

**APPENDIX N Moving and Handling – People**

# Management Review following a Moving and Handling Accident/injury

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| Reviewing Manager: |  |
| Date of Incident:  |  |
| Employee(s) Involved: |
| Service User involved: |
| LCC Accident Form completed:  |  |

Managers are required to carry out an initial investigation as soon as possible following the receipt of an accident/injury report involving the moving and handling of people.

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| **Management Review** | **Yes/No****N/A** | **Further information or action taken** |
| **Risk Assessment** |  | Reference LCC Policy G12  |
| Was an individual risk assessment and moving and handling plan in place for the task?If yes - Has the risk assessment been reviewed following this accident? If no - Further assistance is required from trained risk assessors or Occupational Therapists.  |
| **Equipment and Environment** |  | If yes - This incident may be reportable to the MHRA as an adverse incident see MDA Procedure.NB if the load bearing parts of a hoist fails, collapses or overturns it is a RIDDOR Reportable dangerous occurrence, click [here](http://www.hse.gov.uk/riddor/report.htm) to make RIDDOR report. Confirm make, model and maintenance/inspection records |
| Was there any equipment involved?Was the equipment defective in any way? Was the equipment supplied by NRS?Was the environment a factor in the accident/injury? Is a Medical Device Alert (MDA) required?  |
| **Witnesses** |  |  |
| Were there any witnesses to the accident? Were statements taken? |

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| **Training** | **Yes/No****N/A** |  |
| Has the injured employee received moving and handling training in line with current policy G12? |  | What training was this?Who carried out the training?Date of Training |
| **Absence/Injury**  |  |  |
| Confirm the injury.Complete a [PO3](http://george/section.asp?docId=31631) form Was this a specified injury? ie Employee fracture/dislocation *RIDDOR Reportable, click* [*here*](http://www.hse.gov.uk/riddor/reportable-incidents.htm) *to view what's RIDDOR reportable.* Non employee/service user taken directly to hospital from site *Riddor Reportable*If employee was injured were they absent from work at all? Please specify number of days and classify. >3 Days(PO3 form) >7 Days (PO3+Riddor Reportable)Click [here](http://www.hse.gov.uk/riddor/report.htm) to RIDDOR report Click [here](https://www.lincolnshire.gov.uk/Download/78184) for RIDDOR flowchartClick [here](https://www.lincolnshire.gov.uk/jobs/manuals/health-and-safety-manual/accident-reporting/g4-reporting-of-work-related-injuries/incidents-and-cases-of-ill-health/47623.article) for G4 Accident Reporting Guidance  |
| **Occupational Health**  |  |  |
| Is there a need for the employee to be referred to Occupational Health for further medical advice? |
| **Further Action**  |
| Inform line manager/Senior managerComplete Claims notification form on GeorgeIf further advice is necessary please contact the Practice Leader Occupational Therapy Telephone: 01522 554565/07795018428 liz.cooper@lincolnshire.gov.uk  |

A copy of the form must be kept/filed with the accident incident form.

A copy to be forwarded to the Practice Leader Occupational Therapy

A copy to be forward to the LCC Insurance Insurance@lincolnshire.gov.uk

This information may be shared with the Corporate Health & Safety.

Reviewing Manager signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_