

CHECKLIST FOR THE MANUAL HANDLING OF PEOPLE

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Complete the checklist by circling yes or no for each question. If you circle an answer which is highlighted a control measure is required.

Client's Name:

Location of work:

Date of Assessment:

Name of person completing Assessment:

Working Posture	Circle yes or not		Control Measure
Back & neck – does the people handling action require repetitive movement or prolonged static positions with the back– (a) bent forward? (b) twisted? (c) bent sideways? (d) a combination of the above?	Yes Yes Yes Yes	No No No No	
Arms and shoulders – do the people handling action require repetitive movement or prolonged static positions with- (a) Extended reach in front? (b) Reaching above the shoulders	Yes Yes	No No	
Hand and wrist – do the people handling action require repetitive and/or prolonged forceful exertions while gripping equipment?	Yes	No	
Legs – is repetitive or sustained squatting or kneeling performed?	Yes	No	
Other postures – is a standing posture without walking sustained for long periods?	Yes	No	
Repetition & Duration			

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Do people handling activities undertaken throughout the shift require frequent or prolonged actions involving the transfer, holding, supporting or restraining of the person?	Yes	No	
Does the worker perform the same or similar people handling actions throughout the shift?	Yes	No	
Is a physically demanding people handling task/action performed frequently during a shift?	Yes	No	
Is one posture required to be maintained for long periods?	Yes	No	
Work Area Design			
Are items of furniture, fittings and equipment on which people are positioned			
- (a) At a height, or adjustable to a height, so that workers do not have to bend while handling people?	Yes	No	
(b) Of a width that allows easy access without reaching?	Yes	No	
Are items of furniture and fittings –			
(a) Positioned to allow easy access to people and give workers sufficient space for leg and feet movements and to turn their body when necessary?	Yes	No	
(b) Easy to move if necessary to allow space?	Yes	No	
(c) Designed so that workers can get their feet underneath?	Yes	No	
(d) Too wide for easy access to a person (a trolley or positioning equipment)?	Yes	No	
Have all items and fittings, which allow people to assist themselves been provided?	Yes	No	

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Facilities – with regard to the design of areas where people are handled – <ul style="list-style-type: none"> (a) Is there adequate space in areas where handling aids or wheelchairs are used for easy movement? (b) Is the space around the toilets large enough for two workers to assist if required? (c) Are all doors (e.g. bedroom, bathroom, toilet), corridors and corners wide enough for handling equipment or staff to stand beside person to assist? (d) Is there sufficient room so that equipment can be used as intended? (e) Do all floor areas allow for easy manoeuvring of mobile furniture and equipment? 	Yes Yes Yes Yes Yes	No No No No No	
Is handling equipment- <ul style="list-style-type: none"> (a) Designed for safe use (e.g. trolleys and wheelchairs with locking mechanisms etc)? (b) Easy to manoeuvre? (c) Stored close to where they are used and in an area with good access? (d) Able to fit into/through all necessary spaces? 	Yes Yes Yes Yes	No No No No	
Does the vehicle design allow workers <ul style="list-style-type: none"> (a) assisting people in vehicles – (a) Access from both sides? (b) Internal headroom? (c) Easy access for wheelchairs? 	Yes Yes Yes	No No No	
Workplace Environment			

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Do people have to be handled over surfaces which are – (a) Uneven underfoot? (b) Slippery or wet? (c) Protective from the weather?	Yes Yes Yes	No No No	
Does flooring on routes over which wheeled equipment and furniture will be pushed/pulled allow easy movement?	Yes	No	
Is the area in which a people handling task is to be performed cluttered or untidy?	Yes	No	
Is the workplace outdoors and requiring people to be handled over difficult terrain?	Yes	No	
Are there extremes of heat, cold, wind or humidity?	Yes	No	
Does noise interfere with communication?	Yes	No	
Is lighting adequate to perform handling actions or tasks?	Yes	No	
<u>The handling procedure</u>			
Is manual lifting or carrying a person required during a transfer procedure?	Yes	No	
Can the person be held close to the worker's body?	Yes	No	
Is a worker required to support all/most of the body weight of a person unaided?	Yes	No	
Is the person located – (a) On the floor or below knuckle height? (b) Above the worker's shoulder?	Yes Yes	No No	
Does the worker need to bend over to one side to assist a person?	Yes	No	
Is the person supported by one hand only?	Yes	No	

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Is the person located where access or movements are restricted?	Yes	No	
Is the person pushed, pulled or slid across the front of the worker's body?	Yes	No	
Are there excess transfers in a task?	Yes	No	
Is excessive force applied during task?	Yes	No	
Are situations possible where people can fall or collapse to the floor?	Yes	No	
<u>Characteristics of the person being handled</u>			
Is the person – (a) Awkward to handle? (b) Bulky or blocking the view of handlers? (c) Difficult to grip (slippery or wet)?	Yes Yes Yes	No No No	
Is the person limited physically, for example- (a) Unable to assist? (b) Unable to weight bear? (c) Has reduced postural control/balance?	Yes Yes Yes	No No No	
Does the person have condition(s) which require special handling, for example, fractures, skin conditions, impaired motor control?	Yes	No	
Is the person – (a) Uncooperative through cognitive or behavioural problems or medication and likely to move around or go rigid? (b) Unable to communicate and understand when told what is to happen? (c) Unpredictable, likely to make sudden movements or lose their balance?	Yes Yes Yes	No No No	

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Is the person –			
(a) Attached to medical equipment?	Yes	No	
(b) Positioned on handling equipment (such as wheelchair) which needs to be moved with them?	Yes	No	
<u>Individual Characteristics of the Worker</u>			
Does the worker(s) have the necessary competency to –			
(a) Perform heavy people handling tasks/actions?	Yes	No	
(b) Make decisions about how to handle people with specific problems for example, people unable to help or who are unpredictable?	Yes	No	
(c) Set up and use mechanical devices?	Yes	No	
(d) Assist with team handling in the tasks/actions?	Yes	No	
Do the workers have any ongoing or temporary physical characteristics that indicate a limited capacity to perform the task/action?	Yes	No	
While performing people handling tasks, are workers wearing-			
(a) Clothing which restricts the worker in using the best working postures?	Yes	No	
(b) Footwear offering inadequate stability, support and traction with the walking surface?	Yes	No	
Does the required personal protective equipment increase the demands of the action e.g.			
(a) Gloves interfering with type of trip used?	Yes	No	
(b) Foot-covers affecting traction with floor?	Yes	No	
<u>Work Organisation</u>			
Is the work load affected by-	Yes	No	

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(a) Unexpected work load increases?	Yes	No	
(b) People handling tasks occurring frequently in one part of a shift?	Yes	No	
(c) Insufficient workers to assist when peak workloads occur, or to assist other staff with handling people?	Yes	No	
Is organised team handling available when no other alternative is possible?	Yes	No	
Are people handling tasks performed without planned rest breaks or the worker being able to take a short break when necessary?	Yes	No	
Are long shifts (over 8 hours) or overtime undertaken where work involves frequent people handling?	Yes	No	
Are handling aids –			
(a) Suited to the task and the person’s condition?	Yes	No	
(b) Used on all occasions they should be?	Yes	No	
(c) Accompanied by adequate procedures on their safe use and introduced with training for casual as well as regular staff?	Yes	No	
(d) Not working well, or out of action due to needing maintenance?	Yes	No	
(e) Purchased only after consideration of their health and safety effect on workers during use?	Yes	No	
Are there adequate policies and procedures for-			
(a) Workers to report or fix unsafe equipment or environmental conditions?	Yes	No	
(b) Handling people as safely as possible during emergency evacuation?	Yes	No	



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Comments: -

Signature of Assessor:

Date:

Signature of Assessor:

Date: