



Manual Handling Service

Non Patient Handling Induction

Venue:

Date:

Time: 9.00am – 12.30pm

Tutors' signature:.....

PWA Code:

Full Name (Please Print)	Job Title	Department	Hosp	Signature	Memo (Office use)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					

Theory covered by E-Learning

Classroom Session

Please initial each section as appropriate; leave blank any section not required to be covered

Topic	Initials
Introduction, Fire Procedure, Duty of Care	
Check E-learning certificates	
NPH Induction Quiz	
Efficient Movement Practical	
Group Task: Specify ergonomic scenario	
OH Eye Test – review procedure	
Working with Computers – review VDU checklist	
Computer work station set up - practical	
CSP Fit to work exercises – go through leaflet	
Other:	
Other:	

Inanimate Load Handling – Practical Circuit

Task	Practised	Discussed
Transport load from one side of room to other utilising appropriate equipment		
Compare weights of Items A and B		
Handle item A using a direct and Indirect hold		
Manoeuvre a porter's chair around the room with a load in it		
Pick up a light object off the floor (under 7 kg) and return		
Manoeuvre a box from waist height to another surface at the same height and back		
Postural activity		
Move high back chair from A → B		
File documents appropriately		

Signed and Dated

Additional tasks	Practised	Discussed

Physical Problems Prior to Course		
Name	Details of Problem	
	Current	Previous

Recommendation to contact Staff Physiotherapist / Line Manager regarding musculo-skeletal problem.

Name	Grade	Ward/Dept	Recommendations to:-		Participant's Initials
			Physio	Line Manager	

Signed and Dated:

General Comments

Include:

- General overview of course and attitude of participants
- Details of any participants not completing e-learning
- Details of specific ergonomic problems highlighted on the course + follow up arrangements as necessary
- Details of specific advice given to a participant & cross reference to health questionnaire as necessary
- Details of any specific problems / unusual event occurring on the course
- Details of any correspondence with participant's line manager

Signed and Dated: