
UPDATED MARCH 2014



THE NHS STAFF COUNCIL
WORKING IN PARTNERSHIP

HEALTH, SAFETY AND WELLBEING
PARTNERSHIP GROUP

Contents

How to use this form	3
Referral for workplace and individual assessment (strictly confidential)	5
Annex A	10
Annex B	11

Part five (of six) of the *Back in work* back pack.



How to use this form

Who should use this form?

This document is part of the *Back in work* back pack and aims to provide a basic guide to undertaking workplace and individual assessment with regard to musculoskeletal health. It is aimed at back care advisors, physiotherapists, ergonomists, occupational therapists, occupational health practitioners, appropriately trained clinical managers and so on, and provides a template for these staff to begin to undertake this type of assessment. It is not exhaustive in the advice or information contained in the document.

This assessment tool is only to be used by individuals with the appropriate skills and training,¹ and is to be used as a guide to the basic fitness to practice of a member of staff where manual handling activities will be undertaken; it can assist in controlling the risk factors which contribute to a musculoskeletal disorder (MSD) developing.

Aim

- To identify any problems that could prevent or restrict an individual from continuing to work in their designated role in a healthcare setting, wherever there is a risk of sustaining a musculoskeletal injury. In particular when manual handling is a requirement of that role.
- To prevent any MSD or injury from developing into a condition which may result in ill health or injury.
- To identify what action would help to resolve an emerging musculoskeletal problem or condition which could cause staff to take sick leave, suffer pain, ill health or put others at risk.
- To fulfil the requirements of the **Management of Health and Safety at Work Regulations 1999**, the **Health and Safety at Work etc. Act 1974**, and the **Manual Handling Operations Regulations 1992 (as amended)**.
- To work closely with human resources personnel, occupational health colleagues and health and safety representatives in ensuring that staff are fit to do their job and their health and safety needs are properly addressed in the workplace.

Notes for assessor

- Liaison with occupational health (OH) is highly recommended.
- The results of the assessment should be shared with the OH department and filed in a secure place in that department.
- Recommendations for referral for treatment of a condition or any action required should be made in conjunction with the staff member's line manager, taking into account factors such as working environment, number of hours worked, training and equipment.
- Staff undergoing the assessment must be given a copy of the referral sheet on pages four to six of this pack to read and be given the opportunity to discuss the procedure beforehand.
- Advise the member of staff that if you have any concerns a referral may be made for further assessment, for example occupational health, physiotherapy, counselling and so on.

Using this form

- Observe the individual as they carry out their normal duties, noting your findings on this form, and discussing your observations and any recommendations in a private setting where privacy can be assured.
- All completed forms should be signed by the assessor and be filed with the individual's personal health record.

“This assessment tool is only to be used by individuals with the appropriate skills and training. This assessment tool is only to be used by individuals with the appropriate skills and training”

¹ See Annex B

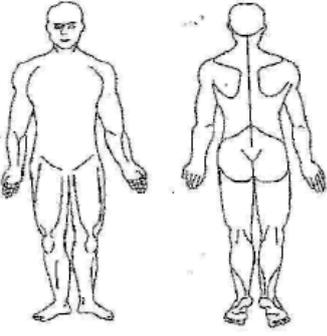
- A report outlining any recommendations to changes in working practices, adjustments to the working environment or equipment should be shared with the person undergoing the assessment and their line manager.
- It is good practice to share any changes to the working environment or risks identified with the health and safety representative and health and safety committee.
- Self-referral should be in line with organisational policy.
- If the individual has any type of disability you must bear in mind the [Equality Act 2010](#) when making your recommendations.

Referral

- Staff may be referred by their line manager if a problem or issue has arisen which they may feel needs further investigation.
- Staff may ask their line manager to refer them for assessment if they are experiencing difficulties with handling and moving or feel that they have a musculoskeletal problem which is preventing them from undertaking their duties.
- Staff must agree to the assessment taking place and sign this form to indicate that they agree to undergoing assessment and that they understand the reasons behind the process.

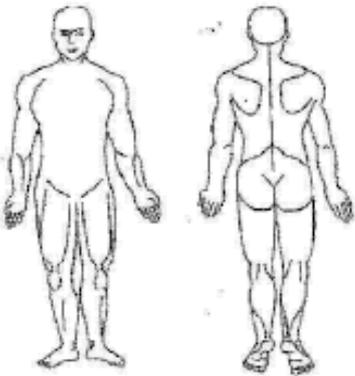


Referral for workplace and individual assessment (strictly confidential)

Staff details			
Name			
Designation			
Area of work			
Currently at work	yes	no	
If 'no' when is the planned return?			
Normal work duties	yes	no	limited
Referring agent details			
Name			
Designation			
Area of work			
Contact number			
Referral details			
Date of referral			
Reason for referral (Please circle or identify on the body chart)	Neck problem	Wrist problem	Hip problem
	Shoulder problem	Thoracic problem	Knee problem
	Elbow problem	Lumbar problem	Ankle problem
	Other – define:		
			
Any specific issues experiencing in workplace	yes	no	
	If 'yes', give details (patient handling activity, postural position, equipment)		
Referral made (Circle all specialist referred to & send a separate copy to each)	Back care advisory service	In house physiotherapy	Orthopaedic team
	Rheumatology team	Occupational health team	Counselling team
	Access to work	Other, specify:	



Workplace/individual assessment

Reason for referral	
History of symptoms	Body pain chart
	
Limitations of daily living	

Symptoms	
Aggravate	Ease



The following list acts as an aide memoir for the assessor, regarding the areas of the body which may need to be considered when carrying out this assessment.

Not all areas need to be assessed and the assessor only needs to explore the areas relevant to the musculoskeletal disorder being assessed.

The 'function' list at the bottom is not exhaustive and can be expanded as necessary to include functions specific to the individual being assessed.



Joint range of movement	yes	no	Joint range of movement	yes	no
Lower back			Elbow		
Flexion (bending forward)			Flexion (bending)		
Extension (leaning backwards)			Extension (straightening)		
Side bending			Supination (rotating forearm turning palm up)		
Twisting			Pronation (rotating forearm turning palm down)		
Neck			Wrist and fingers		
Flexion (bending forward)			Flexion (bending)		
Extension (looking up)			Extension (pull wrist back)		
Side movement (ear down to shoulder)			Ulnar deviation (side movement to little finger)		
Rotation (looking over shoulder)			Radial deviation (side movement to thumb)		
Protracting (chin sticking out)			Hip		
Retraction (chin tucked in)			Flexion (bending)		
Shoulder			Extension (straightening)		
Flexion (moving arm forward)			Adduction (moving leg across body)		
Extension (moving arm backwards)			Abduction (moving leg out to the side)		
Adduction (moving arm across body)			Knee		
Abduction (moving arm out to the side)			Flexion (bending)		
Internal rotation (rotating at the shoulder to move forearm to lumbar spine)			Extension (straightening)		
External rotation (rotating at the shoulder to move forearm away from abdomen)			Ankle		
Elevation (shrugging shoulders)			Dorsi flexion (pulling toes up)		
Depression (dropping shoulders)			Plantar flexion (pointing toes)		
Protraction (slumped shoulders)			Supination (rotating ankle turning up little toe)		
Retraction (pulling shoulders backwards)			Pronation (rotating ankle turning up big toe)		
Function	Yes	No	Comments (further explanation to any issues indicated above)		
Sitting					
Standing					
Walking					
Kneeling					

Job description

Demands of job

Has this role been risk assessed?

Date.....

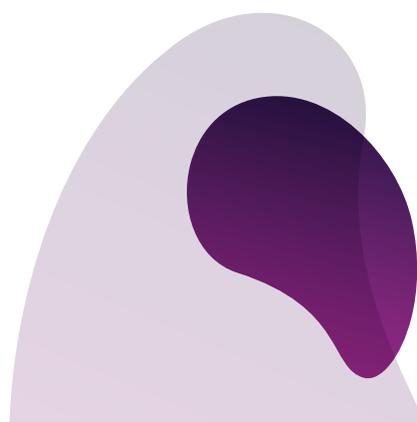
Name of assessor.....

Please attach copy of completed display screen equipment assessment form to this document.

When the member of staff carries out an activity that they experience difficulty with, complete the following activity analysis using Safe Movement Principles (see Annex A).

Activity analysis		
Safe movement principles	Does the activity comply with the principles (✓)	Description of the activity
		Comments and control measure
Offset base		
Close proximity to the load		
Mobile base		
Avoid top heavy postures		
Avoid twisting		
Avoid sustained loading		
Avoid fixed holds		
Lead with the head		

If you are aware of other health issues affecting the member of staff such as stress, respiratory conditions, etc please refer to Occupational Health.





Recommendations

Training needs

Referral to occupational health

Recommendations to line manager

Employee comments (optional)

Employee's signature
.....

Print name.....

Date

Your data will be held in accordance with the [Data Protection Act 1998](#)

Assessor signature
.....

Print name.....

Date

Annex A

Safe movement principles for manual handling

There are a number of approaches which have been suggested as the basis for good human movement. All of these have been investigated and the most appropriate of these have been adopted as the movement principles for all care handling activities.

The following principles are the key elements of this approach, which should be adopted for all load and care handling situations.

- **Offset base**

Staff should adopt an offset base during all handling activities. The use of an offset base provides a wider area of support in all directions.

- **Close proximity to load**

It is essential to reduce the effect of leverage. This is best achieved by staying as close to the load, or person, as possible.

- **Mobile base**

Staff should be encouraged to follow the movement of the load to maintain short levers and to maintain good control of the activity. Kneeling on both knees compromises the ability to adopt a mobile base. Half kneeling, on one knee, is a better situation as it gives a wider base and a more flexible position.

- **Avoid top heavy postures**

The body should be in balance throughout all physical movement. Any activity that takes the centre of gravity outside the base of support causes increased muscle work. The body has to use its postural muscles to prevent the body from falling over, which then makes physical lifting or moving harder. Top-heavy positions can be exacerbated by poor positioning of the limbs or by having a small fixed base.

- **Avoid twisting**

Twisting in the spine simply acts to reduce the effectiveness of the joints and muscles. This decreases the body's capacity to do work and increases the chance of injury.

- **Avoid sustained lifting**

The muscles are not designed to work for long periods of time. Sustained holding restricts the blood flow in the muscles, increases fatigue and the chance of injury. Muscles should only be active for short periods and then rested. A slumped posture during sustained holding means that the body has to constantly hold the head and shoulders in place.

- **Avoid fixed holds**

An open hand placed on the person needing assistance, spreads the load across the palm, and is usually the most appropriate method of applying force. For applying large forces, at certain times, a clenched grip is essential. However, for care handling activities the aim is to move the person with minimal effort. It is therefore not necessary to adopt a strong grip for most of the activities associated with paediatric, or person handling.

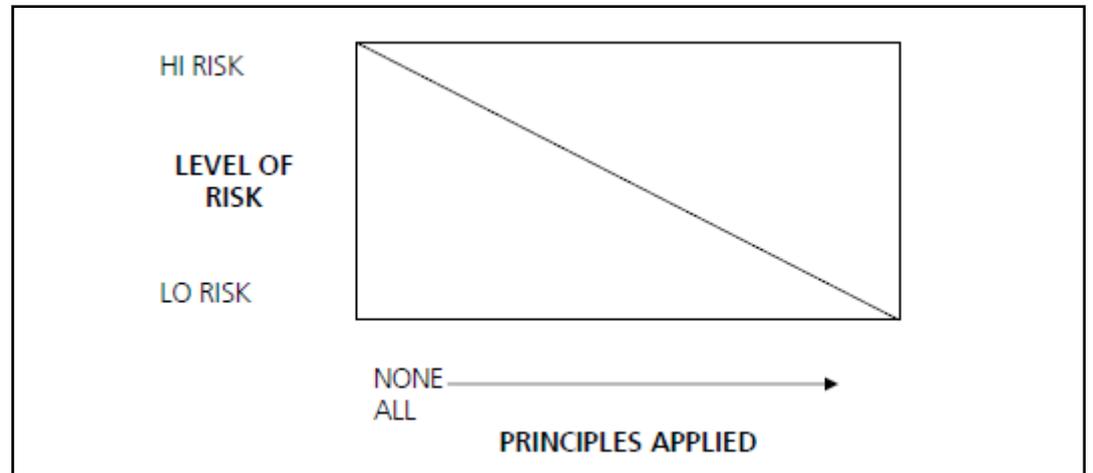
- **Lead with the head**

All moves need to be planned and prepared. The movement of the body should be led from the head. This acts to increase the body's extension pattern and recruit the large extensor muscles. A posture which maintains flexion in head, neck and trunk, will tend to make the person lift with the arms.



Summary note

All of the standard procedures have been developed with these principles in mind. The application of the principles is advisable and is guided as best practice but there will clearly be situations where there may need to be some flexibility in their use. It is important to consider that the more of the principles that are followed then the better the activity.



An example of this balance may be seen when using a slide sheet. A carer may have to grip the sheet but if a good position and movement pattern is adopted there should be no major problems.

Annex B

The referral for workplace and individual assessment form was developed by the Back in Work (BiW) steering group which had representation from the following bodies:

- National Back Exchange
- BackCare
- Chartered Society of Physiotherapy
- The NHS
- Social Care
- UNISON
- Health and Safety Executive
- Royal College of Nursing
- Association of NHS Occupational Health Physicians
- West Midlands Ambulance Service NHS Foundation Trust
- Independent Healthcare Association
- Loughborough University.

It is intended for use by the following professional groups:

- back care advisors
- physiotherapists
- ergonomists
- occupational therapists
- occupational health practitioners
- appropriately trained clinical managers.

While this list is not comprehensive, the authors stress that this assessment form is aimed only at professionals trained in understanding, treating and preventing MSDs. It provides a template for these staff to begin to undertake this type of assessment. It is not exhaustive in the advice or information contained in the document. This assessment tool is only to be used by individuals with the appropriate skills and training, and is to be used as a guide to the basic fitness to practice of a member of staff where manual handling activities will be undertaken; it can assist in controlling the risk factors which contribute to a MSD developing. It is not recommended for use by general managers or line managers who do not have the correct understanding or training to undertake this type of assessment.

Special thanks go to Jane Charlton, manual handling advisor, West Sussex County Council, who first developed the assessment tool, and Amanda Parker, back care advisor, Derby Hospitals NHS Foundation Trust, who assisted in the further development of the tool.



NHS Employers

The NHS Employers organisation is the voice of employers in the NHS, supporting them to put patients first. Our vision is to be the authoritative voice of workforce leaders, experts in HR, negotiating fairly to get the best deal for patients.

We help employers make sense of current and emerging healthcare issues to ensure that their voice is front and centre of health policy and practice. We keep them up to date with the latest workforce thinking and expert opinion, providing practical advice and information, and generating opportunities to network and share knowledge and best practice.

We work with employers in the NHS to reflect their views and act on their behalf in four priority areas:

- pay and negotiations
- recruitment and planning the workforce
- healthy and productive workplaces
- employment policy and practice.

The NHS Employers organisation is part of the NHS Confederation.

Contact us

For more information on how to get involved in our work, email Healthworkandwellbeing@nhsemployers.org
www.nhsemployers.org

 [@nhsemployers](https://twitter.com/nhsemployers)

 [NHS Employers](https://www.linkedin.com/company/nhs-employers)

 www.youtube.com/nhsemployers

NHS Employers

50 Broadway 2 Brewery Wharf
London Kendell Street
SW1H 0DB Leeds LS10 1JR

Originally published August 2009, updated March 2014. © NHS Employers 2009 and 2014. This document may not be reproduced in whole or in part without permission.

The NHS Confederation (Employers) Company Ltd. Registered in England.
Company limited by guarantee: number 5252407

Ref: EGUI24501