

## Audit tool for policies and procedures

Please give status of Policy:            revision

### 1 A brief summary of the content of, or changes to, the document should be attached

<b>1. Details of Policy</b>		
1.1	Title of Policy:	Back Care and Manual Handling Policy
1.2	Sponsor (Executive Director):	Simon Gilby
1.3	Drafted By:	David Craig
1.4	Reason for Policy:	Mitigate the risks of staff developing musculoskeletal disorders arising from manual handling poor working postures.
1.5	Who does the Policy affect?	All staff
1.6	Are the National Guidelines/Codes of Practices etc issued?	Yes HSE Guidance on Manual Handling Operations Regulations 1992 CSP Guidance RCN Guidance
1.7	Has consideration been given to equal opportunities when developing the policy and have Human Resources been involved where appropriate?	Yes
<b>2. Information Collation</b>		
2.1	Where was Policy information obtained from?	UK legislation HSE guidance CSP Guidance RCN Guidance
<b>3. Policy Management</b>		
3.1	Is there a requirement for a new or revised management structure for the implementation of the Policy?	Requirement to recruit 0.5 WTE to support implementation and embedding of policy
3.2	If YES attach a copy to this form.	Business case attached
3.3	If NO explain why.	
<b>4. Consultation Process</b>		
4.1	Was there external/internal consultation?	Yes
4.2	List groups/persons involved	Managers Training and education dept HR Provider Services Management

		Board JSCC
4.3	Have external/internal comments been included?	Yes
4.4	If external/internal comments have not been included, state why.	
<b>5.</b>	<b>Policy Attachments</b>	
5.1	Does the Policy have any attachment etc, if so state their function.	Appendices contain documentation referred to within the Policy
	Additional Comments	
<b>6.</b>	<b>Risk Management</b>	
6.1	Name/Job title of who submitted the Policy for ratification:	David Craig, Back Care Advisor
6.2	Is a review of the Policy required by the sponsor?	Yes
6.3	Review date	2011

**For use only where the Policy is for review:**

<b>7.</b>	<b>Policy Review</b>	
7.1	Policy Name	Back Care and Manual Handling Policy
7.2	Revision No: ie, 1, 2 etc	4
7.3	Are any changes required of the Policy?	Yes
7.4	If 'YES, please state by whom, why and which sections of the Policy have been revised.  (If insufficient space, please continue on separate sheet and attach)	4. Generic risk assessment. Explicit requirement to assess foreseeable risks and to record these on new documentation. 5. Capabilities and training. To ensure that all staff have the capabilities to undertake their job. 9. Health Surveillance. To enable the PCT to discharge its statutory duty to provide health surveillance for staff with an identifiable health condition related to their work. 11. Policy monitoring. Requirement of Heads of Services to return a monitoring form annually. This will provide assurance that policy is being implemented.
7.5	Review of Policy undertaken by:	David Craig
7.6	Date of next review	2011
7.7	Implementation/Monitoring Arrangements	Action plan being overseen by the HSE monitoring group.

**Date Policy was ratified by the Appropriate Sub-Committee: N/A**

**Signature of Sub-Committee Chair: N/A**

**Date Policy was adopted by the PCT at a PCT Board Meeting: September 2009**

# Back Care and Manual Handling Policy

**August 2009**

**Issue Date:** August 1996  
**Revised:** August 2002, May 2007, April 2009.  
**To be Reviewed:** 2011  
**Prepared by:** Back Care Advisor  
**Sponsored by:** Jill Dentith  
**Version:** 4

This policy / service has been reviewed in accordance with Equalities Legislation on race, disability, age, gender, sexual orientation and gender identity, faith and belief.



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## **1. Introduction**

**1.1** This policy should be read in conjunction with the Health and Safety at Work Act 1974, the Manual Handling Operations Regulations 1992 (MHOR), the Management of Health and Safety at Work Regulations 1999 and the Sheffield PCT Health and Safety Policy.

**1.2** This policy applies to all members of staff. Some staff groups have a greater exposure to risk than others, but due to the multifaceted nature of back pain no staff group should consider themselves to be risk free.

**1.3** Documents and forms referred to in this policy are available on the Sheffield PCT intranet site.

## **2. Policy objectives**

**2.1** The Policy has two overall objectives.

2.1.1 To ensure that patient handling is undertaken in a safe, dignified and comfortable way.

2.1.2 To minimise the amount of lost time resulting from back and musculo-skeletal injury to staff by:

- Minimising the number of back and musculo-skeletal injuries suffered by employees.
- Supporting staff with existing back or musculo-skeletal injuries to remain in work.
- Facilitating sustainable, early returns to work for staff absent with back and musculo-skeletal injuries.

### 3. Manual handling

**3.1** Manual handling is defined as “any transporting or supporting of a load (including the lifting, putting down, pushing, pulling, carrying or moving thereof) by hand or by bodily force” (MHOR). A load can be either animate, for example a person (or a limb), or inanimate, for example an item of equipment.

**3.2** The PCT will follow the hierarchy of measures as described in the Manual Handling Regulations (MHOR). This is a structured, graded process whereby PCT staff are supported to:

- Avoid hazardous manual handling operations so far as is reasonably practicable;
- Make an assessment of all hazardous manual handling tasks that cannot be avoided;
- Reduce the risk of injury so far as is reasonably practicable.

**3.3** In determining what is *reasonably practicable* consideration must be given to:

- The balance between the level of risk to staff and the cost of doing something about it in terms of resources, staff, time and effort.
- The degree of the risk arising from the activity in question relative to the benefit to the user of the service involved and the duty of care of the organisation.

**3.4** The first duty is to find ways of avoiding hazardous manual handling tasks. This might require the work to be done differently or the handling to be mechanised, for example by the use of a hoist or other equipment.

#### 3.5 Assessment

**3.5.1** A risk assessment must be carried out for all hazardous manual handling that cannot be reasonably avoided. An ergonomic risk assessment requires consideration of all the risk factors associated with the manual handling operation. This should be done with a systematic approach under the categories of:

- The task being undertaken.
- The individual undertaking the task.
- The load (which may be a person).
- The working environment.

**3.5.2** Assessments can be specific or generic. Generic risk assessments can be applied to risks that are common to a number of broadly similar activities, for example lifting and carrying normal day to day items from cars into houses. Specific assessments relate to individually identified, hazardous manual handling tasks. Staff should be familiar with the process of risk assessment and be able to carry out an ‘informal’ risk assessment in any circumstance. Informal assessments should be made prior to all potentially hazardous manual handling **whether or not a formal written assessment has been made**. An informal risk assessment will identify the risks that change and cannot always be kept up to date on a written form, for example the level of patient fatigue, the state of the floor at that particular time, (etc).

**3.6** PCT policy is to reduce risk from manual handling tasks (that cannot be reasonably avoided) to the lowest level that is reasonably practicable. This is not the same as eliminating risk, which although laudable is rarely possible. A critical part of

the risk assessment is to consider the acceptable level of residual risk. When making this judgement a balance has to be drawn between the degree of risk (as determined by the assessment), the cost of averting the risk, the duty of care, and, when a patient is involved, the choices expressed by the patient. Individual employees should be advised and supported in this by:

- Line Managers
- Colleagues
- Manual Handling Cascade Trainers
- The PCT Back Care Advisor.

#### **4. Recording the assessment**

**4.1** Significant findings of risk assessments must be recorded and the record kept available, as long as it remains relevant.

**4.2** An assessment need not be recorded if it could be easily repeated and explained at any time because it is simple and obvious, or because the risk is low, only going to last a short time and the time taken to record it is disproportionate to the value.

**4.3** Risk assessments for inanimate load handling should be recorded on form MH1, the Manual Handling Assessment Form (appendix 1).

**4.4** All patients requiring manual handling must have patient handling assessments recorded in their care plans. These are recorded on form MH3, the Patient Handling Assessment Form (appendix 3).

**4.5** Managers will forward risks rated as unacceptable to the Back Care Advisor who will support the manager to mitigate the risk to an acceptable level. Risks that cannot be mitigated to an acceptable level will be referred to the PCT Health and Safety Group and if considered significant be added the PCT risk register and an organisational action plan developed.

#### **5.0 Skills and training**

**5.1** All PCT staff must have the skills necessary to carry out their jobs without unreasonable risk to themselves or others. Due to the range of work undertaken by the PCT different staff groups will require different skills. Training will be provided to make sure that staff obtain and maintain these skills.

**5.2** All PCT staff are required to undertake refresher training every 2 years. This training will cover general back care, manual handling risk assessment, inanimate load handling and patient handling. Details of this training will be posted on the Education Training and Development pages of the PCT intranet. The Education and Training Department will maintain a record of all staff who attend this training and will inform managers of staff who have not attended for more than 2 years.

**5.3** Employers are required by the Management of Health and Safety at Work Regulations 1999 to assess the risks to health and safety to staff and others arising from the work they are undertaking. As a consequence of this assessment each service will:

5.3.1 Identify the manual handling skills required by its staff to work in that particular area.

5.3.2 Determine the level of risk to which staff are exposed.

5.3.3 Ensure that staff training needs are identified, agreed and provided for so that staff can operate at as low a level of risk as is reasonably practicable.

**5.4** As part of regular supervision and review all staff will have an annual appraisal of their manual handling capabilities. This appraisal will inform an individual training needs plan agreed between the member of staff and line manager. The Manual Handling Appraisal Form (MH2) will be used to record this process (appendix 2). It is the responsibility of the line manager to ensure that appraisals are completed for all staff annually.

**5.5** The appraisal process will identify training that is relevant and timely; line managers and supervisors will use supervision time to complete the forms. Individual members of staff will sign their Manual Handling Appraisal Form which will then be kept by the department as part of the employees' personal record. The completed appraisal form will provide evidence that the employer has:

- Identified the manual handling requirements associated with each post,
- Assessed the capabilities of its staff to undertake the roles for which they have been employed,
- Provided the necessary training specific to each individual member of staff.

**5.6** Managers will indicate on the Personal Development Plan that they have completed the Manual Handling Appraisal Form for each staff member. The Education and Training Department will inform line managers of staff who have not had a Manual Handling Appraisal.

**5.7** Line managers are responsible for ensuring that staff complete training as identified on the Manual Handling Appraisal Form

**5.8** New starters must possess skills in the areas identified before working unsupervised in those areas.

**5.9** All new starters must attend the training general back care, manual handling risk assessment, inanimate load handling and patient handling (see 5.2) within 4 weeks of their start date with the PCT.

**5.10** The PCT will provide training and development in different ways to suit needs of individual staff and different services. This will include:

- Utilising the knowledge and skills of other team members.
- Information
- E-learning
- Cascade training
- Formal training away from the normal workplace

**5.11** The PCT intranet will display the options for the delivery of training for different staff groups.

**5.12** All staff who manage other PCT staff are expected to know and discharge their responsibilities under this policy. To help managers achieve this guidance will be posted on the PCT intranet and will be covered as part of the training programme available to anyone who manages other PCT staff.

## **6. Specialist advice**

The Back Care Advisor will provide specialist support and advice to staff on any aspect of back care, ergonomics and manual handling. The Back Care Advisor is part of the PCT Physiotherapy Service.

## **7. Manual handling equipment**

In many cases manual handling operations require equipment to reduce the risk to an acceptable level. Provision of equipment in itself is rarely sufficient to ensure that the risk is managed effectively. Managers have to ensure that:

- Equipment is appropriate for its intended purpose.
- Staff are trained in the use of the equipment.
- Staff are aware of the existence of the equipment.
- The equipment is stored in a convenient and easily accessible place.
- Equipment is available for use when needed.
- There is sufficient equipment provided to match demand.
- Equipment is serviced and maintained to meet manufacturers' standards.
- Equipment conforms to the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) and the Provision and Use of Work Equipment Regulations 1998 (PUWER).

## **8. Back care and ergonomics**

**8.1** Ergonomics examines the interface between the worker and the job. Ergonomics has twin aims to prevent work related ill health and to maximise productivity through good workplace design and job satisfaction.

**8.2** Patient handling is recognised as a significant, but not the sole cause of musculo-skeletal injury within the health care sector, hence the existence of specific employment law to try and control its harmful effects. Recent developments in community care have resulted in health care workers undertaking much less patient handling. Unfortunately they are still exposed to significant risk from many of the tasks that they continue to undertake on a daily basis. Examples of these tasks include:

- Leg ulcer management (Community Nursing).
- Stroke rehabilitation and therapeutic handling (Community Stroke Teams)
- Bathing and dressing (Intermediate Care).
- Dental care (Dental Services)
- The use of computer workstations and display screens.

**8.3** The PCT is committed to reducing the likelihood of injury from all tasks undertaken by its employees, not just those for which there is specific legislation.

The Back Care Advisor will provide ergonomic advice and assessment to any PCT employee. Common referrals for ergonomic advice include:

- Return to work assessment and support.
- Workplace assessment.
- Seating assessment.
- Environmental assessment.
- Workplace adaptations.

## **9. Health surveillance**

**9.1** The PCT has a legal duty to provide health surveillance for staff with an identifiable health condition related to their work (MHSWR). Because of the high population incidence of back pain this applies to all PCT staff. All staff must answer the health surveillance questions on the Manual Handling Appraisal Form (MH2). Information gained from this process allows the manager to check the effectiveness of control measures, review the risk assessment and protect individuals at increased risk.

**9.2** Staff with health problems affecting their ability to undertake their responsibilities must be referred to the Occupational Health Department for expert advice.

## **10. Physiotherapy for PCT staff**

**10.1** The PCT will provide physiotherapy for all its employees through PhysioWorks, a specialist occupational physiotherapy service funded exclusively for PCT staff. Staff can access PhysioWorks by self-referral, line manager referral, Human Resources or Occupational Health.

**10.2** The Human Resources Department will provide PhysioWorks with monthly details of staff who are absent from work due to musculo-skeletal disorders. Managers will also inform PhysioWorks if they have staff absent for more than 10 working days. PhysioWorks will make contact with absent staff and offer advice and treatment aimed at rehabilitating them back to their normal functional level. There is no obligation for staff to attend PhysioWorks (see Appendix 4).

**10.3** Confidentiality is a core principle of healthcare practice. PhysioWorks will operate within accepted professional standards of confidentiality. The informed consent of the patient will be required before any confidential information is shared with a third party.

## **11 Monitoring and audit**

**11.1** Heads of service across the PCT are required to complete the Manual Handling Monitoring Checklist (appendix 5) and return it to the PCT Risk Advisor by 31<sup>st</sup> December each year. This will provide assurance to the Health and Safety Group that the policy is being followed.

**11.2** Individual line managers, team leaders and any staff with supervisory responsibilities are encouraged to use the manual handling monitoring checklist to ensure they are following correct procedure in their area of responsibility.

**11.3** The Back Care Advisor, working with the PCT Health and Safety Group will monitor the effectiveness of this policy by reference to risk management data provided by the Datix system and by sickness absence information provided by Human Resources Department.

**11.4** The Education and Training Department will monitor the uptake of manual handling appraisal and mandatory training.

**11.5** An annual audit of compliance with this policy will be completed by the Back Care Advisor by reference to a sample of the documentation held by individual services.

## **12. Responsibility and accountability**

### **12.1** The PCT Board.

The PCT Board recognises its responsibility to ensure the health, safety and welfare at work of all employees.

The PCT Board is committed to do all that it is reasonable to prevent personal injury and protect everyone from foreseeable work hazards, and to support staff who have back or musculo-skeletal conditions to stay at, or return to work.

### **12.2** Heads of Service.

Heads of service must ensure that manual handling monitoring checklist are returned to the PCT Risk Advisor by 31<sup>st</sup> December each year

### **12.3** Managers.

Line managers are responsible for ensuring that their staff are adequately skilled and have the necessary information to undertake their roles within the PCT. These responsibilities include:

- Assessing the skills of their staff to carry out the work for which they are employed (using the process described above).
- Ensuring that new staff do not commence their duties until they have the appropriate skills to do so.
- Allowing sufficient time for staff to undertake training during their working hours.
- Ensure all patients with manual handling needs have current and accurate client handling assessments in their care plans.
- Maintain accurate load handling assessments for all non-client tasks with significant risks of injury.
- Ensure that manual handling equipment is managed in accordance with this policy.
- Addressing known problems in the workplace that are contributing to musculo-skeletal disorders for staff.
- Inform the Back Care Advisor or PhysioWorks of staff who have been absent from work due to musculo-skeletal disorders for more than 10 working days.
- Ensure that staff adhere to the policy. Breaches of policy should be dealt with by performance or disciplinary procedures.
- Ensure that Manual handling appraisal forms are completed and acted on for all staff.
- Ensure all staff attend back care and manual handling training appropriate to their risk profile and training needs analysis.

#### **12.4 Staff.**

- Assess risk before undertaking any manual handling hazardous tasks.
- Be available and willing to participate in and contribute to manual handling training sessions. For certain groups of staff this will involve practical participation and repeated practice.
- Inform their manager of any health condition that could affect their ability to safely carry out their job.
- Conform to agreed manual handling action plans.
- To only practice within the limits of their knowledge and skills.
- Report any injury, incident or untoward occurrence in line with PCT reporting policy.

#### **12.5 Education and Training Department.**

- Maintain a system to monitor Personal Development Plans to identify staff who are overdue for a Manual Handling Appraisal.
- Maintain a system to monitor the attendance of staff on the mandatory training in general back care, manual handling risk assessment and inanimate load handling.
- Inform managers of staff who are overdue Manual Handling Appraisals or mandatory training in general back care, manual handling risk assessment and inanimate load handling.
- To maintain details of back care and manual handling training on the PCT intranet site

#### **12.6 Human Resources Department.**

Provide PhysioWorks with monthly details of staff absent from work for more than 10 working days due to musculo-skeletal disorders.

## Appendix 1 Manual Handling Assessment Form (MH1)

*For inanimate load handling.  
Use separate patient handling form (MH 3) for named patient handling assessment.*

Description of activity being assessed
Where does this activity take place?
Why can't this activity be avoided?
Who is at risk from this activity?

	Yes	No	Sometimes
<b>Does the activity involve?</b>			
Holding loads away from trunk?			
Twisting?			
Stooping?			
Reaching upwards?			
Long carrying distances?			
Strenuous pushing or pulling?			
Repetitive handling?			
Insufficient rest or recovery time?			
<b>Does the activity:</b>			
Require unusual physical capability?			
Present a hazard those with a health problem?			
Present a hazard to those who are pregnant?			
Call for special information/training?			
<b>Is the load:</b>			
Heavy?			
Bulky or unwieldy?			
Difficult to grip?			
Unstable or unpredictable?			
Intrinsically harmful (eg sharp/hot/infection risk)?			
<b>Does the working environment have?</b>			
Constraints on posture?			
Variations in levels?			
Poor floors?			
Poor lighting conditions?			
Infection control hazards that affect the manual handling?			



## Appendix 2. Manual handling appraisal form (MH2)

To identify manual handling training needs.  
This appraisal forms part of regular supervision.

<b>Name:</b>		<b>Work base:</b>	
<b>Job title:</b>			
<b>Supervisor:</b>			
<b>Section 1.</b> Indicate whether you are confident and have the necessary skills to use the manual handling equipment identified below.		Confident and skilled (Y/N)	Training needed (Y/N)
Indicate areas i	Enter details of regularly used manual handling equipment here.		
<b>Section 2.</b> Indicate whether you are confident and have the necessary knowledge and skills to undertake the following regularly performed patient handling activities. Specify areas in which training is required. Indicate non-applicable areas with an 'x'		Non-applicable ('x')	Confident and skilled (Y/N)
Sitting-standing, standing and walking.			
Bed mobility.			
Lateral transfers eg chair to chair.			
<b>Section 3.</b> Manual handling and back care refresher training. All staff must attend this training at least every 2 years.			
Date last attended:			
Use this section to list any other regularly performed manual handling activities not identified above (continue on separate sheet if necessary):		Confident and skilled (Y/N)	Training needed (Y/N)
Enter details here.			
<b>Section 4. Advice and support</b>			
I know that I can access further manual handling and back care advice from the PCT Back Care Advisor (Physiotherapy Services 0114 231 9820)			
<b>Section 5. Health surveillance and physiotherapy advice.</b>		I don't have a health condition.	
Do you have any health conditions, that affect your ability to undertake manual handling at work? (delete one box)		I have a health condition.	
If you have answered ' <b>yes, I have a health condition</b> ' to this question you should be referred to the Occupational Health Department for further assessment and advice.			
I am aware that if I have a back injury or other musculo-skeletal problems I can contact the Back Care Advisor for advice and support in managing the condition.			
Signed (staff):		Signed (line manager):	
Date:		Date:	

# Manual handling appraisal form (MH2).

Section 6 –Individual training plan.				
Name:		Line manager:		
Training need. (agreed and discussed with staff)	Details of training.(eg 1:1, shadowing, supervision, formal training, information, on-line training.)	Training deadline	Completed. Staff and trainer sign and date to indicate training need addressed.	
			Signed	Date
Signed (staff):		Signed (line manager):		
Date:		Date:		



## Appendix 3.

### Patient handling assessment from (MH3)

*To be completed for all patients with moving and handling needs.*

*This assessment is part of the formal patient record/car plan.*

Patient name:		Date of birth				NHS no:		
Weight (enter known date or estimate)	Weight:	kgs.	Light		Medium		Heavy	
Height (enter known height or estimate)	Height:	m.	Short		Medium		Tall	
Bed type/mattress (tick box)	Double	Single	Height adjustable	Profiling	Moveable	Airflow mattress	Other (specify):	
Bed location:								
Falls risk (tick box)	Low		Medium			High		
Pain:								
Skin lesion:								
Problems with comprehension/understanding:								
Problems with behaviour/understanding/anxiety:								
Environment:								
Cultural/belief considerations:								

**Patient handling assessment from (MH3)**

Patient name:		Date of birth	NHS no:
<b>CodeI:</b> independent		<b>S:</b> Supervision	<b>A1:</b> Assistance of 1
		<b>A2:</b> Assistance of 2	<b>U:</b> Unable <b>N/A:</b> Not applicable
Activity	Code	Equipment	How to assist
Walking. full-partial-touch-non- weight bearing (circle)			
Stairs			
Standing from sitting			
Sitting balance			
In/out of bed			
Turning in bed			
Moving up bed			
On/off commode or toilet			
Help with urinal			
Help with slipper/bed pan			
Dressing/undressing			
Washing/grooming			
Other:			
Other:			
Other:			

# PhysioWorks@sheffieldpct

### What is PhysioWorks?

- ✓ PhysioWorks is a musculoskeletal physiotherapy service available to Sheffield PCT staff.
- ✓ PhysioWorks is staffed by experienced senior NHS Chartered Physiotherapists.

### PhysioWorks will help to:

- ✓ Get you back to your normal activities.
- ✓ Promote an early return to work as appropriate.
- ✓ Maintain staff in work and normal activities following musculo-skeletal disorders.

### What will we do?

We will ask you about your condition, your lifestyle, and your work, give you a full functional assessment and follow this up with treatment and advice. We will help you to get back to fitness by advising what is safe for you and how to adapt work and other activities appropriately.

Our interventions will be designed to rehabilitate staff back to full function in and out of work. These will include:

- ✓ Full functional assessment.
- ✓ Physiotherapy treatment and advice.
- ✓ Management of work related factors associated with the condition.
- ✓ Risk assessment and management.
- ✓ Advice to enable you to maintain their condition.

### When should you refer yourself?

As early as you can. It might be that we can advise you over the telephone in the early stages, and this will prevent long term problems. If you have been off work for more than a few days you should definitely refer yourself.

### Can your manager refer you?

Your manager can inform us that you are off sick or struggling with a musculoskeletal problem, and we can contact you, but it is entirely your choice whether or not you take this any further.

### Will you be charged for this service?

No, this is available without charge to all PCT staff.

### How can you contact us?

- ✓ On-line: <http://nww.sheffield.nhs.uk/physioworks/>
- ✓ Telephone: 0114 285 5324
- ✓ Fax: 0114 231 9823
- ✓ Email: [physioworks@sheffieldpct.nhs.uk](mailto:physioworks@sheffieldpct.nhs.uk)
- ✓ Post: PhysioWorks, Fairlawns, 621 Middlewood Road, Sheffield, S6 1TT.

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## Appendix 5

### Manual handling monitoring checklist

To be completed annually by Head of Service and returned to PCT Risk Manager by 31<sup>st</sup> December.

Form completed (Head of Service):.....

Date.....

Service area:.....Directorate.....

Contact details:.....

		Yes	No
1	Have generic assessments been conducted in individual service areas?		
2	Are these assessments recorded on the appropriate documentation (Form MH1)?		
3	Have all identified risks been reduced so far as is reasonably practicable?		
4	Are all relevant staff aware of the risks assessments and the necessary control measures?		
5	Have all staff had a manual handling appraisal as part of their regular supervision?		
6	Have the manual handling appraisals been recorded on form MH2?		
7	Have the completed manual handling appraisals (MH2) been recorded on the staff's Personal Development Plans?		
8	Are all staff who manage other staff aware of their responsibilities under this policy?		
9	Are all staff with back problems affecting their ability to work referred to Occupational Health?		
10	Does your service Inform the Back Care Advisor, or PhysioWorks of staff who have been absent from work due to musculo-skeletal disorders for more than 10 working days.		
11	Do all patients with manual handling requirements have a patient handling assessment (form MH3) as part of their care plan?		
Any additional comments/further action:			

