

UNIVERSITY OF WALES COLLEGE OF MEDICINE
CARDIFF AND VALE UHB

Manual Handling Risk Assessment Form MHO2

GUIDANCE ON COMPLETING THE FORM

HAZARD = source of potential harm or damage or a situation with potential for harm or damage;

RISK = is a combination of the likelihood and severity of a specified event (accident or incident).

The Manual Handling Operations Regulations 1992 supports the Health and Safety at Work etc. Act 1974. A breach of these Statutory Regulations is a criminal offence.

This form is used to determine the potential severity of a manual handling activity. The objective of risk management is to reduce the LIKELIHOOD of incidents occurring that could have significant consequences (SEVERITY) for staff, patients or the Trust.

There are no correct/incorrect/absolute values for risk rating; different people will have different perception of risk based on their experiences. The risk assessor should consult with all persons carrying out the tasks concerned so that a reasonable agreed figure is obtained. Carrying out effective risk assessment and applying appropriate control measures together with training can help minimise the potential for injury and/or damage. The RISK LEVEL ESTIMATOR (over page) will help with this process.

The MHO2 Form takes the Risk Assessor through a structured assessment process, all sections of the form must be completed and the 'Working Risk Rating' must reflect the actual risks faced.

The completed form must be kept in the Directorate Health and Safety file and a copy at the location where the work activity is carried out. A copy of the assessment must be available at all times.

ADMINISTRATION DETAILS – Hospital, Directorate and Location

The location is the area where the risk assessment applies e.g. Ward A6, Radiology, etc.

DESCRIPTION OF MANUAL HANDLING TASK

Write down the details of the generic manual-handling task for which the assessment applies, e.g. bathing a patient, transferring patient from chair to bed, moving heavy equipment etc.

LIST WHO MAY BE HARMED

Consider what staff are likely to be involved in the task, remember to consider staff and students in training and other staff involved e.g. radiographers, physiotherapists, porters etc. Also, consider how the patient or non-employee could be injured.

HAZARDS INVOLVED WHEN TASK IS PERFORMED

Consider the headings; 'Task, Load, Individual Capability and Working Environment' tick the appropriate boxes that reflect most accurately what is involved in the manual-handling task. Use the information so far recorded to estimate the 'Working Risk Rating (WRR)'. The 'Probable Likelihood Rating (PLR)' being the frequency in which a manual-handling task could go wrong and result in possible injury (it is NOT how often the task is done). The 'Potential Severity Rating (PSR)' is the estimate for how significant the resulting outcome could be. Simply calculate: $PLR \times PSR = IRR$.

FREQUENCY OF ACTIVITY

Record the estimated number of times the activity being assessed takes place during any one working shift. The frequency of an activity might identify the need for additional control measures e.g. more that one hoist on a ward, more slide sheets, etc.

CONTROL MEASURES ALREADY TAKEN TO REDUCE RISK

List the controls already in use e.g. variable height bath; slide sheets, patient hoist, variable height couches, low loading trolleys, staff training, maintenance of equipment etc.

ADDITIONAL CONTROL MEASURES REQUIRED

This part of the form is used to determine and justify the need for additional controls; there will be occasions when the 'Additional Control Measures Required' may take some time to implement. The request for these controls should form part of the Directorate Health and Safety Plan, the 'Residual Risk Rating (RRR)' indicating how the risk can be reduced.

ACTUAL WORKING RISK RATING (WRR)

This must reflect all the sections covered by this form that have been applied, but not the 'Additional Control Measures' unless they have been implemented. In this case the RRR and the WRR will be the same.

ASSESSORS

The risk assessor should be a 'senior member' of staff who has undertaken the Trust's/College's 'Working Safely Course' and the 'Manual Handling Assessment' module. The activity should be reviewed whenever there is a change in the process, equipment etc, or following a manual handling incident.

PROGRESS REPORT

This box is used to track progress in implementing 'additional controls' that have been recommended by the Risk Assessor. When all the 'Additional Controls have been implemented a new assessment is needed indicating the 'Working Risk Rating'.

RISK LEVEL ESTIMATOR/WORKING RISK RATING (WRR)

LIKELIHOOD of Adverse Event Occurring X **SEVERITY** of Outcome = **Working Risk Rating**

Likelihood (PLR) \ Severity (PSR)	Almost Certain 5	Likely 4	Possible 3	Unlikely 2	Rare 1
Catastrophic 5	25	20	15	10	5
Major 4	20	16	12	8	4
Moderate 3	15	12	9	6	3
Minor 2	10	8	6	4	2
Insignificant 1	5	4	3	2	1

1 LIKELIHOOD

Taking account of the controls in place and their adequacy, how likely is it that such an incident could occur? Score according to the following scale:

Score	Descriptor	Description
5	Almost Certain	Likely to occur on many occasions
4	Likely	Will probably occur but is not a persistent issue
3	Possible	May occur occasionally
2	Unlikely	Do not expect it to happen but it is possible
1	Rare	Can't believe that this will ever happen

2 CONSEQUENCE

Taking account of the controls in place and their adequacy, how severe would the consequence be of such an incident? Apply a score according to the following scale:

Level	Descriptor	Actual or potential impact on individual	Actual or potential impact on organisation	Number of persons affected	The potential for complaint/litigation
5	Catastrophic	DEATH Toxic offsite release	National adverse publicity Possible investigation	Many e.g. cervical screening disaster, evacuation etc	Litigation expected/certain
4	Major	PERMANENT INJURY Loss of body part(s). Misdiagnosis – poor prognosis. RIDDOR reportable injury	Service closure RIDDOR reportable Long term sickness	Moderate number (e.g. loss of specimens etc)	Litigation expected/certain
3	Moderate	SEMI-PERMANENT INJURY/DAMAGE E.g. injury taking up to 1 year to resolve	Needs careful PR RIDDOR reportable MDA Reportable Short term sickness	Small numbers E.g. 3-10	Litigation possible but not certain High potential for complaint
2	Minor	SHORT TERM INJURY/DAMAGE E.g. injury that has been resolved in 1 month	Minimal risk to organisation	One	Complaint possible Litigation unlikely
1	Insignificant	NO INJURY OR ADVERSE OUTCOME	No risk at all to the organisation	0-1	Unlikely to cause complaint Remote risk of litigation.

RRN Score	RISK LEVEL	ACTION AND TIMESCALE
1 – 5	LOW	No action is required; Form 1A should be kept which demonstrates an awareness of a potential hazard and assessment of risk. No additional controls are required. Consideration may be given to a more cost-effective solution or improvement that imposes no additional cost burden. Monitoring is required to ensure that the controls are maintained.
6 – 10	MODERATE	Efforts should be made to reduce the risk, but the costs of prevention should be carefully measured and limited. Risk reduction measures should be implemented within a defined time period. Where there is a moderate risk further assessment may be necessary to establish more precisely the likelihood of harm as a basis for determining the need for improved control measures. The appropriate risk assessment form MUST be completed for all work related activities falling into this category.
11 – 25	UNACCEPTABLE	Work should not be started until the risk has been reduced. Considerable resources may have to be allocated to reduce the risk. Where the risk involves work in progress, urgent action should be taken. A very detailed risk assessment will be required and a safe system of work implemented and regularly monitored.

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CARDIFF AND VALE UNIVERSITY HEALTH BOARD**

Manual Handling Risk Assessment Form

Hospital Directorate Location

Description of Manual Handling Task:

List Who May be Harmed:

Hazard involved when task is performed

The task – does it involve:

	Tick
Holding loads away from trunk?	<input type="checkbox"/>
Twisting?	<input type="checkbox"/>
Stooping?	<input type="checkbox"/>
Reaching upwards e.g. high shelf?	<input type="checkbox"/>
Large vertical movements e.g. from floor?	<input type="checkbox"/>
Long carrying distances (more than 10m)?	<input type="checkbox"/>
Strenuous pushing or pulling?	<input type="checkbox"/>
Unpredictable movement of loads	<input type="checkbox"/>
Repetitive handling, more than x30 per hour?	<input type="checkbox"/>
Insufficient rest or recovery e.g. work variation and breaks?	<input type="checkbox"/>
The rate of work cannot be varied by the handler?	<input type="checkbox"/>

Individual capability – does the job

	Tick
Require unusual capability i.e. strength, height, age?	<input type="checkbox"/>
Present a hazard to those with a health problem/disability?	<input type="checkbox"/>
Present a hazard to those who are pregnant?	<input type="checkbox"/>
Call for special information/training	<input type="checkbox"/>

The working environment – are there

Constraints on posture i.e. restricted space, low work surface?	<input type="checkbox"/>
Poor floors e.g. uneven, slippery, unstable?	<input type="checkbox"/>
Variations in levels e.g. steps or steep gradient/ladders?	<input type="checkbox"/>
Hot/cold/humid conditions?	<input type="checkbox"/>
Strong air movements e.g. adverse weather?	<input type="checkbox"/>
Poor lighting conditions?	<input type="checkbox"/>

The loads – are they:

Heavy? Please indicate weight <input type="text"/> kg	<input type="checkbox"/>
Bulky/unwieldy e.g. one side heavier, more than 75cm in diameter?	<input type="checkbox"/>
Difficult to grasp e.g. no conventional hand holds?	<input type="checkbox"/>
Unstable/unpredictable	<input type="checkbox"/>
Intrinsically harmful (eg sharp/hot/contaminated)?	<input type="checkbox"/>

Other factors e.g PPE/uniforms/clothing, more than one handler, distractions, congested access etc.

Frequency of Activity:

Control measures already taken to reduce risk:

Existing Working Risk Rating Probable Likelihood Rating X Potential Severity Rating = Working Risk Rating

Additional Control Measures Required:

If the above action is implemented calculate the new risk rating figure

Residual Risk Rating	Probable Likelihood Rating	<input type="text"/>	X	Potential Severity Rating	<input type="text"/>	=	Risk Rating Number	<input type="text"/>
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Actual Working Risk Rating

Working Risk Rating	Probable Likelihood Rating	<input type="text"/>	X	Potential Severity Rating	<input type="text"/>	=	Working Risk Rating	<input type="text"/>
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Assessors

Name	Signature	Position & Contact No.
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Date of Assessment	<input type="text"/>	Review Date	<input type="text"/>	Dates of Review	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Progress Report	WRR	Date & Sign

