


Manual Handling Policy and SOP Mandatory Read



<h1>Manual Handling Policy and SOP Mandatory Read</h1>	
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Policy

1 Purpose and Objectives

The Children's Trust recognises the importance of ensuring the risk to staff, children and young people we care for, is assessed and mitigated as much as is reasonably practicable when moving and handling.

The Manual Handling Operations Regulations (MHOR) 1992 require The Children's Trust to avoid hazardous moving and handling activities where possible, and if they cannot be avoided, to assess and reduce the risks, support the risk assessment and/or care plan process generated for moving and handling and provide training to those affected.

For the purpose of this policy, the term 'moving and handling' will cover animate (our young people) objects and 'manual handling' will refer to inanimate objects.

The objectives of the policy are to:

- Ensure that risks associated with moving and handling are controlled
- Documentation relating to moving and handling is robust and SMART
- Outline The Children's Trust's commitment to meeting its statutory obligations for moving and handling
- Outline the guiding principles in managing moving and handling risks

Relevant laws and regulations include but are not limited to:

- Manual Handling Operations Regulations, 1992.
- Lifting Operations and Lifting Equipment Regulations, 1998.
- Provision and Use of Equipment Regulations, 1992.
- Health and Safety at Work Act 1974.
- Management of Health and Safety at Work Act 1999
- Working Together to Safeguard Children, 2015
- Keeping Children Safe in Education, 2023

2 Scope

This policy applies to:

- All employees at The Children's Trust.

3 Definitions

Unless otherwise stated, the words or expressions contained in this document shall have the following meaning:

Animate loads	Loads relating to children, young people and adults are called animate loads.
Clinical role	This is a role which involves working directly with children and young people.
Consequences	Any unwelcome outcome arising from a manual handling action, regardless of the level of injury resulting.
Control measures	Actions or measures put in place to reduce the risk.
Hazard	Something with the potential to cause harm, injury or loss.
Hazardous manual handling operations	Any manual handling operation which could cause injury or harm to an inanimate or animate load and its handlers.
Inanimate loads	Non-living objects are inanimate loads, e.g. boxes and oxygen cylinders.
Incident	A measure of the adverse impact of the predicted event, in terms of harm, loss or damage on people, property or the TCT's objectives Incident & Risk Assessment Reporting system
IRAR	A measure of the probability that the predicted event will occur.
Likelihood	Lifting Operations and Lifting Equipment Regulations.
LOLER	
Manual handling	MHOR (1992) defines 'manual handling' as activities which involve the supporting or transporting of a load by hand or bodily force. This can include lifting, lowering, pushing, pulling and carrying of an inanimate or animate load. For the purposes of this policy, the term 'manual handling' refers to the moving and handling of an inanimate object. The term 'moving and handling' relates to the moving and handling of an animate load such as our young people. (if this change is accepted then the terms in these procedures and the policy will need to change).
MHOR	Manual Handling Operations Regulation.
PUWER	Provision and Use of Work Equipment Regulations.
Risk	The likelihood of the hazard being realised and/or staff, children and young people and others being exposed to the hazard.
SOP	Standard Operating Procedures.
Support services role	This is a role which involves supporting clinical operations and child facing services.
Therapeutic handling	This consists of any handling in a rehabilitation or therapy treatment programme. It includes any treatment where force is applied through any part of the body to any part of the child/young person (Chartered Society of Physiotherapy, 2014).

4 Policy Statement

This section sets out the organisation's intention and the guiding principles in relation to manual handling at The Children's Trust, which include:

- 4.1 Ensuring there are appropriate arrangements in place for the management and control of moving and handling activities.
- 4.2 Undertaking an assessment of moving and handling activities, evaluating the risks, and where necessary, taking precautions to reduce them.
- 4.3 Providing suitable handling aids and equipment to reduce the risk of injury to staff and children and young persons in our care.
- 4.4 Having in place emergency procedures for moving and handling children and young persons in the event of a fire or other emergency.
- 4.5 Maintenance, examination and testing of equipment used for moving and handling.
- 4.6 Providing training, information and instruction on moving and handling risks for all areas of the organisation.
- 4.7 Monitoring the effectiveness of moving and handling risk controls.
- 4.8 Response to any IRAR that requires action/investigation in relation to moving and handling and make the necessary changes to avoid/reduce potential injuries.

5 Stakeholder Consultation

N/A

6 Related Policies and Procedures

The following policies and procedures stated below support the effective application of this policy:

- Health and Safety Policy.
- Fire Policy and Procedures.

7 External References and Guidance

The following external resources and guidance were consulted in drafting this policy:

- Manual Handling Operations Regulations, Guidance on Regulations, HSE, L23, (4th edition), 2016.
- Guidance on Manual Handling in Physiotherapy, Chartered Society of Physiotherapy (4th edition) 2014.
- Guide to the Handling of People, National Back Exchange, (7^h edition) 2023.
- Manual Handling of Children, National Back Exchange, 2021.
- Risk Management, College of Occupational Therapy, 2010.
- Standards in Manual Handling, National Back Exchange, 3rd Edition 2010.
- Manual Handling, College of Occupational Therapy, 2006.
- Resuscitation Council UK (2020) Guidance for Safer Handling

Appendix 1 – Stakeholder Engagement

Checklist

Review and complete the following checklist to indicate which stakeholders were consulted in the development of this policy.

#	Question	Yes/ No	Stakeholder(s) to be consulted
1	Is there a statutory requirement to have in place this particular policy/ does the policy need to comply with detailed legislation?	Yes	Audit, Risk and Governance Team
2	Is implementation of the policy (or any element of it) dependent on the use of new or existing information technology?	No	
3	Does implementation of the policy (or any element of it) place any demands on/ or affect the activities of the Estates and Facilities teams (e.g. does it impact the provision or maintenance of premises, equipment, vehicles or other TCT assets)?	Yes	Health & Safety Team
4	Does implementation of the policy or any element of it involve/ impact the processing of personal data?	No	
5	Does implementation of the policy require significant unbudgeted operational or capital expenditure?	No	
6	Does implementation of the policy (or any element of it) directly or indirectly impact on the delivery of services / activities in other areas of the organisation? E.g. a policy written by a clinical lead in CF&S might impact on the delivery of care for CYP attending the school.	No	
7	Is there a need to consider Health and Safety or potential environmental impacts in developing and implementing the policy?	Yes	Health & Safety Team
8	Have you consulted with a representative of those who will be directly impacted by the policy?		Yes, critical readers
9	Please detail any other stakeholder groups consulted, if applicable.	Yes	Audit, Risk and Governance Team

Standard Operating Procedures (SOP)

1 Roles and responsibilities

- Senior Leaders

Senior Leaders are responsible for:

- ensuring that there are appropriate arrangements in place for the management and control of moving and handling and manual handling risks.
- receiving and acting on information on the organisation's compliance, raised directly or through reports shared with them.

- Managers

Managers are responsible for:

- safe systems of work and monitoring procedures in relation to moving and handling.
- ensuring all staff are adequately trained to undertake moving and handling and manual handling tasks safely before commencing work.
- providing appropriate supervision to support staff with moving and handling tasks.
- ensuring staff are trained to complete moving and handling risk assessments, and that risk assessments are kept up to date and relevant.
- ensuring manual handling risk assessments are undertaken with clear control measures to reduce the risks, and that they are documented and reviewed regularly.
- ensuring that houses/areas have suitable equipment to facilitate safe handling and working postures.
- ensuring staff use appropriate manual handling techniques and equipment.
- reporting to their own manager and Moving and Handling Advisor any instance in which it has not been possible to reduce an identified risk.
- ensuring any incidents/accidents/injuries arising from moving and handling tasks are reported on IRAR.

- Moving and Handling Advisor (Clinical)

The Moving and Handling Advisor (Clinical) is responsible for:

- leading on the Moving and Handling Policy and updating it in line with changes in legislation and best practice.
- providing professional advice and consultation to facilitate compliance with current manual handling legislation.
- contributing to moving and handling assessments and advising on techniques for children and young people at TCT.

- providing advice and consultation regarding child and young person specific moving and handling difficulties.
- providing support and advice for staff with manual handling related queries.
- developing and providing training in manual handling activities for clinical staff.
- taking an overview of the quality and standards for the moving and handling risk assessment documentation.
- taking an overview of the moving and handling passport documentation together with occupational therapists and physiotherapists.
- investigating moving and handling and manual handling related incidents and accidents and disseminate learning across the organisation where appropriate to do so.
- The named Physiotherapist, Occupational Therapist or Nurse would take the lead for risk assessing and completing documentation for the CYP's moving and handling risk assessment.

The Lead Moving and Handling Risk Assessor (Clinical) is responsible for:

- co-ordinating the child-specific risk assessment process on admission and at review.
 - identifying and involving Contributing Moving and Handling Risk Assessors from the multi-disciplinary team to jointly complete the risk assessment process on admission and at review.
 - ensuring that the information contained within the risk assessment and moving and handling passport is current, clear and accurate.
 - ensuring all identified risks to child and staff are reduced to its lowest level where reasonably practicable.
 - ensuring that all identified precautions are listed in the moving and handling passport.
 - prescribing recognised techniques and equipment which minimise risks both to the child and staff.
 - overseeing that any recommended equipment/aids are sourced and allocated to the child.
 - seeking consultation, further advice and support as necessary from the Clinical Moving and Handling Advisor.
 - ensuring that any equipment or techniques are documented and demonstrated to key staff using them.
 - ensuring that risk assessments review dates are set for appropriate timescales, and to be no longer than 12 months or sooner if required.
- Contributing Moving and Handling Risk Assessor (Clinical). This will be the allocated Occupational Therapist, Physiotherapist or Nurse.

The Contributing Moving and Handling Risk Assessor (Clinical) is responsible for:

- working collaboratively with the multi-disciplinary team to produce a holistic child-specific risk assessment and handling plan.
- providing professional clinical reasoning to inform a holistic child-specific risk assessment and handling passport.
- ensuring that all identified precautions are listed in the moving and handling passport.
- prescribing recognised techniques and equipment which minimise risk to the child and staff.
- ensuring that any recommended equipment/aids are sourced and allocated to the child.
- ensuring that any specialist equipment or techniques are documented and demonstrated to staff using them.

- Ensure the use of specialist equipment or/and techniques is shared with the whole team around the child and competency assessed.
- Head of Health and Safety

The Head of Health & Safety, with the support of the Health and Safety Officer is responsible for:

- analysing incident, accident and near miss reports to identify trends and prevent reoccurrence.
 - highlighting risks to the Health and Safety Committee.
 - providing training, support and advice on ergonomic manual handling and handling aids for inanimate objects and loads.
 - training support staff in practical manual handling; Only Inanimate loads not people.
 - providing support with the risk assessing manual handling of inanimate objects and loads on IRAR.
- Employees

Employees are responsible for:

- their own safety and that of others when moving and handling; raising any concerns they have with their manager.
- ensuring the safety of children and young people within their duty of care.
- familiarising themselves with general / child specific moving and handling risk assessments and moving and handling passports.
- ensuring that they use the correct equipment and techniques, outlined in the risk assessment and moving and handling passport, to reduce the risks of harm to children and young people, themselves and others.
- requesting a review of the child specific risk assessment and moving and handling passport if there are changes or they concerned in anyway.
- attending moving and handling training in line with their training requirements and act upon demonstration, instruction and information provided.
- promptly reporting any accidents, incidents or near misses related to manual handling to their manager/supervisor/shift leader and complete an incident report on IRAR.
- wearing suitable clothing and closed flat shoes, short nails and not jewellery as a minimum requirement, and safety footwear if provided, relevant to their role.
- ensuring equipment and slings are clean and in visibly good condition prior to use. Any concerns with use of equipment will be reported to treating therapist and not used until this has been done.
- Be responsible and do not take unnecessary risks ask for support if you are not confident in using the equipment or undertaking a technique.
- Be responsible for their own health and wellbeing in relation to moving and handling.

2 Process

2.1 Risk Assessment Process

- So far as reasonably practicable, The Children's Trust will **avoid** the need for staff to undertake any manual handling operations at work which involve a risk of injury to themselves or others.
- Where it is not reasonably practicable to avoid the need for staff to undertake any manual handling operations at work which involve a risk of themselves or others being injured, The Children's Trust will:
 - make a suitable and sufficient **assessment** of all such manual handling operations to be undertaken by them, having regard to the factors which are specified.
 - take appropriate steps to **reduce** the risk of injury to the lowest level reasonably practicable.
 - take appropriate steps to provide any of those employees who are undertaking such manual handling operations with general indications and where reasonably practicable to do so, precise information to questions within the risk assessment.
 - train and supervise employees in safer handling techniques, introduce appropriate handling aids and maintain these in good working order, which will reduce the identified risk.
- Any assessment shall be **reviewed** (before annual review) by the employer, or staff member deemed responsible to writing it, who made it if:
 - there is reason to suspect that it is no longer valid; or
 - there has been a significant change in the manual handling operations to which it relates.

2.2 Risk Assessment

TCT shall make a suitable and sufficient assessment of:

- the risks to the health and safety of their employees whilst they are at work.
- the risks to the health and safety of persons not in their employment arising out of, or in connection, with the tasks that employees are undertaking.

In considering how best to reduce risks highlighted in the assessment an ergonomic approach is recommended. This approach looks at manual handling as a whole, taking into account five key factors:

- The nature of the **TASK**
- The **INDIVIDUAL CAPABILITIES** of the handlers
- The inanimate or animate **LOAD**
- The working **ENVIRONMENT**
- Any recommended **EQUIPMENT** being used

2.3 Child-Specific Moving and Handling Risk Assessments

The risk assessment should be carried out by an occupationally competent risk assessor. A Lead Moving and Handling Risk Assessor (Clinical) should be identified at pre-admission or on review from the team around the child and should hold a professional registration in one of the following disciplines:

- Occupational Therapy
- Physiotherapy
- Nursing
- Moving and Handling Advisors

The Lead Moving and Handling Risk Assessor (Clinical) should involve other members of the multi-disciplinary team to complete the child-specific risk assessment and moving and handling passport. It is expected that the Lead Moving and Handling Risk Assessor and a Contributing Moving and Handling Risk Assessor, as a minimum, will jointly complete the risk assessment and passport.

Risk assessments for children's moving and handling activities must be recorded and updated with clear and accurate information in the Moving and handling risk assessment document on IRAR or section 5 on electronic records, depending on whether the CYP is under Children and Families services or school residential placement. The task section within the risk assessment and corresponding section in the moving and handling passport must be completed in full. There must also be clear links between the passport and the universal guidelines. All tasks must evidence reasoning for recognised techniques, number of staff and use of recommended equipment. This information must then be delegated to relevant staff before they complete any moving and handling of that child.

A record of the risk assessment and moving and handling passport should be placed in section 5 of a child's care plan. This is to ensure that moving and handling procedures are carried out appropriately.

Neither the risk assessment nor moving and handling passport shall be amended or altered in isolation of each other. The risk assessment informs the passport. It is good practice to review both documents together when a need to change how the child is moved or handled is identified or reported.

All child-specific risk assessments must be reviewed as a minimum within a period of 12 months. If there are any changes in the child's functional abilities or additional assistance by staff is required, then a review should be requested and brought forward. In the first instance, a request to review the risk assessment and moving and handling passport should be directed to any one of the named moving and handling risk assessors, and according to the identified risk this will be prioritised accordingly.

If an incident or accident occurs, the risk assessment and moving and handling passport must be reviewed within 24 hours. This is to reduce the risk of further incidents re-occurring.

2.4 General Manual Handling Risk Assessments

Risks with inanimate manual handling activities must be recorded using a general manual handling assessment on IRAR.

- Generic risk assessments will be reviewed on IRAR if there is an accident, if there are changes affecting the assessment and in line with their risk rating: Extreme and High-rated risk assessments are reviewed at least annually.
- Moderate-rated risk assessments are reviewed every two years.
- Low-rated risk assessments are reviewed every three years.

2.5 Moving and Handling Training

All staff must attend the relevant moving and handling training course at the stipulated intervals. Moving and handling training must meet National Back Exchange standards. All training programmes must encourage staff to avoid hazardous manual handling, where it is so far as reasonably practicable, but must also train them in the correct application of manual handling techniques when it cannot be avoided.

All moving and handling training will be delivered by competent manual handling trainers. Trainers for clinical moving and handling shall hold qualifications relevant to the safe moving and handling of people.

Staff shall not undertake any moving and handling activity without first receiving the appropriate moving and handling training.

Training requirements at TCT are as follows:

Support services roles:

- new starters in support services roles must carry out the Health & Safety Induction, which includes basic manual handling guidance.
- support services staff whose job role involves a degree of manual handling (Site Logistic Operators, Maintenance Team and Retail Staff) attend a practical manual handling session, tailored to their specific tasks every three years with annual online refresher training available on the Loop. Additional online training is provided for staff that regularly move and handle furniture. For staff in office-based roles online training, 'Looking after your back' is available on the Loop. See Appendix 2.

Clinical roles:

- new starters in clinical roles must attend the moving and handling induction course before commencing any duties within their employed role. The induction course consists of one full day with both theory and practical elements.
- clinical staff should attend refresher moving and handling training annually, as a minimum requirement. This is a half day course comprising of an overview of the theory, alongside a practical session. See Appendix 3.

Managers shall identify the training needs of all their staff, including themselves. They are responsible for ensuring that all their staff receive moving and handling training, and that staff are released to attend the training sessions. Training compliance is monitored via Access, TCT's electronic training system. Staff and managers can monitor their compliance via this system. They are also able to rebook courses, via this system, to maintain compliance.

Each year, the moving and handling training plan will be reviewed between the Learning & Development department and Moving and Handling Advisor (Clinical). All moving and handling training courses will be organised and administered through the Learning and Development department. Records shall be kept of all training staff have attended. Learning and Development will hold these records on Access, TCT's electronic system.

2.7 Equipment

Under LOLER, statutory duties are placed on TCT in relation to the use and maintenance of lifting equipment; failure to comply is a criminal offence. Therefore, TCT must have systems in place for the on-going examination, and maintenance of all lifting equipment, and the training of staff in the safe use of this equipment.

Under PUWER, duties are also placed on TCT in relation to the use and maintenance of all equipment, therefore TCT needs to have an ongoing programme of inspection and maintenance to ensure it is safe.

- Examination of hoists

Hoists (ceiling track and mobile) are required to be thoroughly examined every six months by a competent person. For TCT, the competent person for a thorough examination and test is provided by a contracted external agency, on a planned maintenance programme. A central register for hoisting equipment is available through the Facilities department.

- Examinations of slings

Any slings which are to be used with a hoist should be examined visually before every use. In addition to this, all slings in use should be thoroughly examined against LOLER criteria once a week. This should be completed by house staff, and this documentation should be recorded and stored.

All slings on site, regardless of being in use or in assessment stock, need to be LOLER inspected by a member of the Therapy team or external service provider every six months. Each sling is to be inspected against a standard LOLER checklist. These checklists are stored on the respective Therapy internal S and T drives.

- Reporting faults, breakdowns or defects

Staff must report any faults or breakdowns with hoisting equipment by raising a ticket through the Facilities Helpdesk. This is to be done via the Loop by submitting a maintenance request. The Clinical Assets department will co-ordinate a call out to an external agency for the repair to be carried out.

Any defects to slings need to be reported to the child's allocated Occupational Therapist immediately. If the child's Occupational Therapist is not available, then it must be reported to a member of the respective Therapy team or the Moving and Handling Advisor. The sling should be taken out of use whilst awaiting for inspection by therapy team.

2.8 Moving and Handling in Fire Evacuations

Personal emergency evacuation plans (PEEPS) must be completed for each child or member of staff who needs assistance to evacuate. The template for the PEEP can be found as Appendix 4 in the HS012 Fire Policy and Procedures. See HS012 Fire Policy and Procedures for further general

information. House managers are responsible for ensuring that these are carried out and completed, with the support of an occupational therapist or physiotherapist if required for complex postural care needs. Completed PEEPS should be kept in Section 2 of the child's care plan and a copy should be posted on the inside of the child's wardrobe in their bedroom, for ease of access.

2.9 Moving and Handling in Emergencies

Staff must refrain from performing manual tasks in any way that contravenes their training and the advised safe systems of work, except in extreme or life-threatening situations. The moving and handling annual refresher and induction training includes practical advice on how to move a child or young person in an emergency.

2.10 Fitness to perform manual handling activities.

All staff and volunteers are encouraged to declare any medical conditions, including musculoskeletal injuries, which might affect their ability to fulfil manual handling requirements for their role. Health declarations are to be discussed with their line manager, who can make a referral to Occupational Health, or the employee can approach their General Practitioner. Guidance for how to refer an employee to Occupational health can be found on the Loop. Upon receipt of a letter from a General Practitioner or Occupational Health nurse, reasonable adjustments to the employee's role requirements should/must be considered.

2.11 Audit Reporting

The Health & Safety team will include manual handling within their auditing, sharing findings with the Health & Safety Committee.

3 Related Policies and Procedures

The following policies and procedures support the implementation of this SOP:

- Health and Safety Policy.
- Fire Policy and Procedures.
- Mobile Hoist Policy and Procedures.

4 External References and Guidance

The following external resources and guidance were consulted in drafting this procedure:

- Health and Safety at Work Act 1974
- Manual Handling Operations Regulations 1992 (amended 2002)
- Lifting Operations and Lifting Equipment Regulations 1998
- Provision and Use of Work Equipment Regulations 1998
- Management of Health and Safety at Work Act 1999
- Human Rights Act 1998
- Equality Act 2010
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013

- Care Act 2014
- Mental Capacity Act 2014.

Chartered Society of Physiotherapy

- Guidance on Manual Handling in Physiotherapy (4th edition) 2014.

Royal College of Occupational Therapy

- Manual handling 2006.

National Back Exchange

- Guide to the Handling of People 7th Edition 2023
- Standards in Manual Handling 2010
- Manual Handling of Children 2nd Edition 2021.

Document Change Control

Version	Status	Description (of changes)	Reviewed by	Reviewed/ Issued Date
0.1	Draft	Rewrite of policy and separation of procedures.	J Matkovich S Rowden M Burrough	August 2020
0.2	Draft	References and stakeholder consultation	J Cooper	September 2020
1.0	Final	Approved	CGSC & FFGPC	October 2020
1.1	Draft	Rewrite of policy and separation of procedures. Changes to risk assessments to reflect clinical and generic processes. Changes to training pathway to clarify training needs for all clinical roles	J Ball A Cooke M Burrough	November 2023
1.2	Draft	References and stakeholder consultation	R Garrod L Hart K Buche M Humphrey-Jones J Bailey	April 2024
2.0	Final	Approved	Clinical Governance	April 2024
2.1	Draft			
3.0	Final			

Appendix 1 – Stakeholder Engagement Checklist

Review and complete the following checklist to indicate which stakeholders were consulted in the development of this policy.

#	Question	Yes/ No	Stakeholder(s) to be consulted
1	Is there a statutory requirement to have in place this particular policy/ does the policy need to comply with detailed legislation?	Yes	Audit, Risk and Governance Team
2	Is implementation of the policy (or any element of it) dependent on the use of new or existing information technology?	No	
3	Does implementation of the policy (or any element of it) place any demands on/ or affect the activities of the Estates and Facilities teams (e.g. does it impact the provision or maintenance of premises, equipment, vehicles or other TCT assets)?	Yes	Joanna Bailey, Head of Health and Safety
4	Does implementation of the policy or any element of it involve/ impact the processing of personal data?	No	
5	Does implementation of the policy require significant unbudgeted operational or capital expenditure?	No	
6	Does implementation of the policy (or any element of it) directly or indirectly impact on the delivery of services / activities in other areas of the organisation? E.g. a policy written by a clinical lead in CF&S might impact on the delivery of care for CYP attending the School.	Yes	Melanie Burrough, Director of Therapies and Education Claire Shiels, Head of Nursing & Care Joanna Bailey, Head of Health and Safety
7	Is there a need to consider Health and Safety or potential environmental impacts in developing and implementing the policy?	Yes	Joanna Bailey, Head of Health and Safety
8	Other stakeholders consulted?	Yes	Health & Safety Committee

Appendix 2 – Support services staff moving and handling training matrix.

Training course	Form of training	Who	When & no. of hours	Compliance frequency
Health & Safety Induction, including basic manual handling	Internal online course accessed via the Loop	All staff	On induction One hour	On induction only
Furniture handling	Internal online course accessed via the Loop	Furniture handlers / retail	On induction One hour	Every 2 years
Looking after your back	Internal online course accessed via the Loop	Support / office-based staff who handle small or infrequent inanimate loads.	1 year after induction 30 minutes	Every 2 years
Bitesize practical manual handling	Internal face to face booked departmentally with H&S Officer	Staff who whose work involves a large amount of inanimate handling, such as SLOs, Gardeners, Retail, Maintenance, Housekeepers, Van drivers, Stores persons, IT staff	On induction One hour	Annually
Manual Handling Risk Assessor training (Support)	Internal online course accessed via the Loop	Staff who lead on inanimate risk assessments for their department / area.	On induction. 2-hour course	Not applicable
Manual Handling Train the Trainer / Refresher certification (Accredited RoSPA Level 3)	External face to face course co-ordinated by Learning and Development Department	Health & Safety Officer	3 days, and then 1 days every 2 years there after	Every 2 years