checkbox"/> No <input type="checkbox"/> |         |
| History of Falls           | Yes <input type="checkbox"/> No <input type="checkbox"/> |         |
| Comprehension Difficulties | Yes <input type="checkbox"/> No <input type="checkbox"/> |         |

### Risk Level Guidance

| Risk Level    | Criteria                                                                                                                   |
|---------------|----------------------------------------------------------------------------------------------------------------------------|
| <b>HIGH</b>   | Unable to assist in any way OR likely to behave unpredictably, OR weight impacts mobility/space/employees/equipment needs. |
| <b>MEDIUM</b> | Able to co-operate and move with assistance and/or requires small moving aids.                                             |
| <b>LOW</b>    | Needs minimal assistance, supervision, or guidance only.                                                                   |

High  Medium  Low

### Movement Analysis and Risk Reduction Plan

| Movement Task                    | Handling Problems Identified | Options to Reduce Risk | Action – Equipment, Number of Handlers, etc. |
|----------------------------------|------------------------------|------------------------|----------------------------------------------|
| General Mobility                 |                              |                        |                                              |
| Mobility in Bed                  |                              |                        |                                              |
| Lying/Sitting in Bed             |                              |                        |                                              |
| Bed to Chair Transfer            |                              |                        |                                              |
| Sit to Stand / Stand to Sit      |                              |                        |                                              |
| Chair to Commode/Toilet Transfer |                              |                        |                                              |
| Showering & Bathing              |                              |                        |                                              |
| Mobility Out of Bed / Walking    |                              |                        |                                              |

## Additional Risk Factors

| Risk Question                                                                      | Response / Notes |
|------------------------------------------------------------------------------------|------------------|
| Would any specific employees' group be at greater risk handling this service user? |                  |
| Do the tasks require specialist knowledge or skills?                               |                  |
| Is follow-up action required?                                                      |                  |

**Date & Time:** \_\_\_\_\_

**Assessor Name (Print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

### Governance & Compliance Notes:

- TILEO assessment must be completed in RiO before the first handling of the day and reviewed weekly or sooner if any change occurs.
- Bariatric handling, equipment selection, and environmental suitability must be signed off by the Trust Moving & Patient Handling and Falls Prevention & Management Subject Matter Expert for all high-risk cases.
- LOLER and PUWER compliance must be confirmed for all equipment before use – no clean sticker or valid service record = quarantine and escalate to the Trust Moving & Patient Handling and Falls Prevention & Management Subject Matter Expert functioning and acting on behalf of the Trust is to discharge statutory duties.
- All identified high or medium risks must have a documented action plan before handling begins.

### Other Risk factors;

Would any specific employees' group be more at risk handling this service user?

Do the tasks require any special knowledge or skills?

Is there any follow up action required?

## MANUAL HANDLING INITIAL ASSESSMENT (EXAMPLE – HIGH-RISK BARIATRIC SERVICE USER)

| Service User Details | Assessment Data       |
|----------------------|-----------------------|
| Height: 1.72 m       | Weight: 165 kg        |
| BMI: 55.7            | Hip/Waist Ratio: 1.10 |

### Functional and Sensory Assessment

| Assessment Area            | Yes / No | Details                                                              |
|----------------------------|----------|----------------------------------------------------------------------|
| Impaired Sitting Balance   | Yes      | Requires trunk support; risk of lateral sway in unsupported seating. |
| Impaired Standing Balance  | Yes      | Unable to stand without full support.                                |
| Communication Difficulties | No       | Fully able to express needs.                                         |
| Sight Impairment           | No       |                                                                      |
| Hearing Impairment         | No       |                                                                      |

|                            |     |                                                                   |
|----------------------------|-----|-------------------------------------------------------------------|
| Analgesia Needed           | Yes | Regular analgesia for joint pain; ensure dose prior to transfers. |
| History of Falls           | Yes | Two documented falls in past 6 months.                            |
| Comprehension Difficulties | No  | Understands instructions and co-operates fully.                   |

### Risk Level Guidance

High  Medium  Low

**Criteria Met:** Unable to stand independently, bariatric weight impacting mobility, spatial clearance, equipment needs, and employees.

### Movement Analysis and Risk Reduction Plan

| Movement Task                    | Handling Problems Identified                                  | Options to Reduce Risk                                 | Action – Equipment, Number of Handlers, etc.                    |
|----------------------------------|---------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------------------------------|
| General Mobility                 | Cannot mobilise without hoist; limited upper body support.    | Hoist for all transfers.                               | Mobile bariatric hoist SWL 320 kg; 2 trained employees minimum. |
| Mobility in Bed                  | Difficulty repositioning without assistance; skin shear risk. | Use bariatric slide sheet; regular repositioning.      | 2 trained employees; reposition every 2 hours.                  |
| Lying/Sitting in Bed             | Needs support to sit; risk of sliding forwards.               | Adjust bed height/tilt; use bariatric pillow supports. | Electric profiling bariatric bed.                               |
| Bed to Chair Transfer            | Full hoist lift required; chair must be bariatric rated.      | Sling transfer direct to chair.                        | Bariatric sling SWL 320 kg; 2 handlers.                         |
| Sit to Stand / Stand to Sit      | Unsafe due to impaired standing balance.                      | No manual sit-to-stand attempted.                      | Hoist lift only.                                                |
| Chair to Commode/Toilet Transfer | Limited bathroom space.                                       | Portable bariatric commode; adjust environment.        | Hoist to bariatric commode; ensure space clearance.             |
| Showering & Bathing              | Limited space in shower area.                                 | Use wheeled bariatric commode shower chair.            | 2 employees; ensure floor is dry and clear.                     |
| Mobility Out of Bed / Walking    | Not currently safe to mobilise.                               | Maintain seated transfers.                             | Physiotherapy review before walking trial.                      |

**Have you contacted the Trust Moving & Patient Handling and Falls Prevention & Management Subject Matter Expert?** – For all service users assessed as *High Risk*, it is mandatory to make direct contact within 6 hours of completing the initial assessment. This

ensures immediate review, confirmation of the handling plan, and approval of any required equipment or environmental adaptations before further handling takes place.

All contact and advice must be recorded in RiO.

#### Additional Risk Factors

| Risk Question                                                                      | Response / Notes                                                                                                    |
|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| Would any specific employees' group be at greater risk handling this service user? | Yes – employees under 5'4" or with reduced upper limb strength may struggle with sling positioning.                 |
| Do the tasks require specialist knowledge or skills?                               | Yes – bariatric handling and hoist use; employees must be trained and signed-off as competent.                      |
| Is follow-up action required?                                                      | Yes – referral to Tissue Viability Nurse; ongoing physiotherapy input; check environmental clearances with Estates. |

**Date & Time:** 12/08/2025 – 09:15

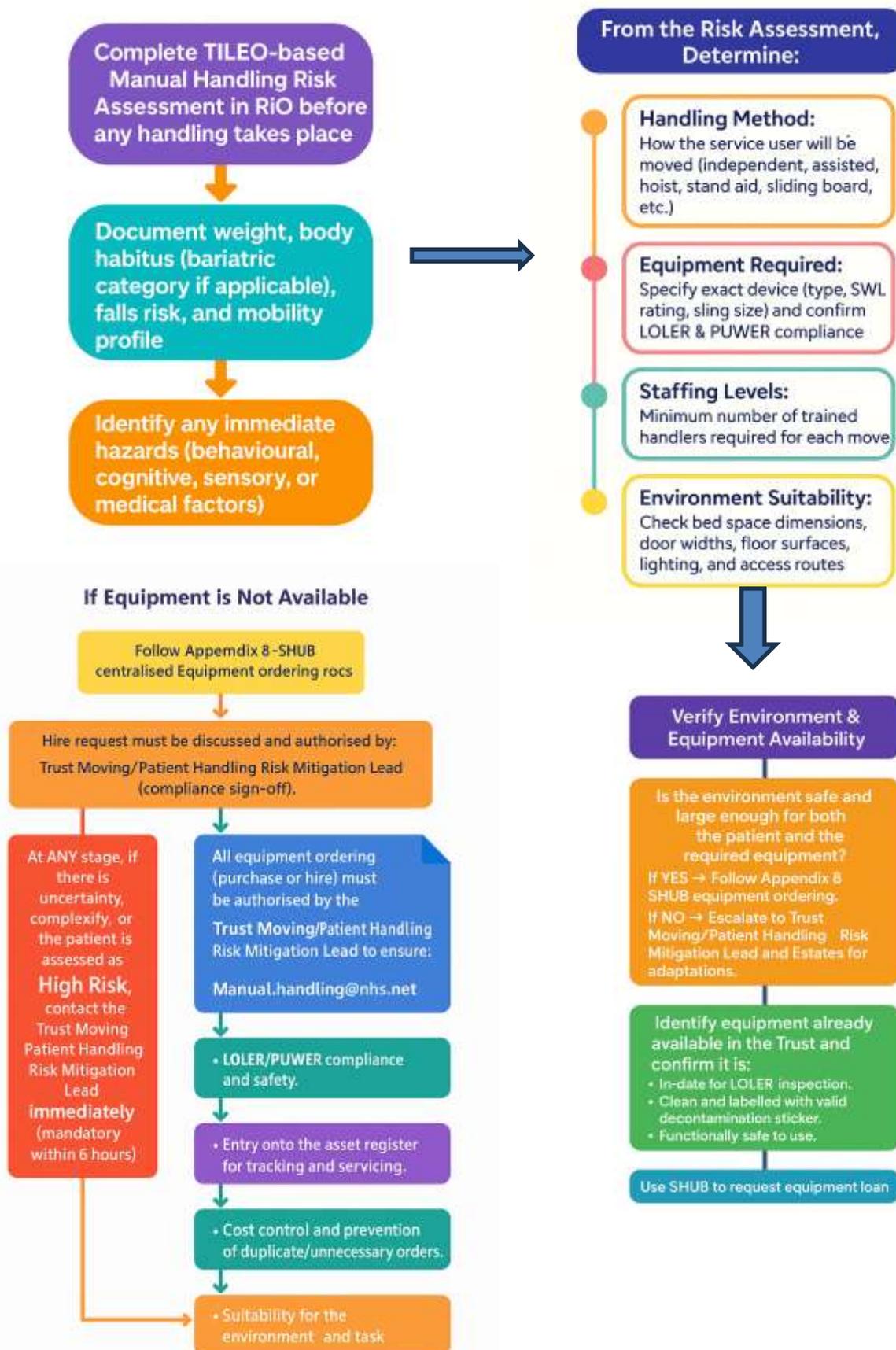
**Assessor Name (Print):** A N Other

**Signature:** A N Other

#### Governance & Compliance Notes:

- TILEO documented in RiO before first handling of the day; review scheduled weekly or sooner if clinical condition changes.
- Bariatric equipment selection and environmental suitability approved by Trust Moving & Patient Handling and Falls Prevention & Management Subject Matter Expert prior to admission.
- LOLER and PUWER compliance confirmed for hoist and sling; service records up to date; "Clean" sticker in place.
- Handling plan shared with all ward employees; any deviation must be risk assessed and approved.

## APPENDIX 6 Service user/ SU Manual Handling Risk Assessment Flow Chart



## APPENDIX 7 Regular Re-assessment Template

### instruction:

- Reassess manual handling needs weekly, or sooner if the service user's condition changes.
- Record "No Change" by dating and signing below.
- If changes occur, complete Assessment 2 or Assessment 3 as required.
- All high-risk cases must be escalated to the Trust Moving & Patient Handling and Falls Prevention & Management Subject Matter Expert within 6 hours of reassessment.

### No Change Sign-Off

|             |                              |             |                              |
|-------------|------------------------------|-------------|------------------------------|
| <u>Date</u> | <u>Sign &amp; Print Name</u> | <u>Date</u> | <u>Sign &amp; Print Name</u> |
|             |                              |             |                              |

### Assessment 2 – Revised Risk Level

Risk Level  High  Medium  Low

|                                     |                                                     |
|-------------------------------------|-----------------------------------------------------|
| <b>Handling Problems Identified</b> | <b>Action – Equipment, Number of Handlers, etc.</b> |
|-------------------------------------|-----------------------------------------------------|

Date: \_\_\_\_\_ Name & Signature: \_\_\_\_\_

### Assessment 3 – Revised Risk Level

Risk Level  High  Medium  Low

|                                     |                                                     |
|-------------------------------------|-----------------------------------------------------|
| <b>Handling Problems Identified</b> | <b>Action – Equipment, Number of Handlers, etc.</b> |
|-------------------------------------|-----------------------------------------------------|

Date: \_\_\_\_\_ Name & Signature: \_\_\_\_\_

### Bariatric Moving & Handling Equipment Checklist

*(Complete for all bariatric service users or when weight exceeds SWL of standard equipment)*

| Equipment Required                  | If On Site – Equipment Name & SWL | If To Be Ordered – Equipment/Company & Senior Nurse Authorising | Follow-Up Action / By Whom | Date in Place & Signature |
|-------------------------------------|-----------------------------------|-----------------------------------------------------------------|----------------------------|---------------------------|
| Bariatric/Profiling Bed             |                                   |                                                                 |                            |                           |
| Mattress                            |                                   |                                                                 |                            |                           |
| Overhead/Mobile Hoist               |                                   |                                                                 |                            |                           |
| Slings                              |                                   |                                                                 |                            |                           |
| Slide Sheets                        |                                   |                                                                 |                            |                           |
| Rise/Recliner Chair / Bedside Chair |                                   |                                                                 |                            |                           |
| Commode/Shower Chair                |                                   |                                                                 |                            |                           |
| Other                               |                                   |                                                                 |                            |                           |

### Training Needs Confirmation

(Mandatory – must be completed by senior nurse or team lead)

| Employees Member | Role | Trained & Competent in Equipment Use? | Additional Training Required? | Training Arranged By / Date |
|------------------|------|---------------------------------------|-------------------------------|-----------------------------|
|------------------|------|---------------------------------------|-------------------------------|-----------------------------|

#### Governance Notes:

- All reassessments must be recorded in RiO using TILEO format.
- LOLER and POWER compliance for all equipment must be confirmed before continued use.
- No equipment without a valid “Clean” sticker or decontamination record is to be used – quarantine and escalate to the Trust Moving & Patient Handling and Falls Prevention & Management Subject Matter Expert.
- Bariatric handling plans must be signed-off by the Trust Moving & Patient Handling and Falls Prevention & Management Subject Matter Expert before implementation.

### REGULAR RE-ASSESSMENT TEMPLATE (EXAMPLE – HIGH-RISK BARIATRIC SERVICE USER)

#### No Change Sign-Off

(Not applicable – reassessment triggered due to change in mobility)

| Date | Sign & Print Name | Date | Sign & Print Name |
|------|-------------------|------|-------------------|
| N/A  | N/A               | N/A  | N/A               |

#### Assessment 2 – Revised Risk Level

Risk Level  High  Medium  Low

| Handling Problems Identified                                    | Action – Equipment, Number of Handlers, etc.                                                                           |
|-----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| Unable to stand; increased fatigue after short periods upright. | All transfers to be via bariatric mobile hoist SWL 320 kg, with large sling. Minimum 2 trained employees at all times. |
| Increased trunk instability when seated.                        | Use rise/recliner chair with lateral supports. Position pillows for trunk stability.                                   |
| Skin integrity risk at pressure points.                         | Slide sheet repositioning every 2 hours with 2 trained handlers.                                                       |
| Requires bariatric commode; standard commode no longer safe.    | Hire bariatric commode SWL 350 kg via approved supplier (Appendix 8 process).                                          |

Date: 14/08/2025

Name & Signature: A N Other – Employees Nurse

#### Assessment 3 – Revised Risk Level

(To be completed if condition changes again – not applicable for this example)

Risk Level  High  Medium  Low

| Handling Problems Identified | Action – Equipment, Number of Handlers, etc. |
|------------------------------|----------------------------------------------|
| N/A                          | N/A                                          |

Date: N/A

Name & Signature: N/A

### Bariatric Moving & Handling Equipment Checklist

| Equipment Required                  | If On Site – Equipment Name & SWL    | If To Be Ordered – Equipment/Company & Senior Nurse Authorising    | Follow-Up Action / By Whom                                  | Date in Place & Signature       |
|-------------------------------------|--------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------|
| Bariatric/Profiling Bed             | Arjo Bariatric Bed – SWL 350 kg      | N/A                                                                | Confirm service history; Clean sticker applied – Estates    | 13/08/2025 – J. Thomas          |
| Mattress                            | Bariatric Foam Mattress – SWL 350 kg | N/A                                                                | Tissue Viability Nurse to confirm suitability               | 13/08/2025 – J. Thomas          |
| Overhead/Mobile Hoist               | Arjo Tenor Hoist – SWL 320 kg        | N/A                                                                | LOLER inspection due in 6 months – record in asset register | 13/08/2025 – J. Thomas          |
| Slings                              | XL Bariatric Sling – SWL 320 kg      | N/A                                                                | Check size match to service user; Clean sticker applied     | 13/08/2025 – J. Thomas          |
| Slide Sheets                        | Bariatric Slide Sheet – SWL 400 kg   | N/A                                                                | Store in clean equipment room                               | 13/08/2025 – J. Thomas          |
| Rise/Recliner Chair / Bedside Chair | Bariatric Rise/Recliner – SWL 300 kg | N/A                                                                | OT to confirm positioning suitability                       | 13/08/2025 – J. Thomas          |
| Commode/Shower Chair                | N/A                                  | Bariatric Commode – Direct Healthcare, SWL 350 kg / Auth: S. Nurse | Order placed – Matron to confirm delivery                   | Pending – 16/08/2025 – S. Nurse |
| Other                               | N/A                                  | N/A                                                                | N/A                                                         | N/A                             |

### Training Needs Confirmation

| Employees Member | Role | Trained & Competent in Equipment Use? | Additional Training Required? | Training Arranged By / Date |
|------------------|------|---------------------------------------|-------------------------------|-----------------------------|
|------------------|------|---------------------------------------|-------------------------------|-----------------------------|

|                |                 |                                          |                            |                                   |
|----------------|-----------------|------------------------------------------|----------------------------|-----------------------------------|
| Sarah Williams | Employees Nurse | Yes – hoist, bariatric bed, slide sheets | No                         | N/A                               |
| John Thomas    | HCA             | Yes – hoist, slide sheets                | Bariatric commode training | OT / 16/08/2025                   |
| Lisa Patel     | HCA             | No – new to ward                         | Hoist & sling training     | Manual Handling Lead / 15/08/2025 |

**Governance Notes:**

- TILEO documented in RiO before first handling of the day; next review scheduled for 21/08/2025 unless condition changes sooner.
- All equipment recorded in the Trust asset register with servicing and LOLER/PUWER dates logged.
- Bariatric commode hire authorised by Trust Moving & Patient Handling and Falls Prevention & Management Subject Matter Expert and Matron, awaiting delivery.
- Any deviation from this handling plan must be risk assessed and approved by the Trust Moving & Patient Handling and Falls Prevention & Management Subject Matter Expert before implementation.

## APPENDIX 8 Hiring of Clinical Moving and Handling Equipment

### Purpose

Provide a single, safe route for hiring service user-use handling and support equipment, ensuring LOLER/PUWER compliance, asset traceability, environmental suitability and cost control.

### Governance rule

All hires, purchases, repairs and removals must be requested and approved through SHUB, operated by the Trust Moving & Patient Handling and Falls Prevention & Management Subject Matter Expert (competent person). No direct ward-to-supplier arrangements are permitted unless explicitly authorised by the Trust Moving & Patient Handling and Falls Prevention & Management Subject Matter Expert. Out of hours follow Appendix 9; notify the Lead within 24 hours.

### Scope

Beds and extensions, static and dynamic mattresses, hoists (all types), stand aids, hoist slings and spreader bars, transfer and repositioning aids, seating and hygiene equipment, evacuation devices, and related accessories. Estates approval is required for any fixed or structural item.

### Preferred suppliers

Orders are placed only with the approved supplier list held by Procurement and the Trust Moving & Patient Handling and Falls Prevention & Management Subject Matter Expert. Suppliers must provide seven-day and out-of-hours delivery and collection. SHUB coordinates with SSL for logistics.

### When to order

**Planned admissions:** order before admission once needs are identified and notify the Trust Moving & Patient Handling and Falls Prevention & Management Subject Matter Expert.

**Unplanned needs:** assess promptly and request through SHUB; the Lead or delegate confirms requirements before hire.

### Costs

Hire costs are charged to the ward cost centre. Off-hire and return immediately on discharge or transfer to avoid unnecessary charges.

### Authorisation workflow (mandatory)

#### 1. Assess

Complete a TILEO-based assessment in RiO capturing weight, body habitus, mobility, environment and egress. Escalate bariatric Category 3 or other high-risk cases to the Trust Moving & Patient Handling and Falls Prevention & Management Subject Matter Expert within six hours.

#### 2. Approve

The Trust Moving & Patient Handling and Falls Prevention & Management Subject Matter Expert confirms device type and specification, SWL suitability, LOLER/PUWER status, compatibility across the full path of travel, and environmental fit. Estates signs off any structural or space/egress constraints. For out of hours the Duty Manager may authorise; next working day validation by the Lead is mandatory.

#### 3. Order in SHUB

Submit the request in SHUB, selecting priority, location and any bariatric or access

notes. SHUB applies compliance and compatibility checks, selects stock or approved hire, and generates the purchase order route with Procurement where required.

**4. Deliver, fit and accept**

On delivery, verify decontamination certification or clean sticker; if absent, quarantine and escalate. Barcode-scan to accept; SHUB updates the asset register with location, SWL, LOLER/PUWER evidence and chain-of-custody records. Provide IFU at point of use and give brief user coaching where needed.

**5. Use and monitor**

Carry out pre-use checks each shift; log defects to SHUB and remove from use if unsafe. Link any incident or near miss in Eclipse to the SHUB ticket for learning.

**6. Off-hire and return**

Request uplift in SHUB as soon as the item is no longer required. Complete decontamination records: SHUB updates status and ends charges.

**Out-of-hours pathway**

Place the SHUB request, phone the Duty Manager for urgent authorisation, use the emergency hire list if internal stock is unavailable, and notify the Trust Moving & Patient Handling and Falls Prevention & Management Subject Matter Expert within 24 hours for validation.

**SSL has 24-hour service.**

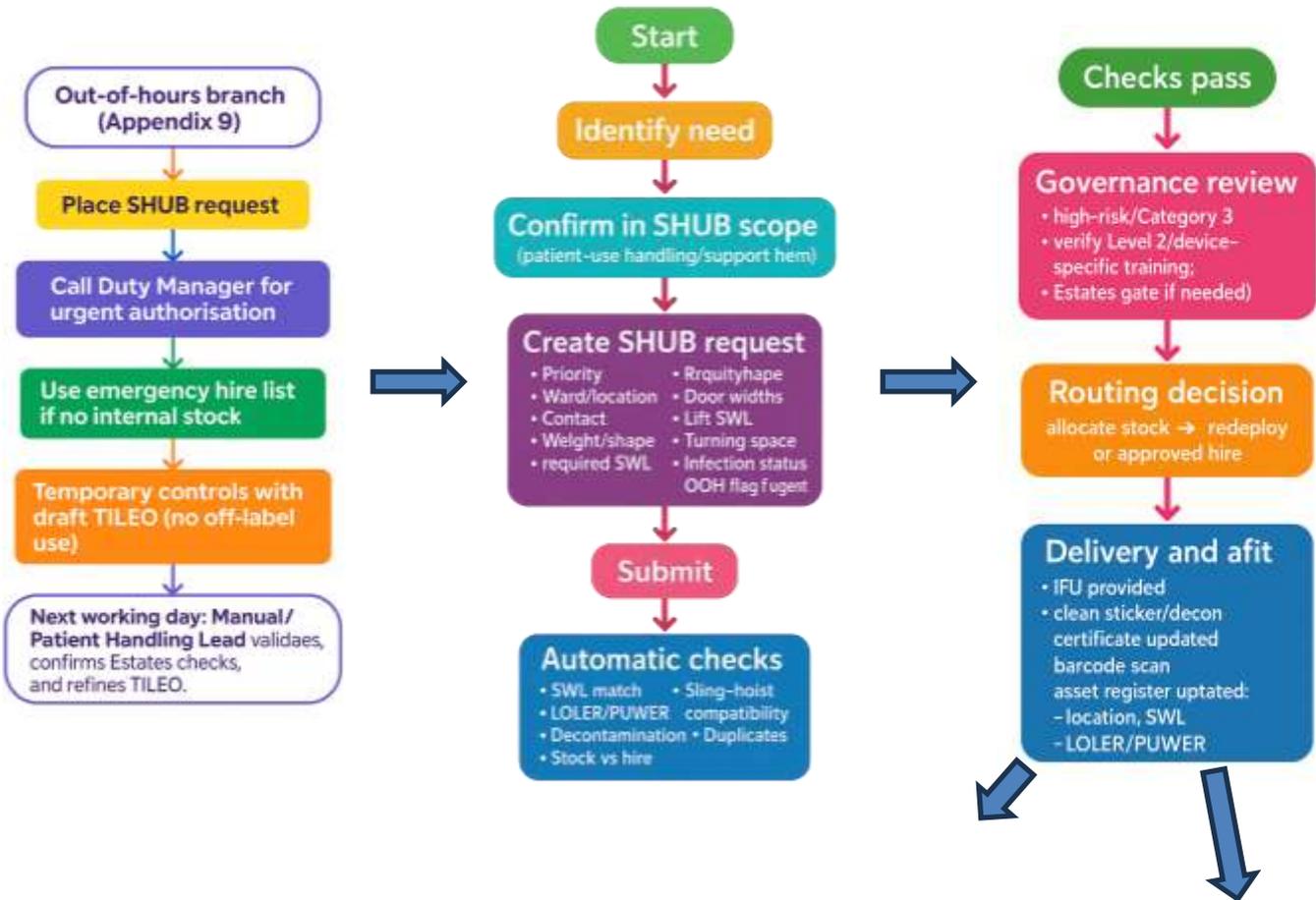
**Contacts**

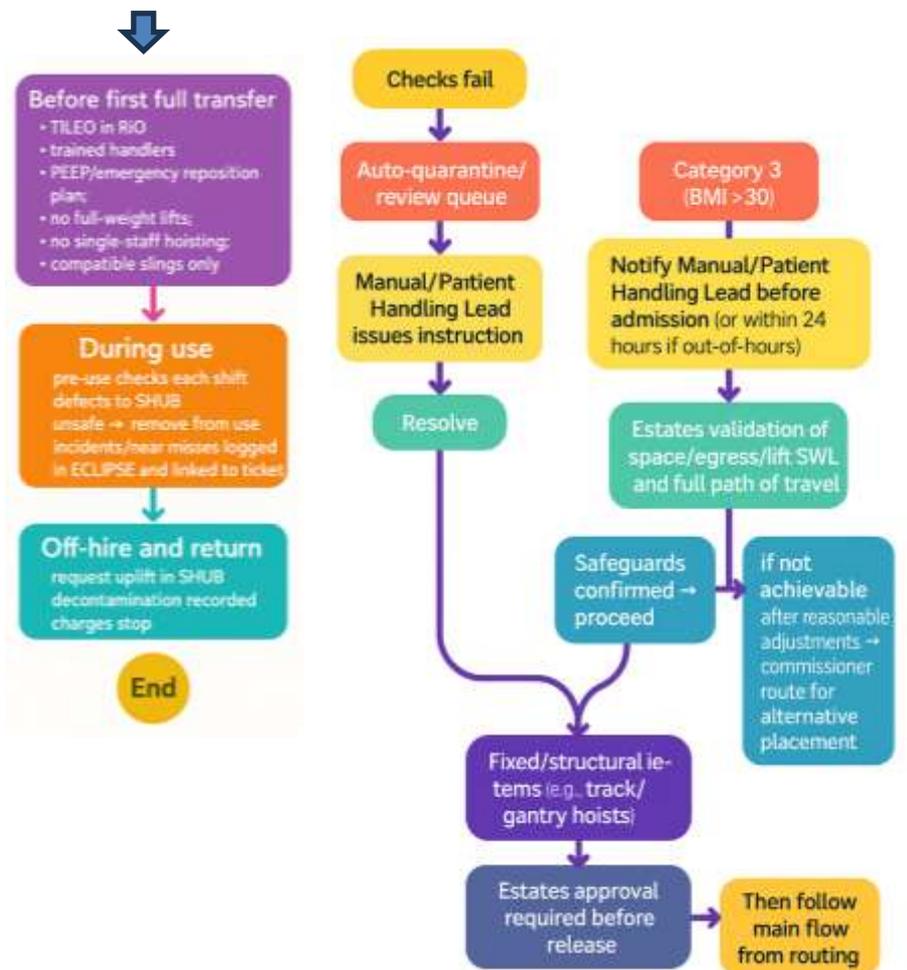
[moving.handling@nhs.net](mailto:moving.handling@nhs.net)

Trust Moving & Patient Handling and Falls Prevention & Management Subject Matter Expert:

[louis.watson2@nhs.net](mailto:louis.watson2@nhs.net)

## SHUB Example Ordering





## APPENDIX 9 Out-of-Hours (OOH) Competent Person Escalation Protocol

### Purpose

To ensure the Trust always maintains statutory compliance with the Manual Handling Operations Regulations 1992 (MHOR) and related safety legislation, even outside normal working hours, when the function of the Trust Moving & Patient Handling and Falls Prevention & Management Subject Matter Expert is not physically on site. The Duty Manager acts as the delegated authorised person on behalf of the Trust Moving & Patient Handling and Falls Prevention & Management Subject Matter Expert lead functioning out of hours, pending next-day review by the competent person.

### 1. Normal Working Hours

- **Hours covered:** Monday to Friday, 08:00–17:00.
- All high-risk manual handling issues (as defined in Section 3.1 Risk Assessment and this policy) must be escalated within 6 hours of identification to the Trust Moving & Patient Handling and Falls Prevention & Management Subject Matter Expert via phone or NHS email.
- Where the issue cannot be resolved immediately on site, interim safe systems of work must be implemented until the Lead confirms the final handling plan.

### 2. Out-of-Hours (Weekdays and competent person annual leave/bank holidays for clinical and non-clinical)

- **Hours covered:** Monday to Thursday, 17:00–08:00.
- The Lead will respond to OOH emails/calls within 24 hours if the case is high-risk, bariatric Category 2 or 3, involves restrictive practice with manual handling risk, or equipment quarantine affecting service user care.

- If urgent and immediate input is required before the Lead's response, the on-call Duty Manager will act as the authorised person in the Lead's absence, using this policy and relevant appendices to guide decision-making.
- The Duty Manager must document any actions taken and notify the Lead at the earliest opportunity the next working day.

### 3. Friday Out-of-Hours and Weekend Cover

- **Hours covered:** Friday 17:00 through Monday 08:00.
- If the matter is urgent and cannot wait until Monday morning (e.g., unsafe environment, no compliant equipment available, bariatric admission requiring urgent intervention), the on-call Duty Manager will act as the authorised person in the Lead's absence.
- If the matter is not urgent, it will be reviewed and responded to by the Lead on Monday morning.
- Urgent cases handled by the Duty Manager must follow the same escalation and documentation process as in 2 above.

### 4. Delegated Authorised Person – On-Call Duty Manager

- The Duty Manager may:
  - Approve interim safe systems of work.
  - Authorise urgent hire from the preferred supplier list (Appendix 8) where no compliant equipment is available.
  - Confirm environmental adjustments for immediate safety.
- The Duty Manager may not make permanent changes to the handling plan without Lead review.

### 5. Documentation Requirements

- All OOH incidents must be recorded in:
  - **RiO** – TILEO risk assessment updated with interim or permanent handling plan.
  - **Eclipse** – where the event meets incident reporting criteria.
  - **Asset Register** – where new or hired equipment is deployed.
- The on-call Duty Manager must email a brief summary of actions taken to the Lead before the start of the next working day.

### 6. Lead Review

- The Trust Moving & Patient Handling and Falls Prevention & Management Subject Matter Expert will:
  - Review all OOH escalations the next working day (or Monday for weekend cases). If on annual leave or bank holiday will delegate a proxy or extend the duty manager's coverage.
  - Confirm or amend any interim handling plans authorised by the Duty Manager.
  - Ensure final compliance with MHOR, LOLER, PUWER, and this policy.
  - Log any lessons learned for inclusion in governance reports and training.

## APPENDIX 10 PERSONAL EMERGENCY EVACUATION PLAN (PEEP) TRUST ENHANCED TEMPLATE

### PERSONAL EMERGENCY EVACUATION PLAN (PEEP) TRUST ENHANCED TEMPLATE

For any person who may require assistance to evacuate safely in an emergency.

|                                      |                                 |
|--------------------------------------|---------------------------------|
| Site / building / ward or department |                                 |
| Room / area (usual location)         |                                 |
| Prepared date                        | Review due date                 |
| Form completed by (name and role)    |                                 |
| Contact telephone number             | Mobile telephone number         |
| Email address                        |                                 |
| Version                              | Distribution / storage location |

Confidential. Store in line with Trust information governance arrangements. Do not include names or NHS numbers on printed copies unless required by local procedure.

### **SECTION 1. PERSON DETAILS AND NEEDS SUMMARY**

|                                                                  |                                                                                                                                                                                                                                                                                     |
|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name                                                             |                                                                                                                                                                                                                                                                                     |
| Preferred name / how to address                                  |                                                                                                                                                                                                                                                                                     |
| If staff member: department / role                               |                                                                                                                                                                                                                                                                                     |
| Date of birth (if applicable) / age                              |                                                                                                                                                                                                                                                                                     |
| Primary impairment(s) relevant to evacuation                     | <input type="checkbox"/> Mobility <input type="checkbox"/> Sensory (vision/hearing) <input type="checkbox"/> Cognitive/communication <input type="checkbox"/> Mental health distress trigger <input type="checkbox"/> Other                                                         |
| Nature of disability / reasonable adjustments required (summary) |                                                                                                                                                                                                                                                                                     |
| Key risk factors during evacuation (tick and specify)            | <input type="checkbox"/> Falls risk <input type="checkbox"/> Breathlessness <input type="checkbox"/> Pain <input type="checkbox"/> Dizziness/postural drop <input type="checkbox"/> Seizure risk <input type="checkbox"/> Behavioral escalation risk <input type="checkbox"/> Other |
| Next of kin / key contact (service users, if relevant)           |                                                                                                                                                                                                                                                                                     |
| Other information which may be relevant                          |                                                                                                                                                                                                                                                                                     |

### **SECTION 2. USUAL LOCATION PATTERN**

Complete this table for the person's typical location(s) so fire wardens and responders can predict likely whereabouts.

| Day       | Building | Floor | Room / area | Time of day | Notes (e.g., meetings, therapy areas) |
|-----------|----------|-------|-------------|-------------|---------------------------------------|
| Monday    |          |       |             |             |                                       |
| Tuesday   |          |       |             |             |                                       |
| Wednesday |          |       |             |             |                                       |
| Thursday  |          |       |             |             |                                       |
| Friday    |          |       |             |             |                                       |

If the person attends evenings or weekends, give details:

### **SECTION 3. AWARENESS AND ACCESSIBLE INFORMATION**

Is the person aware of the emergency egress procedures for the building(s) they use?

Yes / No / Not sure

Does the person require emergency egress procedures in an accessible format? Yes / No

If yes, specify format(s) required (tick all that apply) and provide detail.

Large print (specify font and size): \_\_\_\_\_

Easy read

Braille

Audio

Electronic copy (email / secure drive)

British Sign Language (BSL) interpretation support

Other (specify): \_\_\_\_\_

### **SECTION 4. SIGNAGE, ALARMS, AND RAISING THE ALARM**

|                                                                                               |                     |
|-----------------------------------------------------------------------------------------------|---------------------|
| Are emergency exit signs and route signage visible to the person?                             | Yes / No / Not sure |
| If no, specify which building(s) / areas and what adjustment is required                      |                     |
| Can the person hear the fire alarm in the building(s) they use?                               | Yes / No / Not sure |
| If there are problem areas, give details (including times, locations)                         |                     |
| Could the person raise the alarm if they discovered a fire?                                   | Yes / No / Not sure |
| Additional alerting adjustments required (e.g., vibrating pager, buddy system, visual beacon) |                     |

### **SECTION 5. ASSISTANCE REQUIREMENTS AND ROLE ALLOCATION**

If assistance is required, allocate roles early. One person speaks; others remain quiet unless needed for safety. Bank/agency staff should be briefed on this plan as soon as is practicable.

|                                                                                                              |                     |
|--------------------------------------------------------------------------------------------------------------|---------------------|
| Does the person need assistance to evacuate from any building(s)?                                            | Yes / No / Not sure |
| Is anyone designated to assist (buddy system)?                                                               | Yes / No / Not sure |
| If yes, name(s) and role(s)                                                                                  |                     |
| Telephone number(s) for assistant(s)                                                                         |                     |
| Are assistant(s) with the person at all times when on site?                                                  | Yes / No / Not sure |
| In an emergency, could the person contact the fire response/evacuation coordinator and state their location? | Yes / No / Not sure |
| Primary evacuation lead communicator (name/role; consider person preference)                                 |                     |
| Guide/physical support role (name/role)                                                                      |                     |
| Route clearer/door manager (name/role)                                                                       |                     |

## **SECTION 6. GETTING OUT: MOBILITY, STAIRS, DOORS**

|                                                                                        |                     |
|----------------------------------------------------------------------------------------|---------------------|
| Can the person move quickly in the event of an emergency?                              | Yes / No / Not sure |
| Is the person a wheelchair user?                                                       | Yes / No / Not sure |
| Does the person find stairs difficult to use?                                          | Yes / No / Not sure |
| If stairs are required, specify number of flights and any required pauses/landing plan |                     |
| Are there any doors the person cannot open alone or without difficulty?                | Yes / No / Not sure |
| Walking aids / mobility aids required (specify)                                        |                     |
| Footwear requirements for safe evacuation (specify)                                    |                     |
| Other mobility information (e.g., endurance limits, pain triggers)                     |                     |

## **SECTION 7. EVACUATION PLAN: PRIMARY AND SECONDARY METHOD**

Select the planned method(s). The primary method should be the most likely and safest in real conditions. Any equipment-based method must only be used if equipment is commissioned and staff on shift are trained and competent.

Primary method (tick one):

- Independent evacuation
- Assisted walking (staff support)
- Wheelchair-assisted evacuation
- Evacuation chair (stairs) operated by trained staff
- Bed evacuation / horizontal phased evacuation (inpatient areas)
- Refuge and assisted evacuation by fire response team
- Other (specify): \_\_\_\_\_

Secondary method (tick one or more, if applicable):

- Assisted walking
- Wheelchair-assisted
- Evacuation chair (stairs)
- Bed/horizontal phased
- Refuge and assisted evacuation
- Not applicable

## **SAFETY CHECK BEFORE MOVING (DYNAMIC TILEO)**

Before assisting, complete a rapid TILEO check (Task, Individual, Load, Environment, Other). Pause and re-plan if any control fails.

- **Task:** confirm route, method, and roles; avoid crowding; follow local fire procedure and coordinator instruction.
- **Individual:** alertness, pain, dizziness, breathlessness, distress escalation risk; check consent/understanding as far as possible.
- **Load:** clothing/footwear safe; mobility aids available; consider fatigue and endurance.
- **Environment:** smoke/heat; lighting; wet floors; clutter; doorways; handrails; stairs condition.
- **Other:** staffing competence; equipment service status; communication aids; medication effects.

Stop-the-line triggers (examples): un-serviced evacuation equipment; staff not trained; route obstructed; person becomes unwell (dizzy, chest pain, collapse); smoke/heat compromises the route; distress escalates beyond safe control.

## **SECTION 8. PERSON-CENTRED COMMUNICATION AND INTERACTION PLAN**

This section captures agreed preferences and trauma-informed adjustments. In an emergency, immediate safety remains the priority; any unavoidable deviations from preferences should be recorded and reviewed.

|                                                                                   |  |
|-----------------------------------------------------------------------------------|--|
| Preferred approach (how to start, what helps)                                     |  |
| Known triggers (alarms, touch, crowding, male staff, confined spaces, etc.)       |  |
| Preferred staff characteristics (e.g., gender preference where practicable)       |  |
| Communication needs (hearing/vision/processing time; interpreter; simple prompts) |  |
| Agreed touch and guidance plan (what is acceptable; consent approach)             |  |
| Agreed stop-word / signal (if used)                                               |  |
| Post-evacuation support needs (reassurance, orientation cues, debrief)            |  |

### **QUICK SCRIPT (MINIMUM STANDARD)**

- Approach calmly. Identify yourself and your role. Use the person's preferred name.
- State clearly what is happening and what will happen next. Give one instruction at a time.
- Ask permission before touch where feasible. Offer predictable guidance and simple choices when safe (e.g., hold elbow or handrail; pause at next landing).
- Avoid crowding. One person speaks; others maintain safety positions.
- After reaching a place of safety, provide reassurance, explain next steps, and offer debrief when settled.

## **SECTION 9. EQUIPMENT AND SERVICE/COMPETENCE STATUS**

|                                                                                                                                             |  |
|---------------------------------------------------------------------------------------------------------------------------------------------|--|
| Evacuation chair present (location)                                                                                                         |  |
| Evacuation chair service status (date last serviced / commissioned)                                                                         |  |
| Evacuation chair staff competence on shift (training date; names)                                                                           |  |
| Wheelchair availability and location (if relevant)                                                                                          |  |
| Other equipment required (e.g., walking aid, hearing support, torch, pager)                                                                 |  |
| If equipment is not commissioned or staff are not trained: confirm equipment is treated as out of service and state, the alternative method |  |

## **SECTION 10. ROUTE CONFIRMATION**

Confirm the actual route from the usual location to the final exit and assembly point. Identify alternative routes. Ensure escape routes are kept clear and free of obstruction.

|                                                          |  |
|----------------------------------------------------------|--|
| Primary route description (from room/area to final exit) |  |
| Number of flights of stairs and landings (if any)        |  |
| Refuge points (if used) and how to communicate location  |  |
| Alternative route(s)                                     |  |
| Assembly point                                           |  |

### **SECTION 11. OPTIONAL MODULE: INPATIENT READINESS BUNDLE (MOBILITY, FALLS, SKIN INTEGRITY)**

Use this section where the person is a service user whose evacuation readiness depends on maintaining mobility, endurance, and skin integrity. Actions should be proportionate and co-produced with the person.

| When                                | Deliverable action(s)                                                                                      | Record / escalate                            |
|-------------------------------------|------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Each shift                          | Environment check: clear clutter; keep call bell and essentials within reach; confirm route remains clear. | Record in safety huddle / ward checklist.    |
| Daily                               | Mobility prompt plan: sit out of bed and short supervised walk if safe; check safe footwear.               | Record activity; escalate deterioration.     |
| As per care plan                    | Skin integrity and wound checks with consent; maintain dressings; monitor for infection signs.             | Escalate to Tissue Viability / medical team. |
| Weekly and after any fall/near miss | Falls huddle / MDT review for high-risk features (sensory impairment, deconditioning, medication effects). | Update controls and communicate to staff.    |

### **SECTION 12. ACTIONS AND GOVERNANCE TRACKER**

Use this tracker to close gaps (equipment service, training, route checks, adjustments).

| Risk or gap | Action | Owner | Timeframe |
|-------------|--------|-------|-----------|
|             |        |       |           |
|             |        |       |           |
|             |        |       |           |
|             |        |       |           |
|             |        |       |           |
|             |        |       |           |
|             |        |       |           |
|             |        |       |           |

### **SECTION 13. REVIEW TRIGGERS**

Review this PEEP at least by the review date, and sooner if any of the following occur:

- Change in the person's mobility, health, cognition, or communication needs.
- Change of ward/department/room or building works that alter the route.
- After any evacuation, alarm event, fire drill learning, fall, or near miss.
- After new equipment is introduced, removed, serviced, or staff competence changes.

## **SECTION 14. SIGN-OFF**

|                                     |  |
|-------------------------------------|--|
| Name of individual / representative |  |
| Signature                           |  |
| Name of assessor                    |  |
| Signature of assessor               |  |
| Date of assessment and review date  |  |

## **APPENDIX A. TRUST DELIVERY FRAMEWORK (OPTIONAL)**

This optional framework provides a simple, consistent standard for delivering PEEPs in a person-centred, trauma-informed way.

|                 |                                                                                                                                                                         |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Trauma-informed | Use calm voice; identify yourself; explain steps; ask permission before touch; reduce crowding; offer predictable guidance and a stop word.                             |
| Rights-based    | Respect dignity and autonomy; make reasonable adjustments for disability; use least restrictive option compatible with immediate safety; record unavoidable deviations. |
| Understanding   | Use individual profile of needs and triggers; use short, literal prompts; allow processing time; describe the environment clearly for sensory impairments.              |
| Safer practice  | Use a dynamic TILEO check; safe footwear; clear routes; handrails; avoid unserviced equipment and untrained techniques; escalate hazards.                               |
| Teamwork        | Allocate roles early (lead communicator, guide, route clearer); brief temporary staff; coordinate with Fire Safety and relevant clinical teams.                         |
| Documentation   | Record plan, consent approach, adjustments, and learning from drills/incidents. Keep version control and review dates current.                                          |

## **APPENDIX B. POLICY AND LEGAL CONTEXT (REFERENCE ONLY)**

- Regulatory Reform (Fire Safety) Order 2005.
- Equality Act 2010: duty to make reasonable adjustments for disabled people.
- Trust Fire Safety Policy (current version) and local fire operating procedures.
- Trust Manual Handling Policy (current version) and any relevant clinical risk assessments.