



National Policy  National Procedure  National Protocol  National Guideline   
National Clinical Guideline

## HSE National Manual Handling and People Handling Policy 2025

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HSE National Manual Handling and People Handling Policy
<b>Topic:</b>
Manual Handling and People Handling
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<b>Short summary:</b>
This Policy applies to all HSE employees, fixed term employees and temporary employees. It also applies to agency workers, contractors or any other persons who carry out manual handling and people handling activities as part of their work for the HSE.
<b>Description:</b>
The purpose of this Policy is to support compliance with the Safety, Health and Welfare at Work Act, 2005 and the Safety, Health and Welfare at Work (General Application) Regulations 2007, by: <ul style="list-style-type: none"> <li>• Clearly stating the HSE's policy in relation to manual handling and people handling.</li> <li>• Establishing organisational responsibilities in relation to the management of manual handling and people handling.</li> <li>• Establishing a manual handling and people handling risk assessment approach to avoid or reduce, so far as is reasonably practicable, the risks associated with manual handling and people handling activities.</li> <li>• To enhance workplace safety, reduce injuries and improve employee wellbeing.</li> <li>• To provide the highest quality of care to service users.</li> </ul>

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# 1. Planning

## 1.1 Policy Statement

- 1.1.1** It is the policy of the Health Service Executive (HSE) to reduce, so far as is reasonably practicable, the risks associated with manual handling and people handling activities in line with legislative requirements and best practice by adopting a minimal handling policy.
- 1.1.2** The HSE acknowledges the range and diversity of people handling and manual handling activities associated with the services it provides to include working in uncontrolled environments (e.g. Ambulance Services, services delivered in peoples' homes by Healthcare Professionals, Care Assistants and others) where the manual handling of loads<sup>3</sup> (people and inanimate loads) cannot be avoided, the HSE will take appropriate organisational measures or employ appropriate means to satisfactorily reduce any associated risks utilising a risk assessment process. In the context of this Policy, **Manual Handling** refers to handling of inanimate objects and loads and **People Handling**, is used to refer to the manual handling of people.
- 1.1.3** The key steps in managing manual handling and people handling risks involve:
- Avoiding manual handling and people handling activities which involve a risk of injury.
  - Assessing the risk of injury from manual handling activities that cannot be avoided and implementing controls where necessary.
  - Providing relevant information, instruction, training and supervision.
- 1.1.4** There are many manual handling activities that do not present an increased risk of musculoskeletal injury and are part of everyday work activities. Movement and exercise are key to good spinal health. It is important that managers support positive spinal health among their employees.

**Note:** The terms patient/service user are used interchangeably throughout this Policy and apply to anyone who accesses the services provided by the HSE.

## 1.2 Purpose

The purpose of this Policy is to support compliance with the Safety, Health and Welfare at Work Act, 2005 and the Safety, Health and Welfare at Work (General Application) Regulations 2007 and associated regulations by:

- 1.2.1** Clearly stating the HSE's policy in relation to manual handling and people handling.
- 1.2.2** Establishing organisational responsibilities in relation to the management of manual

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<sup>3</sup> means any transporting or supporting of a load by one or more employees, and includes lifting, putting down, pushing, pulling carrying or moving a load, which by reason of its characteristics or unfavourable ergonomic conditions, involves risk, particularly of back injury, to employees

handling and people handling.

**1.2.3** Establishing a manual handling and people handling risk assessment approach to avoid or reduce, so far as is reasonably practicable, the risks associated with manual handling and people handling activities.

**1.2.4** To enhance workplace safety, reduce injuries and improve employee wellbeing.

**1.2.5** To provide the highest quality of care to service users.

### **1.3 Scope**

**1.3.1** This Policy applies to all HSE employees, fixed term employees and temporary employees. It also applies to agency workers, contractors or any other persons who carry out manual handling and people handling activities as part of their work for the HSE.

Section 38 and Section 39 Agencies are required to adopt or develop a policy of their own which is consistent with this Policy.

This Policy supersedes the HSE Manual Handling and People Handling Policy, 2018.

### **1.4 Objective**

**1.4.1** To review and revise the HSE Manual Handling and People Handling Policy 2018, in line with any identified legislative changes and evidence based practices.

**1.4.2** To outline the clear roles and responsibilities of all responsible persons.

**1.4.3** To outline the HSE approach to manual handling and people handling risk assessment.

**1.4.4** To provide advice on the risk assessment process and guidance on risk reduction measures and evidence based practice which is aimed at minimising the risks associated with manual handling and people handling activities.

### **1.5 Outcome(s)**

**1.5.1** A safer working environment for employees and others who fall under the scope of this Policy by providing a framework for managing the risks associated with manual handling and people handling activities.

**1.5.2** Supports a balanced decision making approach to the assessment and management of risk associated with people handling.

### **1.6 Disclosure of interests**

Members of the Manual Handling and People Handling Policy Development Group (refer to Appendix 9) have declared no conflict of interest.

Conflict of Interest Declaration Forms are retained on file by the National Health and Safety Function (NHSF), Policy Team in line with General Data Protection Regulation (GDPR) requirements.

## 1.7 Alignment with HSE national priorities

**1.7.1** The Policy is aligned to key requirements of:

- [Safety Health and Welfare at Work Act 2005.](#)
- [Safety Health and Welfare at Work \(General Application\) Regulations 2007 and associated regulations.](#)
- [HSE Health Services People Strategy 2019-2024.](#)
- [Sláintecare Reform Programme.](#)

## 1.8 Supporting evidence

**1.8.1** The following legislation is pertinent and was referred to during the development of this Policy:

- [Safety, Health and Welfare at Work Act, 2005](#)
- [Safety, Health and Welfare at Work \(General Application\) Regulations, 2007 and associated regulations:](#)
  - Part 2, Chapter 4 – Manual Handling of Loads.
  - Chapter 2 of Part 2 Use of Work Equipment.
  - Part 6 – Sensitive Risk Groups
    - Protection of Children and Young People.
    - Protection of Pregnant, Post Natal and Breastfeeding Employees.
    - Night Work and Shift Work.
- Employment Equality Act, 1998.
- Human Rights Commission Act, 2005.
- Disability Act, 2005.
- Qualifications and Quality Assurance (Education and Training) Act, 2011.
- Assisted Decision Making (Capacity) Act, 2015.

**1.8.2** Related HSE Polices

- [HSE Corporate Safety Statement](#)
- [HSE Enterprise Risk Management Policy and Procedures](#)
- [HSE Guidance on Completing Occupational Safety and Health Risk Assessment](#)
- [HSE National Guideline on the Safe Moving and Handling of Service Users with Bariatric needs](#)
- [HSE Policy on the Management of Health and Safety in Contract Work: Co-operation and Coordination with Contractors and Others](#)
- [HSE Policy on Statutory Occupational Safety and Health Training](#)

**1.8.3** Relevant Regulators

- Health and Safety Authority (HSA).
- Health Information and Quality Authority (HIQA).
- Mental Health Commission (MHC).

## 2. Methodology

### 2.1 Key questions this National Policy addresses

1. The definitions for manual handling (inanimate loads) and people handling.
2. The identification of trends and patterns in published statistics relating to manual handling (inanimate loads) and people handling incidents in health and social care setting.
3. The identification of best practice in relation to evidence based task specific manual handling risk assessment tools applicable within the healthcare setting.
4. The legal framework in the context of manual handling occupational safety and health legislation.
5. Current evidence and best practice in relation to manual handling (inanimate loads) and people handling practices when delivering care in the home environment.

**Note:** The literature review to include search strategy and supporting evidence can be requested through the [NHSF.Policyteam@hse.ie](mailto:NHSF.Policyteam@hse.ie).

### 2.2 Evidence appraisal

**2.2.1** The literature review is constructed by an appraisal and analysis of the relevant legislation, codes of practice and relevant publications. It involves assessing the relevance of evidence based research studies to determine their suitability for inclusion as set out through the scope of the Policy. The Policy Development Group reviewed the findings of the literature review within the context of the Policy and adopt evidence based recommendations as appropriate.

**2.2.2** The key recommendations in the Policy as derived from evidence based research and the consensus of the Policy Development Group are as follows:

- Adopt the terms manual handling and people handling.
- Describe the HSE approach to manual handling and people handling risk assessment.

### 2.3 Copyright

No copyright or permissions were required in relation to this document.

## 3. Procedure

### 3.1 Roles and Responsibilities

#### 3.1.1 Chief Executive Officer (CEO)

The CEO has overarching responsibility to ensure, so far as is reasonably practicable the safety, health and welfare at work of all employees and others affected by the HSE activities by:

- 3.1.1.1** Ensuring the development of and compliance with this Policy.
- 3.1.1.2** Delegating operational responsibility for the day-to-day discharge of statutory duties under the [Safety, Health and Welfare at Work Act, 2005](#) to the HSE (National) Senior Leadership Team, Senior Managers, Local Senior Managers and Line Managers for all matters within their control.

#### 3.1.2 Senior Managers

Senior Managers are responsible for:

- 3.1.2.1** Ensuring there are adequate and appropriate arrangements in place for the successful implementation, monitoring, evaluation and audit of this Policy throughout their respective areas of responsibility.
- 3.1.2.2** Ensuring necessary resources are allocated and are available for the implementation of this Policy.
- 3.1.2.3** Integrating performance indicators in relation to implementation of this Policy.
- 3.1.2.4** Minimising the potential for manual handling related injuries utilising a proactive risk assessment and adopt an ergonomic approach, taking account of the [general principles of prevention](#)<sup>4</sup> when planning refurbishments or the construction of buildings by consulting with a wide group of professionals/employees at the planning and implementation stages.
- 3.1.2.5** Where 3.1.2.4 above relates to the structures within which people work, a similar principle would apply to any equipment/furniture used.
- 3.1.2.6** Ensuring the following in connection with the procurement of equipment/furniture.
  - Establish a multidisciplinary team to include end users.
  - Apply ergonomic principles.
  - Seek the advice of a competent person (e.g. Manual Handling and People Handling Co-ordinator/Advisor/Instructor or equivalent, Health and Safety Advisor, Quality and Safety Manager) when appropriate.

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<sup>4</sup> [Safety, Health and Welfare at Work Act 2005, Schedule 3 \(irishstatutebook.ie\)](#)

- 3.1.2.7** Ensuring all undergraduates have received a minimal acceptable standard of education and training to safely carry out their manual handling and people handling tasks within a HSE facility.

### **3.1.3 Local Senior Managers**

Local Senior Managers are responsible for:

- 3.1.3.1** Ensuring that all employees are aware of and implement this Policy.
- 3.1.3.2** Where manual handling and/or people handling activities cannot be avoided, ensure that appropriate written risk assessments are carried out in consultation with employees in line with section 3.2 and the HSE's approach to task specific risk assessment as outlined in section 3.3.
- 3.1.3.3** Ensuring there is a process in place for the line managers to communicate, notify and escalate risk.
- 3.1.3.4** Ensuring that competent advice is available and where services have access to Manual Handling and People Handling Co-ordinators/Advisors/Instructors, Quality and Safety Manager, Health and Safety Officers, Occupational Therapist, Physiotherapist their assistance/advice is sought where necessary. Where access is not available contact the National Health and Safety Function for further advice at [www.hse.ie/safetyandwellbeing](http://www.hse.ie/safetyandwellbeing).
- 3.1.3.5** Ensuring that occupational safety and health (OSH) training needs assessments are undertaken and reviewed in line with the requirements of the [HSE Policy on Statutory Occupational Safety and Health Training](#).
- 3.1.3.6** Ensuring that induction for Agency Employees covers local manual handling and people handling procedures.
- 3.1.3.7** Ensuring manual handling and people handling equipment identified through risk assessment is provided and purchased through a consultative process with key stakeholders, (e.g. Physiotherapists, Occupational Therapists, Moving and Handling Co-ordinators/Advisors/Instructors (where available), and any other appropriate personnel).
- 3.1.3.8** Ensuring:
- A register of lifting equipment and lifting accessories is maintained.
  - The EC declaration of conformity is visible on all hoists.
  - Reports of statutory inspections are kept at the place where the equipment is located. Refer to <https://healthservice.hse.ie/staff/health-and-safety/work-equipment-in-the-healthcare-setting/>.
- 3.1.3.9** This equipment must be easily accessible, properly maintained and service records retained.
- 3.1.3.10** Ensuring statutory inspections of lifting equipment are carried out at specified intervals.
- 3.1.3.11** Where health issues may have a bearing on an employee's ability to undertake manual handling and/or people handling make a referral to the Occupational Health Department.
- 3.1.3.12** Ensuring that incidents involving manual handling and people handling are

reported and managed in accordance with the [HSE Incident Management Framework](#).

- 3.1.3.13** Monitoring and reviewing the effectiveness of preventative procedures and measures.
- 3.1.3.14** Auditing the implementation of this Policy annually to ensure the Policy is being adhered to and intended outcomes are being achieved.
- 3.1.3.15** Providing assurances through respective governance structures that the Policy is being effectively implemented, monitored and audited.

### **3.1.4 Line Managers**

General responsibilities of line managers are documented in the local Ancillary Safety Statement and hence are not reproduced here (refer to said document for further information). However, the integral role of the line manager in assessing and reducing risks associated with manual handling and people handling in day-to-day procedures and processes is emphasised here:

- 3.1.4.1** Ensuring that adequate and appropriate arrangements are in place to implement, disseminate and communicate this Policy.
- 3.1.4.2** Ensuring risk assessments for their area of responsibility are completed and reviewed in consultation with employees as per section 3.2.
- 3.1.4.3** Where it is not possible to complete all actions identified due to resources or other constraints, appropriate actions are required to be communicated in line with local agreed routes and processes for the communication, notification and escalation of risk. In the interim the risk will be required to be managed and monitored so far as is reasonably practicable at local level.
- 3.1.4.4** Monitoring and evaluating on a regular basis to ensure that all control measures are effective and continue to meet the requirements to eliminate or reduce musculoskeletal injuries.
- 3.1.4.5** Ensuring that a manual handling training needs assessment (TNA), informed by the risk assessment process has been undertaken for each employee.
- 3.1.4.6** Identifying any training necessary to ensure, so far as is reasonably practicable, the safety, health and welfare at work of each employee including contractors and temporary employees (agency employees).
- 3.1.4.7** Ensuring records of all training undertaken are maintained as per local arrangements.
- 3.1.4.8** Ensuring employees are adequately supervised in the performance of their manual handling and people handling tasks.
- 3.1.4.9** Ensuring that those employees who carry out manual handling and people handling activities receive information, training, instruction and supervision relevant to their role.
- 3.1.4.10** Ensuring that employees receive the necessary information, instruction, training and supervision on the correct use of manual handling and people handling equipment (e.g. hoists, small handling aids, self-leveling trolleys). Training on the use of other work equipment should cover manual handling where

necessary.

- 3.1.4.11** Ensuring that refresher/update training is provided at no greater than three yearly intervals or where there is any major change in the work involved or equipment used, or when an employee is transferred to another activity requiring different loads to be handled.
- 3.1.4.12** Ensuring that employees read and sign that they have read and understand the Policy.
- 3.1.4.13** Taking cognisance of other related policies as appropriate.
- 3.1.4.14** Being aware of the range of employee support services available and advise employees of the services/supports available to them.
- 3.1.4.15** Ensuring that all incidents are reported and managed in accordance with the [HSE Incident Management Framework](#).

### 3.1.5 Employees

Employees are responsible for:

- 3.1.5.1** Taking reasonable care of their own safety, health and welfare and that of others (i.e.) colleagues and service users when conducting manual handling and people handling activities.
- 3.1.5.2** Adhering to this Policy, any supporting local guidelines, operational plans, and safe system of work plans and any associated risk assessments.
- 3.1.5.3** Presenting themselves fit for work<sup>5</sup>. With specific regard to intoxicants, the employee shall: “ensure that he or she is not under the influence of an intoxicant to the extent that he or she is in such a state as to endanger his or her own safety, health or welfare at work or that of any other person”<sup>6</sup>.
- 3.1.5.4** Co-operating in the regular review of the risk assessments and control measures to ensure that they are valid and are being effectively implemented and/or updated as required.
- 3.1.5.5** Undertaking dynamic risk assessments prior to undertaking manual handling and/or people handling tasks. (Refer to section 3.2.5).
- 3.1.5.6** Attending mandatory manual handling/people handling training sessions and ensure that skills taught and principles of good manual handling are implemented.
- 3.1.5.7** Being aware of the quality of their handling skills and work towards developing excellence in this area.
- 3.1.5.8** Ensuring skills are current and inform the manager of any additional training needs.
- 3.1.5.9** Undertaking team handling, using an agreed command to time procedure.
- 3.1.5.10** Making themselves aware of the safe working loads of equipment/furniture within their area (e.g. hoist).

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<sup>5</sup> Fitness to work means that an individual can complete a task safely and without unacceptable risk to themselves, their employing company or a third party. Adapted: (OGP/PIECA 2011 Fitness to Work Guidance for company and contractor health, HSE and HR Professionals)

<sup>6</sup> Safety, Health and Welfare at Work Act 2005, Section 13(1)(b)

- 3.1.5.11** Informing the line manager of any reason (e.g. musculoskeletal injury, disability, illness or pregnancy), which might affect their ability to perform manual handling and people handling tasks or increase the risk presented.
- 3.1.5.12** Working within capabilities and limitations.
- 3.1.5.13** Reporting any defects in equipment/machinery or the place of work and any unsafe systems of work to the line manager.
- 3.1.5.14** Reporting incidents and any difficulties arising with regard to manual handling and people handling tasks in line with the [HSE Incident Management Framework](#).
- 3.1.5.15** Ensuring clothing and footwear are appropriate for workplace tasks.
- 3.1.5.16** Informing the line manager if experiencing any difficulties in the implementation of this Policy.

## 3.2 Risk Assessment

In line with legislative requirements and safety management practice, it is the responsibility of managers to identify hazards at the place of work and to assess the risks presented by those hazards. Employees have a reciprocal duty to adhere to the risk assessment and report any manual handling or people handling issues to the line manager.

In the context of manual handling (inanimate loads) and people handling, these risk assessments include:

- Work Place Manual Handling Risk Assessment
- Task Specific Manual Handling (inanimate loads) and People Handling Risk Assessments.
- Service User Specific Clinical Risk Assessment and Moving and Handling Plan.
- Dynamic Risk Assessment.

### 3.2.1 Work Place Manual Handling Risk Assessment

This is an assessment of the work place in which manual handling (inanimate loads) and people handling activities occur e.g. ward/department/ambulance base/home environment. This risk assessment will identify the range of manual handling and people handling activities, physical work environment, the overall equipment needs, staffing requirements, training needs, the management of emergency situations, existing controls in place and/or additional controls required.

#### ***Supporting Resources***

Generic Risk Assessment Form (NHSF:026:T)

Refer to: <https://healthservice.hse.ie/staff/health-and-safety/manual-handling-in-healthcare/>

Risk Assessment Prompt Sheet Re: Work Place Manual Handling (NHSF:008:T4)

Refer to: <https://healthservice.hse.ie/staff/health-and-safety/manual-handling-in-healthcare/>

### 3.2.2 Task Specific Manual Handling (inanimate loads) Risk Assessment

Task specific risk assessments are required to assess manual handling activities/tasks where the activity/task by reason of its characteristics or unfavourable ergonomic conditions (risk factors, refer to Section 3.4) presents a potential risk of injury to the employee.

Appendix 3 provides a non-exhaustive list of manual handling tasks where a task specific risk assessment may be required.

#### **Supporting Resources**

HSE Manual Handling (inanimate loads) Task Specific Risk Assessment Pathway

Refer to: Appendix 1

Task Specific Manual Handling (inanimate loads) and People Handling Risk Assessment Form (NHSF:008:T1)

Refer to: <https://healthservice.hse.ie/staff/health-and-safety/manual-handling-in-healthcare/>

### Supplementary Risk Assessment Tools (inanimate loads only)

Supplementary manual handling risk assessment tools (e.g. MAC/RAPP/ART)<sup>7</sup> are designed to assist in understanding, interpreting and categorising the level of risk of the various known risk factors associated with manual handling activities.

These supplementary risk assessment tools are not considered complete risk assessments and are used to support the risk assessment process by the identification and consideration of ergonomic risk factors in greater detail.

### 3.2.3 Task Specific People Handling Risk Assessment

Task specific risk assessments are required to assess **all** people handling activities/tasks where the activity/task presents a risk of injury to the employee.

People handling tasks that are similar can be addressed by carrying out a task specific risk assessment and developing standard operating procedures (SOPs) for safe handling practices for these activities (e.g. positioning of patients for specific procedures carried out in theatre, emergency department and radiology).

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<sup>7</sup> Manual Handling Assessment Chart (MAC Tool), used if the task involves carrying or lifting  
Risk Assessment for Pushing and Pulling (RAPP Tool), used if the task involves pulling/pushing  
Assessment of Repetitive Tasks (ART Tool), used if the task involves repeated awkward postures and/or upper limbs/upper body primarily

The SOPs should provide:

- Clear instructions and guidance regarding the method(s) including the minimum number of handlers.
- Any equipment to be used in order to complete the task as safely as possible for the patient/service user and the handler(s).

Appendix 4 provides a non-exhaustive list of people handling tasks/activities where a task specific risk assessment will be required.

### **Supporting Resources**

HSE People Handling Task Specific Risk Assessment Pathway

Refer to: Appendix 2

Task Specific Manual Handling (inanimate loads) and People Handling Risk Assessment Form (NHSF:008:T1)

Refer to: <https://healthservice.hse.ie/staff/health-and-safety/manual-handling-in-healthcare/>

### **3.2.4 Service User Specific Clinical Risk Assessment and Moving and Handling Plan**

Where a service user cannot move independently a Service User Specific Clinical Risk Assessment and Moving and Handling Plan must be carried out with the appropriate clinician which informs the care plan. The assessment will include the manual handling needs of the service user and the safest way of undertaking these tasks while promoting the service user to move independently where safe to do so.

Service User Specific Clinical Risk Assessment and Moving and Handling Plan should commence either on admission/acceptance of a service user to a service or if that is not possible as soon as possible thereafter and will require monitoring and review as the service user needs change. A balanced approach will be followed which considers the wishes and safety of the service user as well as the need to protect the employee from injury.

Each service user who needs assistance will be individually assessed, taking into account their particular needs, capabilities and circumstances including their understanding of the movement and their ability to communicate and help themselves. Particular attention should be paid where English is not the primary language of the service user. The service user and, where appropriate, those acting on their behalf will be actively involved throughout the assessment and decision making process. The independence of the service user will be encouraged at all times. However, the wishes of the service user should not be to the detriment of the health and safety of the employees involved.

Where issues arise, a comprehensive multi-disciplinary risk assessment process including consultation with the service user and their family should take place taking cognisance of the Assisted Decision Making (Capacity) Act, 2015. All complex risk assessments should demonstrate balanced decision making, clinical reasoning and where possible should be

evidence based. Where a resolution cannot be reasonably achieved at local level, this should be escalated to senior management.

Appendix 5 provides a non-exhaustive list of People Factors that may be relevant to the moving and handling of service users.

### **Supporting Resources**

HSE People Handling Task Specific Risk Assessment Pathway  
Refer to: Appendix 2

A sample Service User Specific Clinical Risk Assessment and Moving and Handling Plan Sample (NHSF:008:T5) is available at:  
<https://healthservice.hse.ie/staff/health-and-safety/manual-handling-in-healthcare/>

### **3.2.5 Dynamic Risk Assessment**

Dynamic risk assessment is the continuous process of identifying hazards, assessing risk, taking action to eliminate or reduce risk. Before carrying out manual handling or people handling tasks, employees are required to dynamically assess the situation; take account of the training they have received and the information provided relating to the task and satisfy themselves that it is safe to proceed with a moving and handling task in any given set of circumstances.

It is important to recognise that circumstances can often vary, even when performing similar manual handling and people handling tasks, and it is often this variation which causes concerns. (e.g. positioning of service users for specific procedures carried out in theatre, emergency departments and radiology or when working in a service users home changes may include the positioning of furniture, the introduction of new equipment/furniture or obstructed access).

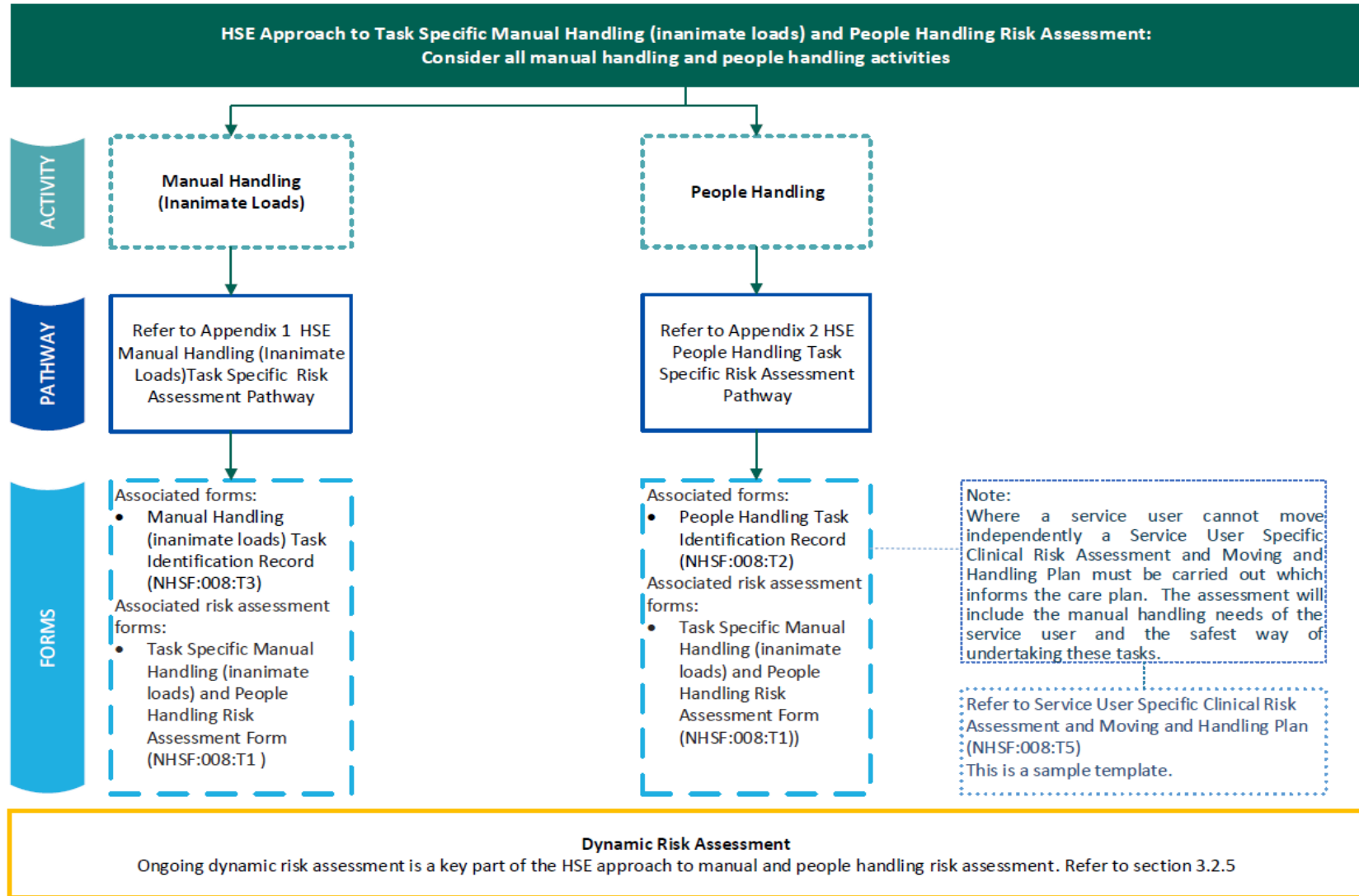
Dynamic risk assessments (undocumented) are not a substitute for a documented risk assessment. However, it is acknowledged that it is not always possible to identify all hazards where the working environment and or the interaction with the service user is outside the employer's control. Any concerns must be reported to the line manager at the earliest opportunity and the risk assessment reviewed and updated as appropriate.

## **3.3 HSE approach to Task Specific Manual Handling (inanimate loads) and People Handling Risk Assessment**

In line with legislation, there is a requirement to carry out a risk assessment on all work tasks which involve manual handling (inanimate loads) and people handling, where the load which by reason of its characteristics or unfavourable ergonomic conditions poses a risk to employees.

The risk assessment process should ensure that these tasks are assessed to identify risk factors and to decide on appropriate control measures to avoid or reduce the risk of musculoskeletal injury. The HSE approach **to task specific manual handling (inanimate loads) and people handling risk assessments** is outlined in Figure 1 below. This approach will help guide and support the manager in determining the most appropriate risk assessment pathway for both manual handling

(inanimate loads) and people handling activities (**refer to Appendix 1 and Appendix 2 for risk assessment pathways**). The manager is also signposted to the associated forms and template.



**Figure 1 HSE approach to Task Specific Manual Handling (inanimate loads) and People Handling Risk Assessment**

### **3.4 Undertaking Task Specific Manual Handling (inanimate loads) and People Handling Risk Assessments**

- 3.4.1** The risk assessment process is designed to identify the risks associated with the manual handling of loads utilising an ergonomic approach. This involves considering the risk factors associated with the Task, Individual, Load, Environment and Other risk factors commonly known as TILEO. The aim of the risk assessment is to eliminate/reduce the risks as far as is reasonably practicable. The hierarchy of controls<sup>8</sup> should be followed, with manual handling tasks being eliminated, where practical.
- 3.4.2** Ongoing dynamic risk assessment (continuous process of identifying hazards, assessing risk, taking action to eliminate or reduce risk) forms a key part of the risk assessment process.
- 3.4.3** The risk assessment process can be broken down into a number of steps as outlined in Figure 2.

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<sup>8</sup> The hierarchy of control is a step-by-step approach to eliminating or reducing risks and it ranks risk controls from the highest level of protection and reliability through to the lowest and least reliable protection

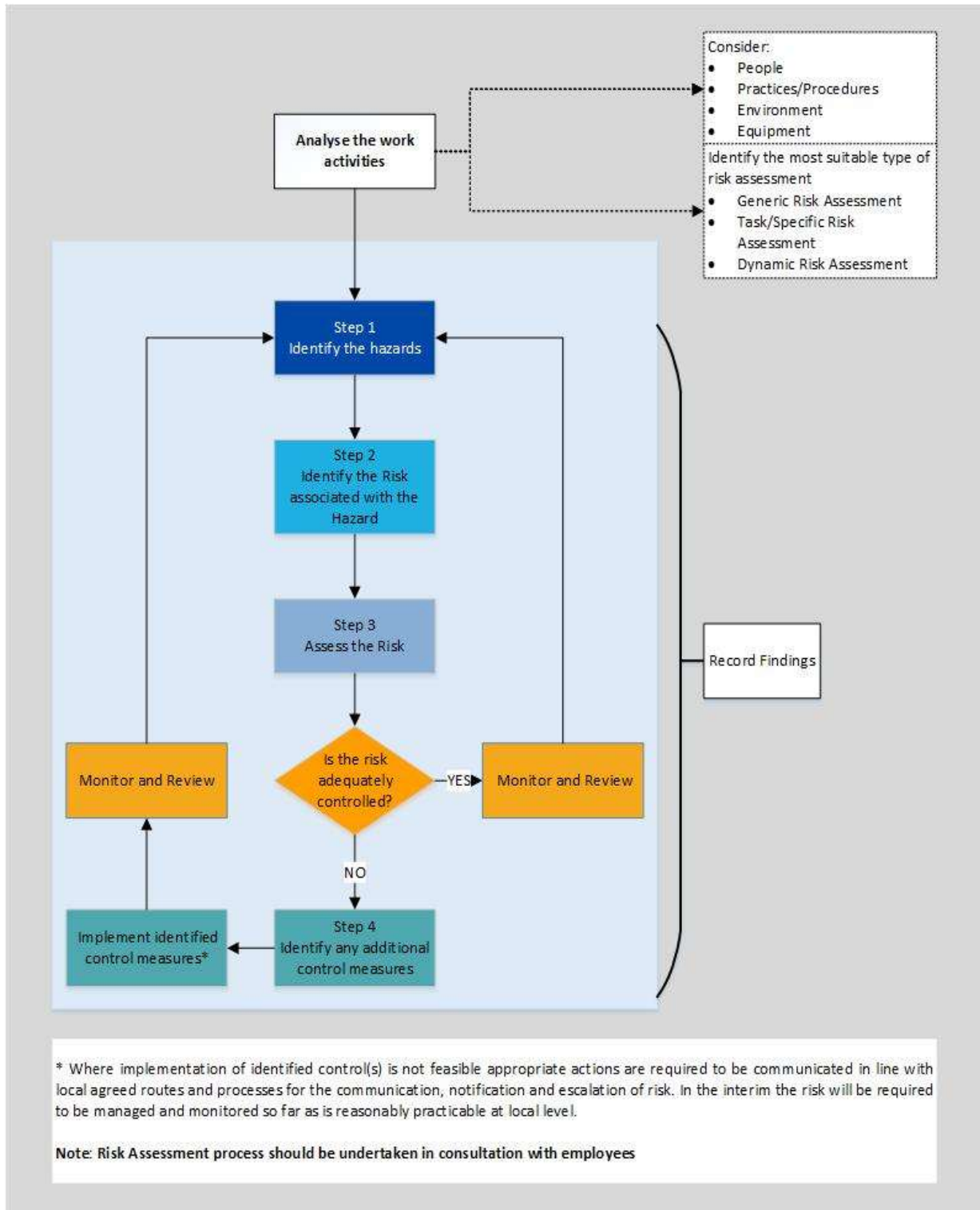


Figure 2 OSH Risk Assessment Process

### 3.4.3.1 Analyse the work activities

To undertake a task specific risk assessment, it is important to understand what manual handling and people handling activities in the workplace could present a risk of injury to employees.

For manual handling (inanimate loads) activities consider the below;

1. Does the load exceed the guideline weights?
2. Does the load NOT exceed the guideline weights BUT involves awkward postures imposed by a work activity or the environment, or is repetitive?
3. Is the manual handling task associated with any Unit/Department incidents/ill health?
4. Have staff reported any issues associated with the manual handling task?

Once identified record these activities/tasks on the Manual Handling (inanimate loads) Task Identification Record (NHSF:008:T3)

For people handling activities/tasks record all activities on the People Handling Task Identification Record (NHSF:008:T2)

***Note: it is important to consider infrequent/non-routine tasks as well as the day to day activities/work processes within the unit/department.***

#### ***Supporting Resources***

Manual Handling (inanimate loads) Task Identification Record (NHSF:008:T3)

People Handling Task Identification Record (NHSF:008:T2)

Refer to: <https://healthservice.hse.ie/staff/health-and-safety/manual-handling-in-healthcare/>

### 3.4.3.2 Risk Assessment Steps

<b>Step 1 – Identify the hazard</b>
The manual handling (inanimate loads) and people handling activities which present a risk of injury to employees (refer to 3.4.3.1).
<b>Step 2 – Identify the risk associated with the hazard</b>
Where the identified manual handling and people handling activities cannot be avoided the next step is to: <ul style="list-style-type: none"> <li>• Observe the task.</li> <li>• Collect all technical details to include information on the load weight, load size, number of manual lifts; information on postures observed, the work environment and the personnel involved in the activity.</li> <li>• Identify and consider the risk factors by applying TILEO below.</li> </ul>
<b>Risk Factors (TILEO)</b>
<b>TASK</b>
<p>Does the task(s) involve?</p> <p><b>Twisting, bending or reaching upwards?</b></p> <ul style="list-style-type: none"> <li>• Example Object: Reaching for an object in the back seat of the car.</li> <li>• Example Person: Supporting a small child walking/supporting a new mother with postnatal activities.</li> </ul> <p><b>Holding loads at a distance from the body?</b></p> <ul style="list-style-type: none"> <li>• Example Object: Lifting bags of waste.</li> <li>• Example Person: Supporting a patient (e.g. during a surgical procedure).</li> </ul> <p><b>Require frequent/prolonged physical effort? (i.e.) strenuous pushing or pulling?</b></p> <ul style="list-style-type: none"> <li>• Example Object: Pushing a hospital bed along a corridor where there are obstacles, turning/moving hoists over carpeted surfaces.</li> <li>• Example Person: Pushing a patient in a wheelchair up a hill/slope.</li> </ul> <p><b>Repetitive handling?</b></p> <ul style="list-style-type: none"> <li>• Example Object: Bending and loading of hot food trolleys.</li> <li>• Example Person: Assisting a number of residents to get up in the morning, in a short space of time.</li> </ul> <p><b>Long carrying/excessive distances?</b></p> <ul style="list-style-type: none"> <li>• Example Object: Carrying equipment where no trolley/aid is available.</li> <li>• Example Person: Carrying a service user downstairs.</li> </ul> <p><b>Insufficient rest or recovery time?</b></p> <ul style="list-style-type: none"> <li>• Activities that are time bound.</li> </ul>

INDIVIDUAL	LOAD
<p>Does the activity:</p> <ul style="list-style-type: none"> <li>• Require a person of unusual height or strength?</li> <li>• Involve person (s) currently with an injury, health issue or pregnant?</li> <li>• Require specialist manual handling training (e.g. equipment used)?</li> </ul>	<p>Are loads:</p> <ul style="list-style-type: none"> <li>• Too heavy or bulky?</li> <li>• Difficult to grasp?</li> <li>• Unstable or likely to move unpredictably (e.g. Carrying an object with insecure handles)?</li> <li>• Service user being assisted while walking.</li> <li>• Harmful? (e.g. sharp or hot)</li> <li>• Too large for the handler to see over?</li> </ul>
ENVIRONMENT	OTHER FACTORS
<p>Consider:</p> <ul style="list-style-type: none"> <li>• Is there sufficient space to carry out the task (e.g. are space constraints preventing good posture and movement for the handler or safe use of equipment)?</li> <li>• Is the floor uneven or slippery? (e.g. will the floor become slippery such as bathrooms)?</li> <li>• Variations in floor or workstation levels? (e.g. are there mismatched interfaces such as compatibility issues between beds, chairs, mobile hoists and other equipment)?</li> <li>• Is the work environment temperature too hot or too cold?</li> <li>• Is the work environment area poorly lit?</li> </ul>	<p>Consider:</p> <ul style="list-style-type: none"> <li>• Is movement or posture hindered by clothing or PPE?</li> <li>• Where mechanical aids are in use, are they in good working order and appropriate for the task?</li> <li>• Is the task carried out in changeable weather conditions?</li> <li>• Are there adequate staffing levels?</li> </ul>

**Step 3 – Assess the risk**

Risk is measured in terms of two dimensions, likelihood and impact i.e. the likelihood (probability/frequency) of the risk occurring and the impact (consequence) of the risk should it occur.

The HSE has adopted a standardised approach to the assignment of likelihood and impact scores for the rating of the risk.

The HSE Risk Assessment Tool can be found [here](#).

**Step 4 – Identify additional control measures**

**Risk Reduction Measures – Consider the following non-exhaustive**

**TASK**

- Eliminating the risk.
- Use of lifting aids/devices.
- Improve workplace layout.
- Reduce the amount of twisting/stooping.
- Avoid lifting from floor level or above shoulder height, especially heavy loads (work within the guideline weights).
- Reduce carrying distances.
- Avoid repetitive handling.
- Vary the work, allowing one set of muscles to rest while another is used.
- Push rather than pull.
- Team handling.

<b>INDIVIDUAL</b>	<b>LOAD</b>
-------------------	-------------

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• Complete individual risk assessments where circumstances change for an individual (e.g. pregnancy, ill health, disability).</li> <li>• Provide employees with information, instruction, training and supervision.</li> </ul> | <ul style="list-style-type: none"> <li>• Choose lighter or less bulky loads.</li> <li>• Split/decant the load to make it lighter.</li> <li>• Make loads easier to grasp.</li> <li>• Make loads stable.</li> <li>• Make loads less damaging to hold.</li> </ul> |
|---|--|

<b>ENVIRONMENT</b>	<b>OTHER FACTORS</b>
--------------------	----------------------

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Remove obstructions to free movement.</li> <li>• Improve floor surfaces.</li> <li>• Avoid steps and steep ramps.</li> <li>• Prevent extremes of hot and cold.</li> <li>• Improve lighting conditions.</li> <li>• Ensure handling aids/equipment can be used within the space.</li> </ul> | <ul style="list-style-type: none"> <li>• Provide equipment that is suitable for the task.</li> <li>• Carry out planned preventive maintenance on mechanical/handling aids.</li> <li>• Consult with personnel and encourage good communication and teamwork.</li> <li>• Provide personnel with information, instruction and training.</li> <li>• Prepare for inclement weather conditions (e.g. salting areas).</li> </ul> |
|---|---|

### 3.5 Monitoring and Periodic Review

Once control measures have been introduced, implement a process for the regular monitoring and evaluation of effectiveness and where necessary take appropriate corrective action to ensure the desired outcomes are achieved. This should be proactive to include audits/workplace inspections, analysing local performance indicators, and reactive following reports of manual handling incidents.

In line with Section 19 (3) of the [Safety, Health and Welfare at Work Act, 2005](#), risk assessments must be reviewed where:

- a) There has been significant change in the matters to which they relate.
- b) There is another reason to believe they are no longer valid.

Examples include: when new procedures, new equipment, technology, are introduced.

It is best practice and HSE policy, to review risk assessments at least annually.

### 3.6 Communication, Notification and Escalation of Risk

Where it is not possible to complete all actions identified due to resources or other constraints, appropriate actions are required to be communicated in line with local agreed routes and processes for the communication, notification and escalation of risk. In the interim the risk will be required to be managed and monitored so far as is reasonably practicable at local level<sup>9</sup>.

### 3.7 Management of Service Users with Bariatric Needs

The handling of service users with bariatric needs presents a specific challenge, and local guidelines and or standard operation plans (SOP) are required to be in place. Where the manual handling of service users with bariatric needs cannot be avoided, the risk assessment process will identify appropriate organisational measures to satisfactorily reduce the risk so far as is reasonably practicable. For further information please refer to [HSE National Guideline for the Safe Moving and Handling of Service Users with Bariatric needs](#).

### 3.8 Manual Handling Equipment

The provision of manual handling/people handling equipment must be identified through the risk assessment process and relevant staff provided with adequate information, training and supervision in its use. When assessing and selecting the equipment, the specific working conditions, any hazards at the place of work and any additional hazards posed by the introduction of new equipment should be considered.

To adhere to safe systems of work, staff are encouraged to check manual handling/people handling equipment before and after use and report any defects to the line manager.

Where specialised equipment e.g. paediatric or bariatric equipment is not immediately available on site, processes should be in place to ensure timely access to this equipment such as through

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<sup>9</sup> HSE, (2023), HSE Enterprise Risk Management Policy and Procedures 2023

rental agreements/Service Level Agreements (SLAs).

Managers are responsible for ensuring the appropriate service and inspection contracts are in place to ensure compliance with the relevant legislation<sup>10</sup> and maintain records of all inspections, repairs or services of lifting equipment. A register must be kept of lifting equipment and lifting accessories containing the details of the equipment, distinguishing number or mark, date of first use and date of last thorough examination and testing and be available for inspection by a HSA inspector if requested.

The HSA have published guidance on [Safety with Patient Hoists and Slings in Health and Social Care Settings](#) and provides information on working safely with hoists and slings.

### 3.9 Information, Instruction, Training and Supervision

**3.9.1** The [Safety, Health and Welfare at Work Act 2005](#) (Section 9 and Section 10), requires employers to ensure that employees receive appropriate information, instruction, training and supervision relevant to the risks associated with manual handling and people handling activities.

**3.9.2** Manual Handling and People Handling Training forms part of the overall strategy to reduce the risks associated with Manual Handling (inanimate loads) and People Handling activities. It must be supported by adequate supervision arrangements to ensure the skills and knowledge taught as part of the training programme are transferred into practice in the workplace.

Managers must ensure they complete a training needs assessment (TNA) which is informed by the factors outlined in Section 2, subsection 2.1 of the [HSE Policy on Statutory Occupational Safety and Health Training](#)

Manual Handling and People Handling training must:

- Be specific to the tasks and work environment involved.
- Be focused on problem solving skills as well as practical handling skills.
- Include the provision of instruction and information on the safe use of manual handling equipment/aids.
- Be provided to employees within appropriate/reasonable timescales:
  - On recruitment.
  - In the event of a transfer between departments/facilities, redeployment or relocation to new work location of any employee or change of task assigned to an employee.
  - On the introduction of new work equipment, systems of work or changes in existing work, equipment or systems of work.
  - On the introduction of new technology.
  - To maintain competency.

Manual handling and people handling training must be delivered by instructors who are FETAC/QQI Level 6 Special Purpose accredited. Training must be provided by

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<sup>10</sup> Safety, Health and Welfare at Work (General Application) Regulations, 2007, Chapter 2 of Part 2: Use of Work Equipment

either HSE manual handling and/or people handling instructors where available or the approved external training provider via HSE National Contract. For more information on the approved external training provider contact the NHSF helpdesk on 1800 420 420 or <https://healthservice.hse.ie/staff/health-and-safety/>.

Managers must record attendance and maintain and keep available for inspection appropriate training records for each employee.

Refresher training for all employees to reinforce and evaluate manual handling skills and techniques should be repeated at not greater than three-yearly intervals or when there is a major change in the work involved or equipment used.

For details on the HSE approach to Manual Handling and People Handling Training refer to <https://healthservice.hse.ie/staff/training-and-development/manual-handling-people-handling/manual-handling-and-people-handling-training/>

### 3.10 Emergency Planning

Most emergency situations that are encountered are foreseeable e.g. a person having a cardiac arrest, recovering a fallen patient/service user, evacuation from a facility, therefore these events should be risk assessed in consultation with relevant staff. Such assessment allows for the development of local plans and procedures, including provision of equipment including specialist equipment, for dealing with emergency situations that are likely to arise. Identified emergency situations should also be incorporated into local training.

It is recognised that in certain emergency situations, actions will depend on the dynamic risk assessment of the situation and environment at the time however, this is not a reason to revert to unsafe manual handling practices. Safe manual handling techniques should always be followed in order to carry out the task as safely as possible in the circumstances.

### 3.11 Incident Management

All manual handling and people handling incidents, must be reported, and managed in accordance with the [HSE Incident Management Framework](#). Reporting of incidents should be done using the appropriate National Incident Report Form (NIRF).

When a manual handling/people handling incident occurs it is important to manage the incident and to manage any injuries that may have resulted from the incident.

A review of all incidents should be undertaken in line with the assessment and categorisation process detailed in the [HSE Incident Management Framework](#) to minimise likelihood/prevent reoccurrence and to ensure learning takes place.

Action plans to support the implementation of the recommendations of the incident review should be developed. Action plans must be monitored by assigning a designated person to ensure that they are fully implemented.

Following the review of an incident the risk assessments and the local safety statement must be updated.

### 3.12 Rehabilitation

The '**Rehabilitation of Employees Back to Work After Illness or Injury Policy and Procedure**' provides a process which can enable employees to stay at work or support employees to return to work within a safe and structured process following injury or illness, so far as reasonably practicable. This is a collaborative process between the employee, manager and others in order to reach the best outcome. The rehabilitation webpage contains practical advice for both managers and employees on the rehabilitation process as well as a link to the policy and supporting documentation. Refer to <https://healthservice.hse.ie/staff/benefits-and-services/occupational-health/rehabilitation/>.

A HSeLanD training programme titled '*Work Rehabilitation in the HSE*' is available to HSE line managers to support the management referral and rehabilitation processes.

A practical information booklet is available for employees who are out of work with long term sick leave titled '[returning to work from sick leave](https://healthservice.hse.ie/staff/benefits-and-services/occupational-health/rehabilitation/)'. This booklet contains advice and signposting to support employees to return to work as soon as possible. Refer to - <https://healthservice.hse.ie/staff/benefits-and-services/occupational-health/rehabilitation/>.

## 4. Consultation

### 4.1 Stakeholder involvement

In line with HSE *National Workplace Health and Wellbeing Unit Policy Consultation and Sign-off process for National PPPGs*, the HSE National Manual Handling and People Handling Policy was circulated for wider consultation to internal and external stakeholders as appropriate. Feedback was considered and the document updated where relevant.

## 5. Implementation

### 5.1 Resource implications

Managers are responsible for implementation of this National Policy to include the identification of responsible person(s), specifying the necessary actions and timeframes for implementation within their areas of responsibility.

Refer to Appendix 6, National Implementation Plan and Appendix 7, Audit Checklist for the implementation of the HSE National Manual Handling and People Handling Policy.

### 5.2 Resources to support local implementation of the National Policy

Resources to support implementation can be found on our website at: <https://healthservice.hse.ie/staff/health-and-safety/manual-handling-in-healthcare/>.

Queries relating to the Policy can be directed to the National Health and Safety Helpdesk <https://healthservice.hse.ie/staff/health-and-safety/health-and-safety-helpdesk/>.

## 6. Governance and approval

Formal governance for this Policy is provided by the Chief People Officer. Membership of the Approval Governance Group are documented in Appendix 10.

## 7. Communication and dissemination plan

The Policy will be disseminated by the Chief People Officer for implementation by relevant services.

The National Health and Safety Function will ensure widespread awareness of the Policy using existing communications channels and will be electronically available via <https://healthservice.hse.ie/staff/health-and-safety/manual-handling-in-healthcare/>.

## 8. Sustainability

### 8.1 Monitoring, Audit and Evaluation

**8.1.1** Local Senior Managers are required to monitor and audit the implementation of this Policy annually within their area of responsibility (refer to 3.1.3.13 and 3.1.3.14) using the audit checklist in Appendix 7 and maintain evidence of same.

**8.1.2** Implementation of this Policy shall be audited periodically at national level and by the National Health and Safety Function.

## 9. Review/update

In line with HSE guidance this Policy shall be reviewed at national level every three years or earlier if circumstances dictate.

## 10. References

The literature review to include all references can be requested through the [NHSF.Policyteam@hse.ie](mailto:NHSF.Policyteam@hse.ie).

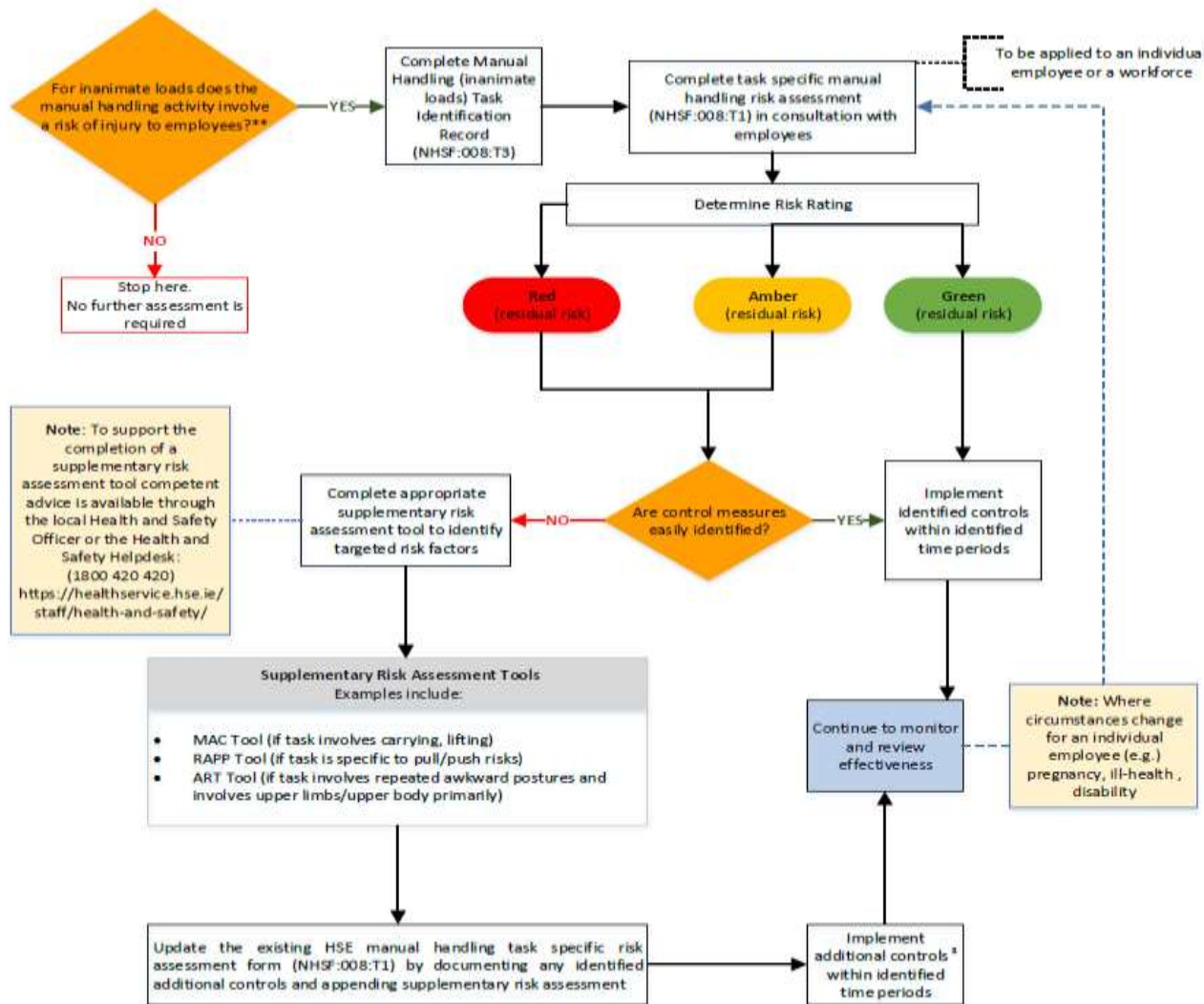
## 11. Glossary of Terms/Abbreviations/Definitions


Refer to Appendix 8 of this Policy.

## 12. Appendices

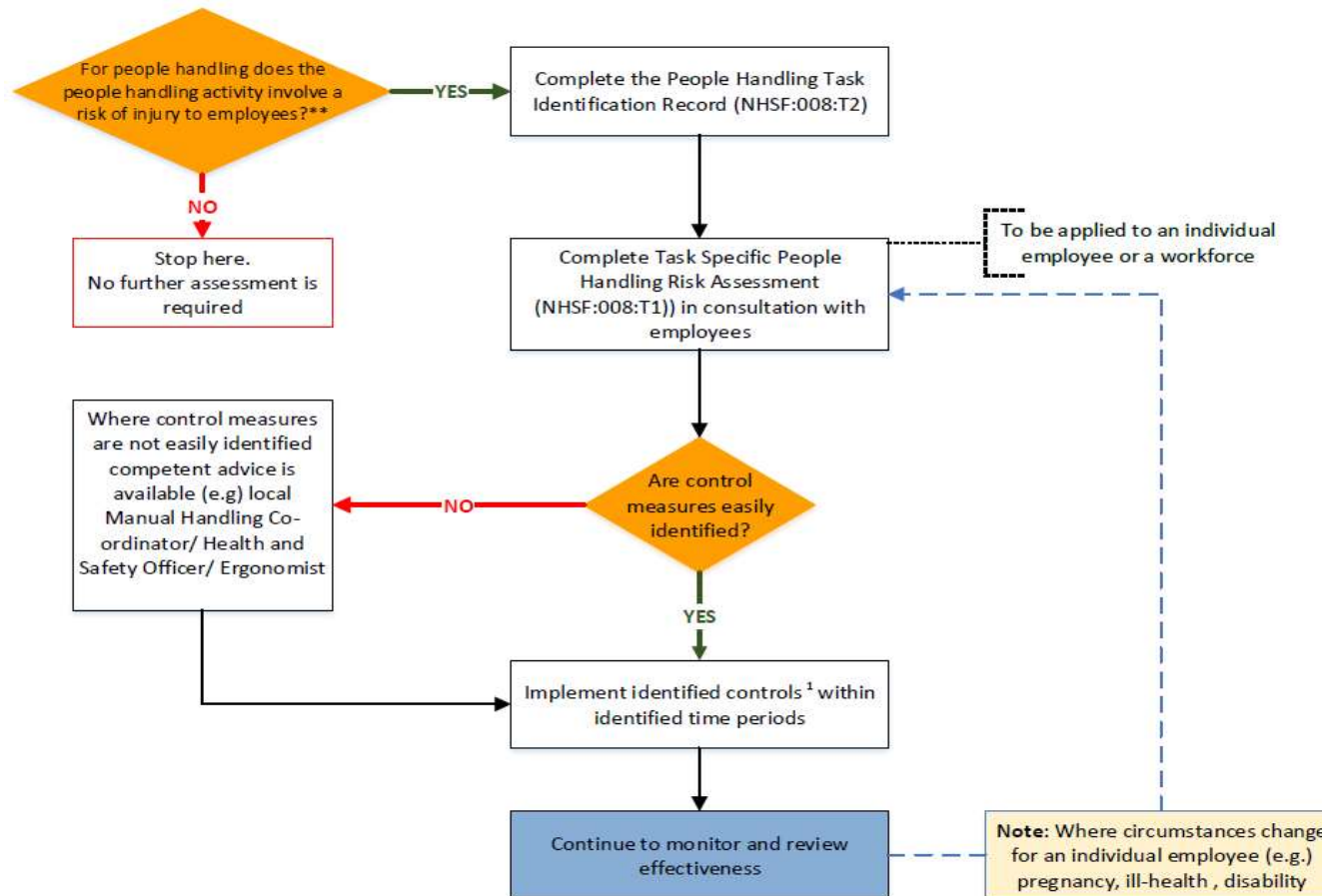
Refer to Table of Contents.

## Appendix 1 HSE Manual Handling (Inanimate Loads) Task Specific Risk Assessment Pathway\*



Guidance notes	
<p>**Where manual handling cannot be avoided and the load which by reason of its characteristics or unfavourable ergonomic conditions, involves risk, particularly of back injury, to employees Consider:</p>	
1	Does the load exceed the guideline weights <sup>1</sup> ?
2	Does the load NOT exceed the guideline weights BUT involves awkward postures imposed by a work activity or the environment, or is repetitive <sup>2</sup> ?
3	Is the manual handling task associated with any Unit/ Department incidents/ill health?
4	Have staff reported any issues associated with the manual handling task?
<p><sup>1</sup> The load weight exceeds the guideline lifting and lowering weights outlined in General Application Regulations 2007</p> 	
<p><sup>2</sup> Repetitive - an activity is considered repetitive if cycle time is two minutes or less and is repeated throughout a shift and highly repetitive tasks have cycle times of thirty seconds or less</p>	
<p><sup>3</sup> Where implementation of identified control(s) is not feasible appropriate actions are required to be communicated in line with local agreed routes and processes for the communication, notification and escalation of risk.</p>	
<p>*Risk assessments must be reviewed on an annual basis or where:</p> <p>a) There has been significant change in the matters to which they relate</p> <p>b) There is another reason to believe they are no longer valid</p>	

## Appendix 2 HSE People Handling Task Specific Risk Assessment Pathway\*



Guidance Notes
<p><b>**</b> Where manual handling cannot be avoided and the load which by reason of its characteristics or unfavourable ergonomic conditions, involves risk, particularly of back injury, to employees</p> <p>This risk assessment pathway is to be used where people handling activities/tasks present a risk of injury to employees. This process does not address the Service User Specific Clinical Risk Assessment and Moving and Handling Plan.</p> <p><sup>1</sup> Where implementation of identified control(s) is not feasible appropriate actions are required to be communicated in line with local agreed routes and processes for the communication, notification and escalation of risk. In the interim the risk will be required to be managed and monitored so far as is reasonably practicable at local level.</p>
<p>*Risk assessments must be reviewed on an annual basis or where:</p> <ul style="list-style-type: none"> <li>a) There has been significant change in the matters to which they relate</li> <li>b) There is another reason to believe they are no longer valid</li> </ul>

**Note: Service User Specific Clinical Risk Assessment and Moving and Handling Plan**  
 Where a service user cannot move independently a Service User Specific Clinical Risk Assessment and Moving and Handling Plan must be carried out which informs the care plan. The assessment will include the manual handling needs of the service user and the safest way of undertaking these tasks<sup>1</sup>. The Service User Specific Clinical Risk Assessment and Moving and Handling Plan should commence either on admission/acceptance of a service user to a service or if that is not possible as soon as possible thereafter and will require monitoring and review as the service user needs change.

For a sample template refer to Service User Specific Clinical Risk Assessment and Moving and Handling Plan (NHSF:008:T5)

### Appendix 3 Examples of Manual Handling (Inanimate Loads) Tasks/Activities

Examples of manual handling (inanimate loads) activities (Non-exhaustive list)	
<b>Manual Handling Tasks in Clinical Areas</b>	<ul style="list-style-type: none"> <li>• Pushing/pulling heavy fire doors or lead lined doors, wheeled equipment trolleys, rehabilitation aids/devices, furniture, beds, hoists (patient and non-patient e.g lab hoists) medical equipment.</li> <li>• Lifting/carrying/moving patient belongings (personal items/clothing), medical equipment/instruments/set trays, pharmacy stock, specimens, medical gas cylinders, clinical waste bins.</li> <li>• Cleaning/sterilising of medical/clinical equipment.</li> </ul>
<b>Manual Handling Tasks in Catering Departments/Services</b>	<ul style="list-style-type: none"> <li>• Push/pull task involving heavy doors including fire doors chill room doors and lead lined doors, push/pull tasks involving catering equipment, trolleys.</li> <li>• Lifting/carrying/moving tasks involving catering equipment e.g. whisks, oil vats, drums, gas cylinders, plates/crockery, pots/pans, stock/stores (putting away/retrieving) plating.</li> <li>• Loading/unloading tasks involving dishwasher, ovens, shelves, fridges/freezers chill room trolleys.</li> <li>• Cleaning equipment/machines (may involve working at heights).</li> </ul>
<b>Manual Handling Tasks in Administrative Areas</b>	<ul style="list-style-type: none"> <li>• Pushing/pulling wheeled equipment trolleys.</li> <li>• Pushing/pulling heavy fire doors or lead lined doors.</li> <li>• Lifting/carrying documents files, charts, stationary.</li> </ul>
<b>Manual Handling Tasks for Household Services</b>	<ul style="list-style-type: none"> <li>• Pushing/pulling heavy fire doors or lead lined doors, wheeled equipment trolleys, furniture, beds, clinical waste bins, medical equipment.</li> <li>• Lifting/carrying/moving patient belongings, medical equipment/instruments/sets trays, specimens, medical gas cylinders, beds, mattresses, linen bales, clinical waste bins.</li> <li>• Cleaning/sterilising of medical/clinical equipment.</li> <li>• Use of buffer/mopping/vacuuming floors.</li> <li>• Waste – emptying bins/removing clinical/non clinical waste.</li> <li>• Specific cleaning tasks/decontamination – removing parts from equipment e.g. trolleys may have to be dismantled, up turned, monitors removed from booms/shelves.</li> <li>• Changing curtains/high dusting (may involve working at a height).</li> </ul>
<b>Manual Handling Tasks for Technical Services</b>	<ul style="list-style-type: none"> <li>• Pushing/pulling, heavy doors including fire doors and lead lined doors, wheeled equipment trolleys, pallet trucks furniture, beds, heavy fire doors, medical equipment, mechanical hoists.</li> <li>• Lifting/carrying/moving equipment/tools, medical gas cylinders, beds, mattresses.</li> <li>• Replacing/repairs to heavy equipment e.g. changing fire doors.</li> </ul>

	<ul style="list-style-type: none"> <li>• Operating equipment/tools - applying fixtures to walls (static muscle work/working at heights).</li> <li>• Assembling/disassembling beds/medical equipment for transport.</li> <li>• Moving manhole/maintenance covers.</li> </ul>
<b>Manual Handling Tasks in Stores/Procurement Areas</b>	<ul style="list-style-type: none"> <li>• Pushing/pulling, heavy doors including fire doors and lead lined doors, wheeled equipment trolleys, store cages, goods transporters, hand carts.</li> <li>• Picking/carrying/moving stores/stock (repetitive/working at heights).</li> </ul>
<b>Maintenance</b>	<ul style="list-style-type: none"> <li>• Fixing shelving onto the wall (above shoulder height) in offices.</li> <li>• Replacing fire doors.</li> <li>• Moving furniture.</li> <li>• Handling salt bags for water softeners, large sheets of plywood, wooden ladders etc.</li> </ul>
<b>Pharmacy</b>	<ul style="list-style-type: none"> <li>• Handling and storage of fluids boxes.</li> <li>• Handling of pharmacy boxes.</li> </ul>
<b>Laboratory</b>	<ul style="list-style-type: none"> <li>• Handling of large volumes of stock.</li> <li>• Changing reagents in confined spaces.</li> </ul>

## Appendix 4 Examples of People Handling Tasks/Activities

### Examples of people handling tasks/activities

*(Non- exhaustive list)*

- Assisting a number of residents to get up in the morning, in a short space of time.
- Regular toileting regimes/putting to bed routines.
- Supporting a service user while walking.
- Moving a fallen patient out of confined spaces.
- Pushing/pulling patients on a trolley and/or wheelchair – straight line, turning corners, fine repositioning (small stop start, push pull).
- Protecting the service user during slips, trips and falls.
- Transporting a service user downstairs.
- Sustained assisted positioning of a body part – (e.g. hygiene care, surgical/investigative/therapeutic/dressings procedures).
- Repositioning the service user within bed or chair.
- Transferring the patient from bed to chair, chair to bed, sit to stand, stand to sit, bed to bed, floor to bed/chair.
- Combined manual handling and people handling tasks – use of patient handling mobility equipment:
  - Hoisting.
  - Endoscopy procedure.
  - Radiography Ultrasound.

## Appendix 5 People factors that may be relevant to the Moving and Handling of Service Users (non-exhaustive)

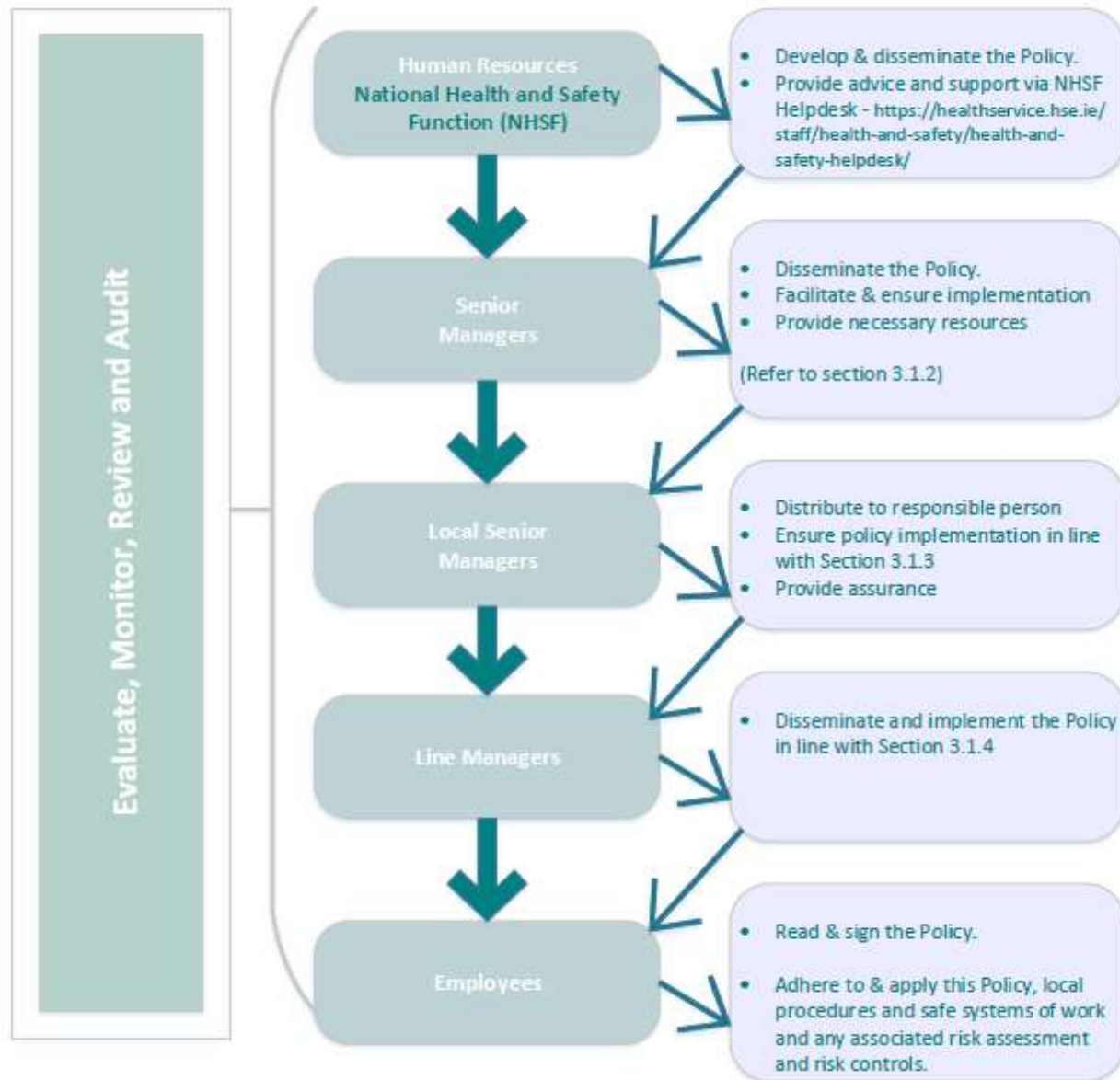
<b>Person Factors that may be relevant when moving and handling a patient/service user</b>	
<b>Clinical Factors</b>	<b>Functional Factors</b>
<ul style="list-style-type: none"> <li>• Relevant clinical symptoms.</li> <li>• Pain/sensitivity to contact.</li> <li>• Medication.</li> <li>• Drips/lines/catheters.</li> <li>• Level of consciousness.</li> <li>• Skin condition, tissue viability.</li> <li>• State of the feet/suitability of footwear.</li> <li>• Joint stiffness or contracture.</li> <li>• Muscle tone, (e.g. flaccidity, spasticity, rigidity, tremor).</li> <li>• Skeletal health, diagnosis or likelihood of osteoporosis.</li> <li>• Oedema.</li> <li>• Sensory impairment (e.g. vision, hearing).</li> </ul>	<ul style="list-style-type: none"> <li>• Posture.</li> <li>• Head control.</li> <li>• Trunk control/sitting balance.</li> <li>• Standing balance.</li> <li>• Walking balance.</li> <li>• Gait pattern or other relevant movement patterns.</li> <li>• Existing use of aids/equipment.</li> <li>• Risk of falls.</li> </ul>
<b>Anthropometrics<sup>11</sup></b>	<b>Cognitive, psychosocial/behavioural factors</b>
<ul style="list-style-type: none"> <li>• Gender.</li> <li>• Height.</li> <li>• Weight.</li> <li>• Relationship between height and weight.</li> <li>• Distribution of weight.</li> <li>• Width of shoulders.</li> <li>• Girth of hips and thighs.</li> </ul>	<ul style="list-style-type: none"> <li>• Mental capacity.</li> <li>• Culture/religious beliefs.</li> <li>• Habits and routines.</li> <li>• Choice, preferences.</li> <li>• Language or other communication barriers.</li> <li>• Engagement/participation in the process.</li> <li>• Ability to co-operate reliably.</li> <li>• Predictability.</li> <li>• Anxiety.</li> <li>• Fear.</li> <li>• Resistance.</li> </ul>

Ref: *The guide to the handling of people, 7th Edition (HOP7)*

<sup>11</sup> the science of measuring the size and proportions of the human body

## Appendix 6 National Implementation Plan

Implementation of this Policy forms an integral part of the Safety Management System and is underpinned by effective consultation, communication, supervision, monitoring, audit and review. The following flowchart illustrates the day to day implementation steps:



## Appendix 7 Audit Checklist for the implementation of the HSE National Manual Handling and People Handling Policy

	<b>Audit on the Implementation of the HSE Manual Handling and People Handling Policy</b>	<b>Policy Clause</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Action Required</b>	<b>Action Owner</b>	<b>Timeframe</b>
1	Is there a system in place for the appropriate circulation/communication of this Policy to all employees?	3.1.4.1 3.1.4.12						
2	Does each relevant department/unit have access to this Policy?	3.1.2.1 3.1.3.1 3.1.4.1						
3	Are roles and responsibilities communicated to all identified responsible persons?	3.1						
4	Have manual handling (Inanimate Loads) and people handling risk assessments been carried out in consultation with employees in line with Figure 1 HSE approach to Manual Handling (Inanimate Loads) and People Handling Risk Assessment?	3.3 3.1.3.2 3.1.4.2						
5	Have manual handling (inanimate loads) risk assessments been carried out in line with the HSE Manual Handling (inanimate loads) Task Specific Risk Assessment Pathway?	3.2.2 Appendix 1						
6	Have people handling risk assessments been carried out in line with the HSE People Handling Task Specific Risk Assessment Pathway?	3.2.3 Appendix 2						
7	Have control measures introduced been monitored and evaluated to determine their effectiveness?	3.1.4.4 3.1.3.13						
8	Where it is not possible to complete all actions identified through the risk assessment process, are actions communicated in line with local agreed routes and processes for the communication, notification and escalation of risk?	3.1.3.3 3.1.4.3						
9	Have employees received the relevant information, instruction, training and supervision as identified through the training needs assessment?	3.1.3.5 3.1.4.6 3.1.4.9 3.1.4.10 3.1.4.11 3.6						

10	Is there a system in place for consulting with key stakeholders when procuring manual handling and people handling equipment?	3.1.2.6 3.1.3.7								
11	Is there a system in place to ensure incidents are reported and managed in line with the HSE Incident Management Framework?	3.1.3.12 3.11								
12	Is there a system in place to monitor compliance with this Policy?	3.1.2.1 3.1.3.15								

## Appendix 8 Glossary of Terms/Abbreviations/Definitions

<b>Audit</b>	<p>Used to seek independent assurance that an appropriate and effective system of managing occupational safety, health and welfare is in place and that the necessary levels of controls and monitoring are being implemented.</p> <p>Ref: Auditing a Safety and Health Management System. A Safety and Health Audit Tool for the Healthcare Sector 2006</p>
<b>Bariatric</b>	<p>The term Bariatric is a combination of the terms: 'Baros' - weighty and 'iatics' - medical treatment. Bariatric, therefore, can be defined as 'a branch of medicine concerned with the management and control of obesity and its related disorders'. For the purpose of this document, the term bariatric is used to identify a person who requires non-standard equipment to accommodate their weight (usually in excess of 150kg) and/or body shape.</p> <p>Ref: <a href="#">HSE National Guidelines on the Safe Moving and Handling of Service Users with Bariatric Needs</a></p>
<b>Competent Person</b>	<p>(a) For the purposes of the relevant statutory provisions, a person is deemed to be a competent person where, having regard to the task he or she is required to perform and taking account of the size or hazards (or both of them) of the undertaking or establishment in which he or she undertakes work, the person possesses sufficient training, experience and knowledge appropriate to the nature of the work to be undertaken.</p> <p>(b) Account shall be taken, as appropriate, for the purpose of <i>paragraph (a)</i> of the framework of qualifications referred to in the Qualifications (Education and Training) Act 1999.</p> <p>Ref: <a href="#">Safety Health and Welfare at Work Act, 2005</a></p>
<b>Contractor</b>	<p>A person or firm who contracts to supply materials (any machinery, appliance, apparatus, tool or installation) for use at work as defined by the Safety, Health and Welfare at Work (General Application) Regulations 2007 as amended) or labour (Collins Dictionary 2000) (Refer to Para's 4.1, 4.12 and 4.13).</p> <p>In this document the term "contractor" is used broadly and is intended to cover Contractors, Agencies and Temporary Employment Businesses.</p> <p>Ref: <a href="#">HSE Policy on the Management of Health and Safety in Contract Work: Co-operation and Coordination with Contractors and Others 2022</a></p>

<b>Controls</b>	<p>Controls are measures that maintain and/or modify risk. In the HSE, a control is a measure that is in place, is working effectively and operating to reduce either the likelihood or impact of a risk. Controls include but are not limited to, any process, policy, device, practice, or other conditions and/or actions that are in place and maintain and/or modify risk.</p> <p>Ref: <a href="#">HSE Enterprise Risk Management Policy and Procedures 2023</a></p>
<b>Employee</b>	<p>Means any person who has entered into or works under (or, where the employment has ceased, entered into or worked under) a contract of employment and includes a fixed-term employee and a temporary employee and references, in relation to an employer, to an employee shall be construed as references to an employee employed by that employer.</p> <p>Ref: <a href="#">Safety, Health and Welfare at Work Act, 2005</a></p>
<b>Employer</b>	<p>In relation to an employee:</p> <p>(a) Means the person or persons with whom the employee has entered into or for whom the employee works under (or, where the employment has ceased, entered into or worked under) a contract of employment.</p> <p>(b) Includes a person (other than an employee of that person) under whose control and direction an employee works, and includes where appropriate the successor of the employer or an associated employer of the employer.</p> <p>Ref: <a href="#">Safety, Health and Welfare at Work Act, 2005</a></p>
<b>Ergonomics</b>	<p>The definition of ergonomics (or human factors) adopted by the IEA (International Ergonomics and Human factors Association ) in 2000 is the scientific discipline concerned with the understanding of interactions among humans and other elements of a system, and the profession that applies theory, principles, data, and methods to design in order to optimize human well-being and overall system performance.</p> <p>Ref: International Ergonomics and Human factors Association ,2000</p>
<b>Fixed Term Employee</b>	<p>Means an employee whose employment is governed by a contract of employment for a fixed-term or for a specified purpose, being a purpose of a kind that the duration of the contract was limited but was, at the time of its making, incapable of precise ascertainment.</p> <p>Whilst these employees are commonly known as “Temporary”, care should be taken not to confuse this term with “Temporary Employee” (Para. 4.12 refers) as given in the Act 2005 and used throughout this Policy document.</p> <p>Ref: <a href="#">HSE Policy on the Management of Health and Safety in Contract Work: Co-operation and Coordination with Contractors and Others 2022</a></p>

<b>Hazard</b>	<p>A potential source of harm or adverse health effect on a person or persons.</p> <p>Ref: <a href="#">HSE Guideline Document: Completion of Occupational Safety and Health Risk Assessments 2023</a></p>
<b>Hazard Identification</b>	<p>Hazard identification is about identifying the source or sources that have the potential to cause injury and ill health.</p> <p>Ref: Adapted from ISO 45001:2018</p>
<b>Incident</b>	<p>An event or circumstance which could have, or did lead to unintended and/or unnecessary harm. Incidents include adverse events which result in harm; near-misses which could have resulted in harm, but did not cause harm, either by chance or timely intervention; and staff or service user complaints which are associated with harm. Incidents can be clinical or non-clinical and include incidents associated with harm to:</p> <ul style="list-style-type: none"> <li>• patients, servicers users, staff and visitors.</li> <li>• the attainment of HSE objectives.</li> <li>• ICT systems.</li> <li>• data security (e.g. data protection breaches).</li> <li>• the environment.</li> </ul> <p>Ref: <a href="#">HSE Incident Management Framework, 2020</a></p>
<b>Load</b>	<p>Means any transporting or supporting of a load by one or more employees and includes lifting, putting down, pushing, pulling, carrying or moving a load, which, by reason of its characteristics or of unfavourable ergonomic conditions, involves risk, particularly of back injury, to employees.</p> <p>Inanimate Load – all loads excluding people</p> <p>Ref: <a href="#">HSA (2007) Guide to the Safety, Health and Welfare (General Application) Regulations, 2007, Chapter 4 of Part 2 – Manual Handling of Loads</a></p>
<b>Manual Handling</b>	<p>This involves: Any transporting or supporting of a load by one or more employees, and includes lifting, putting down, pushing, pulling, carrying or moving a load, which, by reason of its characteristics or of unfavorable ergonomic conditions, involves risk, particularly of back injury to employees.</p> <p>People Handling – This includes, the manual handling/moving and handling of people.</p> <p>Ref: <a href="#">HSA (2007) Guide to the Safety, Health and Welfare (General Application) Regulations, 2007, Chapter 4 of Part 2 – Manual Handling of Loads</a></p>

<b>Operational Plan</b>	A plan prepared that clearly defines actions to support implementation of a policy.
<b>Reasonably Practicable</b>	<p>An employer has exercised all due care by putting in place the necessary protective and preventive measures, having identified the hazards and assessed the risks to safety and health likely to result in accidents or injury to health at the place of work concerned and where the putting in place of any further measures is grossly disproportionate having regard to unusual, unforeseeable and exceptional nature of any circumstances or occurrence that may result in an accident at work or injury to health at that place of work.</p> <p>Ref: <a href="#">Safety, Health and Welfare at Work Act, 2005</a></p>
<b>Risk</b>	<p>Risk is the effect of uncertainty on objectives. In the context of the HSE and its services, it is any condition, circumstance, event or threat which may impact the achievement of objectives and/or have a significant impact on the day-to-day operations. This includes failing to maximise any opportunity that would help the HSE or service meet its objectives.</p> <p>Ref: <a href="#">HSE Enterprise Risk Management Policy and Procedures 2023</a></p>
<b>Risk Assessment</b>	<p>The overall process of risk identification, risk analysis and risk evaluation.</p> <p>Ref: <a href="#">HSE Enterprise Risk Management Policy and Procedures 2023</a></p> <p>The manual handling risk assessment considers the task, individual capability, the load, the environment and other factors (TILEO).</p>
<b>Sensitive Groups</b>	<p><b>Risk</b></p> <p>Young workers, pregnant, post-natal and breastfeeding employees; People with reduced mobility. New or inexperienced workers, person's with particular serious problems, night workers and shift workers, children and young persons.</p> <p>Ref: <a href="#">The Safety Health and Welfare at Work (General Application) Regulations, 2007 Part 6, Chapters 1-3</a></p>
<b>Temporary Employee</b>	<p>An employee who is assigned by a Temporary Employment Business to work for and under the control of another undertaking availing of the employee's services (SHWW Act 2005). These employees are generally known as Agency Staff.</p> <p>Ref: <a href="#">HSE Policy on the Management of Health and Safety in Contract Work: Co-operation and Coordination with Contractors and Others 2022</a></p>

<b>Training Needs Assessment</b>	<p>A training needs assessment is the process of gathering, assessing and analysing information to determine the training needs of an employee. It is underpinned by the Risk Assessment process.</p> <p>Ref: <a href="#">HSE Policy on Statutory Occupational Safety and Health Training 2023</a></p>
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## Abbreviations

<b>ART</b>	Assessment of Repetitive Tasks Tool
<b>CEO</b>	Chief Executive Officer
<b>EU-OSHA</b>	European Agency for Safety and Health at Work
<b>GDPR</b>	General Data Protection Regulation
<b>HSA</b>	Health and Safety Authority
<b>HSE</b>	Health Service Executive
<b>HSE, UK</b>	Health and Safety Executive, UK
<b>MAC</b>	Manual Handling Assessment Charts
<b>MSDs</b>	Musculoskeletal disorders
<b>NHSF</b>	National Health and Safety Function
<b>NIRF</b>	National Incident Report Form
<b>OSH</b>	Occupational Health and Safety
<b>RAPP</b>	Risk Assessment of Pushing and Pulling Tool
<b>SLAs</b>	Service Level Agreements
<b>SOP</b>	Standard Operating Procedure
<b>TILEO</b>	Task, Individual capability, Load, Environment and Other factors
<b>TNA</b>	Training Needs Assessment

## Appendix 9 Membership of Policy Development Group

<b>Membership of HSE Manual Handling and People Handling Policy Development Group</b>	
<b>Name</b>	<b>Role and Position</b>
Theresa Flynn	Senior Physiotherapist in Ergonomics, Manual Handling Advisor (VHARMF nominee)
Vincent Daly	Education and Competency Officer, National Ambulance Service (National Ambulance Service nominee)
Daire Barron	Health and Safety Advisor, South East Community Healthcare (Health and Safety Officer nominee)
Carole Murphy	Regional Co-ordinator and Advisor for Moving and Handling, HSE Midlands (NHSF Manual Handling Co-ordinator Advisory Group nominee)
Fiona Martin	Assistant Director of Public Health Nursing/Practice Development Co-ordinator Meath Primary Care Services (Nurse Practice Development nominee)
Lesley Quilter	Occupational Therapy Manager, HSE Limerick, Midwest Community Healthcare (Community Operations nominee)
Bríd Cooney	National Health and Safety Advisor (Policy Team)
Laura Regan	National Health and Safety Advisor (Policy Team)
Martina Reilly	Administrative Support, National Health and Safety Function (Policy Team)
Chairperson: Margo Leddy	National Health and Safety Manager (Policy Team)

<b>Membership of HSE Advisory Group to Investigate the Use of Task Specific Risk Assessment Tools within Healthcare</b>	
<b>Name</b>	<b>Role and Position</b>
Theresa Flynn	Senior Physiotherapist in Ergonomics, Manual Handling Advisor
Debbie Jobling	Interim Quality Safety and Risk Manager, St Columcille's Hospital
Fergus Ashe	Allied Services Manager, Children's Health Ireland (CHI) at Temple Street
Patricia Kenny	National Health and Safety Advisor (Audit and Inspection Team)
Bríd Cooney	National Health and Safety Advisor (Policy Team)
Laura Regan	National Health and Safety Advisor (Policy Team)
Martina Reilly	Administrative Support, National Health and Safety Function (Policy Team)
Chairperson: Margo Leddy	National Health and Safety Manager (Policy Team)

## Appendix 10 Membership of Approval Governance Group

Membership of Approval Governance Group	
Name	Role and position
Anne Marie Hoey	Chief People Officer
Katrina Dempsey	Head of National Health and Safety Function

## Sign-off by Chair of Approval Governance Group

<b>Name: (print)</b>	Anne Marie Hoey
<b>Title:</b>	Chief People Officer
<b>Signature:</b>	