



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Manual Handling and People Handling Policy

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1.0 Policy Statement

It is the policy of the 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.

The HSE operates a “Minimal Handling Policy”.

The HSE acknowledges the range and diversity of the services it provides. Where the hazardous manual handling of loads i.e. people (animate) and inanimate loads (all loads excluding people) cannot be avoided, the HSE will take appropriate organisational measures or employ appropriate means to satisfactorily reduce any associated risks through risk assessment. This is achieved through good planning, consultation and the systematic management of risks by providing a safe working environment, safe systems of work and suitable aids and equipment.

Where people are required to work in uncontrolled environments (such as Ambulance Services, Services delivered in peoples’ homes by Healthcare Professionals, Care Assistants and others) a suitable and sufficient hazard identification and risk assessment exercise must be conducted to enable the development and implementation of appropriate control measures (such as training and the procurement and use of equipment) to satisfactorily manage the risks to which employees are exposed.

The HSE will continuously monitor and review service arrangements for manual handling and people handling to ensure that appropriate resources are available for the control programme.

2.0 Purpose

The HSE aims to promote a safe manual handling and people handling culture to reflect current best practice and legislation. The purposes of this policy are to provide guidance to staff and managers:

1. To reduce, so far as is reasonably practicable, the risks to staff and service users associated with manual handling and people handling activities.
2. Provide the highest quality of patient care.
3. To ensure compliance with relevant statutory requirements and standards and guidelines such as those published by the Health and Safety Authority (HSA) and Health Information and Quality Authority (HIQA).

3.0 Scope

This policy is applicable across all services within the HSE including but not limited to its hospitals and community settings, and covers all manual handling and people handling activities undertaken by staff during the course of their work. This policy supersedes existing local policies.

It applies to all employees of the HSE, including permanent, temporary, full-time, part-time, medical and non-medical staff and students. 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.

4.0 Legislation/Other Related Policies

Refer to Section 9.0 and Appendix I.

5.0 Glossary of Terms and Definitions

Bariatric People¹ - A patient with a body mass index >35 (weight exceeds 159kg or 25 stone).

Bariatric Equipment - Equipment designed to carry weight with a body mass index >35 (weight exceeds 159kg or 25 stone).¹

Continuous improvement - The process of enhancing the safety, health and welfare management system to achieve improvements in safety, health and welfare performance in line with the Health Service Executive's Safety Policy.

Contractor - Any individual, employer or organisation whose employees undertake work for a fixed or other sum and who supplies the materials and labour (whether their own labour or that of another) to carry out such work, or supplies the labour only.²

Control Measure - A process, policy, device, practice or other action that acts to minimise negative risk or enhance positive opportunities. A control may also be referred to as a "risk treatment". (Note: The word "control" may also be applied to a process designed to provide reasonable assurance regarding the achievement of objectives.)

Employee - Any person who works for an employer [i.e. the HSE] under a contract of employment. This contract may be expressed or implied, and be oral or in writing. An employee may be employed full-time or part-time, or in a temporary capacity.²

Employer - Any person or organisation [i.e. the HSE] by which an employee is employed under a contract of employment and includes a person under whose direction and control an employee works.²

Ergonomics³ – The science of fitting the job to the worker. Also, Ergonomics applies information about human behaviour, abilities and limitations and other characteristics to the design of tools, machines, tasks, jobs and environments for productive, safe, comfortable and effective human use.

Full Body Lifts⁴ - The manual lifting of the full body weight of a person by one or more staff. Full body lifts should be avoided except in exceptional or emergency situations i.e. fire, bomb, etc. An emergency is defined as a situation where the person or staff is/are at risk of serious bodily injury if immediate action is not taken.

Hazard - A source or a situation with the potential for harm in terms of human injury or ill-health, damage to property, damage to the environment, or a combination of these. Or, a source of potential harm.⁵

Hazard identification - The process of recognising that a hazard exists and defining its characteristics.

¹ American Society of Bariatric Physicians, 2003

² Health and Safety Authority, 2006. H.S.A. Guidance Document for the Healthcare Sector. How to Develop and Implement a Safety and Health Management System. Dublin, H.S.A.

³ Saunders M.S. and McCormick J., 1992 in HSA, 2005. Guidance on the Management of Manual Handling in the Workplace. Dublin, HSA.

⁴ Backcare and RCN, 1997. Guide to the Handling of Patient, 4th Edition RCN.

⁵ Health Service Executive, Office of Quality and Risk (2009). Quality and Risk Taxonomy Governance Group Report on Glossary of Quality and Risk Terms and Definitions (Nov 2009) Taxonomy report. OQR026.

Inanimate Handling – Manual Handling/Moving and handling of non-people loads.

Incident - An unplanned event, with the potential to lead to an accident. Or, an event or circumstance which could have, or did lead to unintended and/or unnecessary harm to a person, and/or a complaint, loss or damage.⁵ See OQR026⁵ for definitions of Accident, Adverse Event and Near Miss.

Load⁶ - ...any object requiring to be lifted, moved etc. includes any person or animal.

Manual Handling⁷ - 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.

Moving and Handling - Manual handling; manual handling operations. See definition of manual handling. Please note that the terms manual handling and moving and handling are used interchangeably throughout the document.

People Handling – Manual Handling/moving and handling of people (in some cases this may traditionally have been referred to as “animate” handling).

People/Person – Patient/client/service user. These terms are used interchangeably.

Reasonably Practicable⁸ – 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.

Risk – “The chance of something happening that will have an impact on objectives”⁵ or the likelihood that a specified undesired event will occur due to the realisation of a hazard by, or during, work activities or by the products and services created by work activities. A risk always has two elements: the likelihood that a hazard may occur and the consequences of the hazardous event. The number of people exposed as well as how often also determines risk.

Risk assessment - The process of evaluating and ranking the risks to safety, health and welfare at work arising from the identification of hazards at the workplace. It involves estimating the magnitude of risk and deciding whether the risk is acceptable or whether more precautions need to be taken to prevent harm. Or, the overall process of risk identification, risk analysis and risk evaluation.⁵

Safety, health and welfare - Occupational safety, health and welfare in the context of preventing accidents and ill health to employees while at work.

Safety, health and welfare management system - The part of the overall management system that includes the Organisational structure, planning activities, responsibilities, practices, procedures and resources for developing, implementing, achieving, reviewing and maintaining the Occupational Safety and Health Policy.²

Safety, health and welfare management system audit - The systematic and documented verification process to obtain and evaluate evidence objectively to determine whether the Organisation’s safety, health and welfare management system conforms to the safety, health and welfare management system audit criteria set by the organisation, and communication of

⁶ HSA, 2007. Guide to the Safety, Health and Welfare at Work (General Application) Regulations 2007. Part 2, Chapter 4: Manual Handling of Loads.

⁷ The Safety, Health and Welfare at Work Act (General Application) Regulations 2007 – Part 2, Chapter 4

⁸ Safety, Health and Welfare at Work Act, 2005

the results of this process to management.²

Sensitive Risk Groups⁹ - Children and young persons; Pregnant, post natal and breastfeeding employees; Night workers and shift workers.

T.I.L.E.¹⁰ - Task, Individual Capability, Load and Environment (Other factors and the interaction between these components).

6.0 Roles and Responsibilities.

6.1 Responsibilities of the Board of the HSE

The general responsibilities of the HSE Board are detailed in the HSE Corporate Safety Statement.

6.2 Responsibilities of the Chief Executive Officer

Notwithstanding the above, the Chief Executive Officer has overall responsibility for ensuring the development of and compliance with this policy.

The CEO is responsible for ensuring that:

1. The need for hazardous manual handling and people-handling operations by employees is avoided, as far as is reasonably practicable.
2. The risk of injury from any unavoidable manual handling and people handling operations is assessed.
3. The risk of injury is reduced so far as is reasonably practicable.
4. Risk assessments are reviewed at appropriate intervals and when changes occur.
5. Training, information and supervision are provided to employees.
6. Staffing levels that are adequate for safe handling practices are maintained.
7. Suitable equipment is provided and maintained for manual handling and people handling.
8. Staff are supported in the case of occupational injury and/or ill-health.

Refer to Appendix I (2) of this Policy (Safety, Health and Welfare at Work (General Application) Regulations 2007, Schedule 3).

Day to day responsibility for ensuring this policy is implemented is as follows:

6.3 Responsibilities of Directors, Regional Directors of Operations (RDO), Area Managers (AM) and Equivalent

The CEO delegates accountability for co-ordinating and monitoring implementation of this policy and the associated procedures to the Directors, RDOs, AMs and Equivalent.

Directors, RDOs, AMs and Equivalent shall:

1. In consultation with staff ensure that an operational plan is developed to support the implementation of this manual handling and people handling policy.
2. Support and promote the concept of safer handling and any initiatives that would facilitate the implementation of the policy and aforesaid operational plans.
3. Ensure this policy is brought to the attention of all staff.

⁹ Safety, Health and Welfare at Work (General Application) Regulations 2007 – Part 6, Chapters 1 -3

¹⁰ Safety, Health and Welfare at Work (General Application) Regulations 2007 – Schedule 3.

4. Ensure that appropriate resources are available to support the implementation of this policy in their area.
5. Ensure that appropriate systems are in place to assess risk and communicate the results to all relevant employees and other persons who may be exposed to the risk.
6. Identify training needs for staff, review as necessary and facilitate the release of staff to attend such training.
7. Ensure that information, training and instruction is provided in a form, manner and, as appropriate, language that is reasonably likely to be understood by the employee(s) concerned.
8. Ensure that staff are adequately supervised and that onsite training is ongoing, so that skills taught at Manual Handling/People Handling/Moving and Handling training are translated into practice. Also ensure that Service Level Agreements for Agency Staff cover Manual Handling and People Handling training requirements.
9. In order to help minimise the potential for handling related injuries adopt an ergonomic approach when planning refurbishments or the construction of buildings by consulting with a wide group of professionals/employees at the planning and implementation stages.
10. Where point 9 above relates to the structures within which people work, a similar principle would apply to any equipment/furniture used. That is, Directors, RDOs, AMs and equivalent should ensure the following in connection with the procurement of equipment/furniture:
 - a. Establish a Multidisciplinary team to include end users.
 - b. Apply ergonomic principles.

6.4 Responsibilities of Line Managers (Responsible Persons)

It is the line manager's responsibility to ensure that this policy is applied in their respective areas. Line Managers (Responsible Persons) shall:

1. Where hazardous manual handling and/or people handling activities cannot be avoided, ensure that appropriate written risk assessments are carried out in consultation with staff, taking account of the working environment, systems of work and any control measures put in place to reduce the level of risk as far as is reasonably practicable. This may be delegated to other persons within the team/ward who may have more knowledge and experience of the activity in question. See Appendices I(2) to V.
2. Ensure the findings of the written risk assessment are recorded, implemented and communicated to staff undertaking the tasks in question.
3. Develop systems of work and set standards in their area as required.
4. Identify training needs for all staff (including managers), facilitate the release of staff to attend training and maintain local records of attendance.
5. Ensure employees are adequately supervised and use the principles of good manual handling and people handling in the performance of their work tasks. Refer to Appendix VI.
6. Ensure working environments and systems of work are as far as is reasonably practicable safe.
7. Ensure employees falling into any of the "sensitive risk" groups are protected against dangers which may affect them specifically in relation to the manual handling of loads.
8. In consultation with staff ensure sufficient suitable equipment is provided to facilitate safe handling. This equipment must be easily accessible and properly maintained. Service records should be retained.
9. Ensure that employees receive training 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. Ensure that induction for Agency Staff covers local Manual Handling and People Handling issues.
10. Liaise with the Occupational Health Department where health issues may have a bearing on an employees' ability to undertake manual handling and/or people handling. Refer to local procedures.

11. Report unsafe environments and systems of work to the relevant senior manager and take immediate action that may be required to render the area safe.
12. Investigate accidents, incidents and near misses involving employees under his/her control and record and report such occurrences in line with the HSE Incident Management Policy (Office of Quality and Risk documents OQR006 and OQR008¹¹).
13. Following an accident / incident ensure that the staff member is facilitated with timely access to medical assessment in line with local policy. Ensure that staff are informed of relevant policies, procedures and practices, including Serious Physical Assault and Injury Grant Schemes if appropriate.
14. Ensure that the HSA is notified of an accident resulting in the absence of an employee for more than 3 working days (not including the day of the accident); Refer to section on Adverse Incidents.
15. Managers and disciplines involved in the procurement and introduction of equipment into the workplace (e.g. an OT prescribing particular seating for a service user in care of the elderly accommodation) shall take account of any handling risks that may be associated with the equipment.
16. Ensure that appropriate assistance/advice is sought where necessary.

6.5 Responsibilities of All HSE Employees

Employees shall:

1. Adhere to this Policy and any associated risk assessments.
2. Co-operate 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. Take reasonable care of their own safety, health and welfare and that of others when conducting manual handling and people handling activities.
4. Attend mandatory manual handling/moving and handling training sessions.
5. Implement the principles of good manual handling and other techniques as taught at training (see Appendix VI).
6. Make themselves aware of the safe working loads of equipment /furniture within their area.
7. Inform their line manager of any reason (e.g. musculo-skeletal injury, illness or pregnancy), which might affect their ability to perform manual handling and people handling tasks or increase the risk presented.
8. Work within their capabilities and limitations and not carry out any activity or use any equipment for which they have not received training.
9. Report any defects in equipment/machinery or the place of work and any unsafe systems of work to their line manager.
10. Report accidents, incidents and any difficulties arising (e.g. significant pain) with regard to manual handling and people handling tasks in line with local procedures.
11. Ensure their clothing and footwear is appropriate for their work.

6.6 Responsibilities of Manual Handling/Moving and Handling Co-ordinator/ Advisor or Equivalent

The Manual Handling/Moving and Handling Coordinator/Advisor or equivalent shall:

1. Support and promote the HSE Manual Handling and People Handling Policy.

¹¹ HSE Incident Management Policy and Procedure, Revision 12. (Ref OQR006: 2008) and HSE Toolkit of Documentation to Support Incident Management, Version 7. (Ref OQR008: Nov 2009).

2. Design, co-ordinate and, where necessary, provide relevant manual handling/people handling/moving and handling training programmes for specific groups of staff.
3. Provide additional on site training as required, to ensure that skills taught in training are translated into the workplace/work practices.
4. Ensure that adequate materials, equipment and accommodation are available for training.
5. Maintain training records.
6. Provide support and advice to managers when requested, e.g. in Acute Healthcare settings the advisor may assist in assessments for patients with complex handling needs.
7. Input into policy development by providing advice and assistance on manual handling and people handling issues. Key issues may (non-exhaustively) include falls strategy, Bariatric policy, medical equipment maintenance, infection control, managing challenging behaviour, patient handling during cardiac arrest and resuscitation, etc.
8. Arrange update training for all manual handling/moving and handling instructors in accordance with the findings of risk assessment and Health and Safety Authority guidelines.
9. Assist with the assessment of handling equipment prior to purchase, as required.
10. Provide assistance to Estates Department and during the planning, building and/or refurbishment of any HSE workplace to ensure an ergonomic approach as required.
11. Maintain personal professional development and ensure skills are updated.
12. Sensitive risk groups may require input from Occupational Health/Specialists in the area.

6.7 Responsibilities of Manual Handling/Moving and Handling Instructors

It is the responsibility of the Manual Handling/Moving and Handling Instructors to:

1. Support and promote the HSE Manual Handling and People Handling Policy.
2. Deliver training in accordance with training received on the Manual Handling/Moving and Handling Instructors Course and with current best practice.
3. Be aware that sensitive risk groups may require input from occupational health or specialists in the area.
4. Complete and maintain relevant training documentation as per local arrangements.
5. Ensure that manual handling issues raised during training courses are documented and ensure that the relevant line manager is made aware of these issues.
6. Attend refresher training/workshops to ensure skills accord with best practice.
7. Ensure that any incident occurring during manual handling/moving and handling training is recorded and reported in accordance with the local incident/accident reporting policy.

7.0 Procedure

7.1 All Handling (People Handling and Inanimate/Manual Handling)

7.1.1 Risk Assessment

1. In the case of hazardous tasks that cannot be eliminated from the work or avoided, a written risk assessment must be carried out. The aim of the assessment is to identify means of reducing the risk to the lowest level reasonably practicable.
2. At the outset an ergonomic approach should be used to identify the hazards associated with manual handling and people handling activities, taking into account the following factors (see Appendices I(2) and III Table 1):
 - Task - Refers to the activity within which the handling operation is carried out. Factors such as repetition of the task, body postures and physical exertion are considered.
 - Individual Capability – The capability of the individual carrying out the task is considered and includes health, previous injuries, fitness level, experience, training, ability to communicate and gender.

- Load – Important factors for consideration include (non-exhaustively) the size, weight, shape and physical properties of the load. If the load is a person relevant considerations include his or her ability to assist, comprehend and communicate, his or her medical history and any attachments to the person, e.g. drips, etc.
 - Environment – This is the place where the activity will occur. Consider factors such as confines of space, furniture, floor levels, temperature, availability of staff adequately trained to undertake the activity etc.
3. Risk Assessments should be documented on a suitable Manual Handling and/or People Handling Risk Assessment form. Many suitable forms have been developed across the HSE. These may continue to be used subject to periodic review and update.
 4. In order to assist with these assessments the following information is included in the appendix to this document:
 - Appendix II outlines the hazard identification, risk assessment and control process given by the Health and Safety Authority in their “Guide to the Safety, Health and Welfare at Work (General Application) Regulations 2007, Chapter 4 of Part 2: Manual Handling of Loads”.
 - A checklist of risk factors is given in Appendix III for use with local assessment forms.
 - An extract from the HSE’s general risk assessment tool is given in Appendix V. Where possible the output of assessments should be translated into this scoring.
 - A “Rapid Assessment Filter” is available in Appendix IV for optional use with local assessment forms for inanimate load handling assessments.

7.1.2 Generic Unit / Department Risk Assessments – All Handling

Generic unit/department risk assessments should be carried out to determine the range and complexity of manual handling and people handling activities taking place. Guidelines on risk assessment can be found in the Appendices 1 to 5. Factors to be considered include:

- Departmental activities.
- Categories of patients.
- Staffing levels (including day/night variations).
- Availability and use of equipment.
- Supervision.
- Previous accidents / incidents.
- Behavioural issues.
- Learning Disability
- Presence of visitors/relatives.

7.1.3 Education and Training

The management of manual handling and people handling within the HSE is delivered in line with the “Guidelines on the Management of Manual Handling in the Workplace” HSA, 2005. Training is only one component of the comprehensive strategy to reduce the risk of injury and in particular back injury within the workplace. All training programmes aim to change attitudes and behaviour and facilitate safe handling activities in the workplace.

All employees have a personal responsibility to ensure their skills are current and inform their manager of their training needs. Refresher training is available to reinforce and evaluate skills in line with best practice. Training should be provided on (regardless of the perceived term of assignment):

- Local induction.
- 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 technology¹².

Training should also be repeated at not greater than three-yearly intervals¹³.

It is expected that by 2012 all manual handling/moving and handling instructors will have achieved a FETAC level 6 award in manual handling/people handling instruction.

7.1.4 Adverse Incidents

Accidents, incidents and near misses arising in the workplace are to be recorded as detailed in HSE Incident Management Policy and Procedure OQR006¹⁴. The HSE promotes the recording of all safety, health and welfare incidents on the STARS Web database. Reports will be extracted and provided to management at all levels to assist in the analysis of risks to safety, health and welfare. This approach will assist in the elimination of the risk and/or the effective control of the risk. These records are also a useful source of information to identify hazards.

Part X *Safety, Health and Welfare at Work (General Application) Regulations 1993 (Notification of Accidents and Dangerous Occurrences)* requires that certain accidents and dangerous occurrences are reported to the Health and Safety Authority. The following must be reported on an IR1 form.

- An accident resulting in the absence of an employee for more than 3 working days (not including the day of the accident).

Reporting to the HSA can be done, via the internet at: www.hsa.ie or on an original prescribed IR1 form and posted to:

Health & Safety Authority,
Metropolitan Building,
James Joyce Street,
Dublin 1.

Managers should (See Section 6.4 - Responsibilities of Line Managers/Responsible Persons):

- Investigate manual handling and people handling incidents in accordance with HSE incident management policy and procedure OQR006 and, if required, put additional control measures in place to minimise the likelihood of a recurrence.
- If appropriate encourage early referral to the Occupational Health Service for review following any work related injury.
- Make employees aware of Injury Grant and Serious Physical Assault Schemes if appropriate.

¹² Safety, Health and Welfare at Work Act, 2005

¹³ HSA, 2005. Guidance on the Management of Manual Handling in the Workplace. Dublin, HSA.

¹⁴ HSE Office of Quality and Risk, 2008. HSE Incident Management Policy and Procedure. OQR006.

7.2 People Handling Only

7.2.1 Consultation with Service Users

Each person 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. Particular attention should be paid where English is not the primary language of the person or the staff member. A balanced approach will be followed which considers the wishes of the person as well as the need to protect staff from injury. The rehabilitation and developmental needs of the person will also be considered as part of this process. The person or persons and, where appropriate, those acting on their behalf will be actively involved throughout the assessment and decision making process. The independence of the person will be encouraged at all times.

A minimal handling approach will be applied to all handling situations based on a full risk assessment using T.I.L.E. which takes account of factors such as the size, shape and weight of the load. Mechanical aids should be used whenever possible.

7.2.2 Individual Risk Assessment

In respect of clinical areas persons should be assessed as to their needs and ability to help themselves. All risk assessments should be readily available to relevant staff including staff from other areas. The assessment should be carried out/reviewed as follows:

- a) On admission or as soon as is reasonably practicable.
- b) Regularly and not less frequently than three monthly.
- c) When the initial assessment is no longer considered valid, e.g. if a patient's condition changes/deteriorates or their management plan changes, such as may be the case with a post operative patient.

See Appendices 1(II) to V for further information on assessment.

7.2.3 Emergency Situations

Full body lifting shall be avoided, except in exceptional or emergency situations where patients or staff are at risk of serious injury if immediate action is not taken.

However, written procedures should be developed and implemented to avoid the need for full body lifts in foreseeable emergency situations, e.g. cardiac arrest.

7.3 Implementation

Implementation of this policy forms an integral part of the safety management system and is underpinned by effective communication, education and training by competent persons, and follow up monitoring and review.

Senior Managers (Directors, RDOs, AMs and equivalent) are responsible for ensuring this policy is implemented within their area. Further advice on implementation may be obtained through the relevant Manual Handling/Moving and Handling Co-ordinator/Advisor or Equivalent or the Health and Safety Advisor/Fire and Safety Officer as applicable.

8.0 Revision and Audit

The HSA (Health & Safety Authority) Audit Tool and Management System for the Health Service 2006, and the HSE Quality and Risk Management Standard (i.e. all relevant Quality and Risk documents), are to be utilised to assist in the evaluation of this policy and its implementation.

This policy will be reviewed at least bi-annually, or when legislation or best practice dictates.

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Health Service Executive Documents

The following documents are updated on a regular basis. Please refer to the Quality & Risk Directorate web-pages on *HSEnet* for the latest versions/revisions.

HSE Corporate Safety Statement, Version 2, Jan 2009.

HSE Serious Incident Management – Policy and Procedure (SIMT 01. This documentation is in 7 no. parts and 2 no. Appendices. Refer to the Office of Quality and Risk web-pages for the latest versions).

HSE Incident Management Policy and Procedure, Revision 12. (Ref OQR006: 2008).

HSE Toolkit of Documentation to Support Incident Management, V7. (Ref OQR008: Nov 2009).

HSE Developing and Populating a Risk Register, Best Practice Guidance, Version 11. (Ref OQR010: Apr 2009).

HSE Risk Assessment Tool and Guidance (Including Guidance on Application), Revision 4. (Ref OQR012: Jun 2008).

HSE Quality and Risk Taxonomy Governance Group Report on Glossary of Quality and Risk Terms and Definitions, Version 3. (Ref OQR026: Nov 2009).

HSE Procedure for Developing Policies, Procedures, Protocols and Guidelines, Revision 2. (Ref OQR029: Nov 2009).

Appendix I

1. List of Key Legislation

- The Safety, Health and Welfare at Work Act, 2005.
- The Safety, Health and Welfare at Work (General Application) Regulations, 2007:
 - Part 2, Chapter 4 - Manual Handling of Loads.
 - 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.

2. Safety, Health and Welfare at Work (General Application) Regulations 2007 - Schedule 3, Regulation 69 - Risk Factors For The Manual Handling Of Loads

2.1 Characteristics of the load

The manual handling of a load may present a risk particularly of back injury if it is:

- 2.1.1 Too heavy or too large.
- 2.1.2 Unwieldy or difficult to grasp.
- 2.1.3 Unstable or has contents likely to shift.
- 2.1.4 Positioned in a manner requiring it to be held or manipulated at a distance from the trunk.
- 2.1.5 With a bending or twisting of the trunk, or
- 2.1.6 Likely, because of its contours or consistency (or both), to result in injury to employees, particularly in the event of a collision.

2.2 Physical effort required

A physical effort may present a risk particularly of back injury if it is:

- 2.2.1 Too strenuous.
- 2.2.2 Only achieved by a twisting movement of the trunk.
- 2.2.3 Likely to result in a sudden movement of the load, or
- 2.2.4 Made with the body in an unstable posture.

2.3 Characteristics of the working environment

The characteristics of the working environment may increase a risk particularly of back injury if:

- 2.3.1 There is not enough room, in particular vertically, to carry out the activity.
- 2.3.2 The floor is uneven, thus presenting tripping hazards, or is slippery in relation to the employee's footwear.
- 2.3.3 The place of work or the working environment prevents the handling of loads at a safe height or with good posture by the employee.
- 2.3.4 There are variations in the level of the floor or the working surface, requiring the load to be manipulated on different levels.
- 2.3.5 The floor or foot rest is unstable, or
- 2.3.6 The temperature, humidity or ventilation is unsuitable.

2.4 Requirements of the activity

The activity may present a risk particularly of back injury if it entails one or more of the following requirements:

- 2.4.1 Over-frequent or over prolonged physical effort involving in particular the spine, an insufficient bodily rest or recovery period.
- 2.4.2 Excessive lifting, lowering or carrying distances, or a rate of work imposed by a process which cannot be altered by the employee.

2.5 Individual Risk Factors

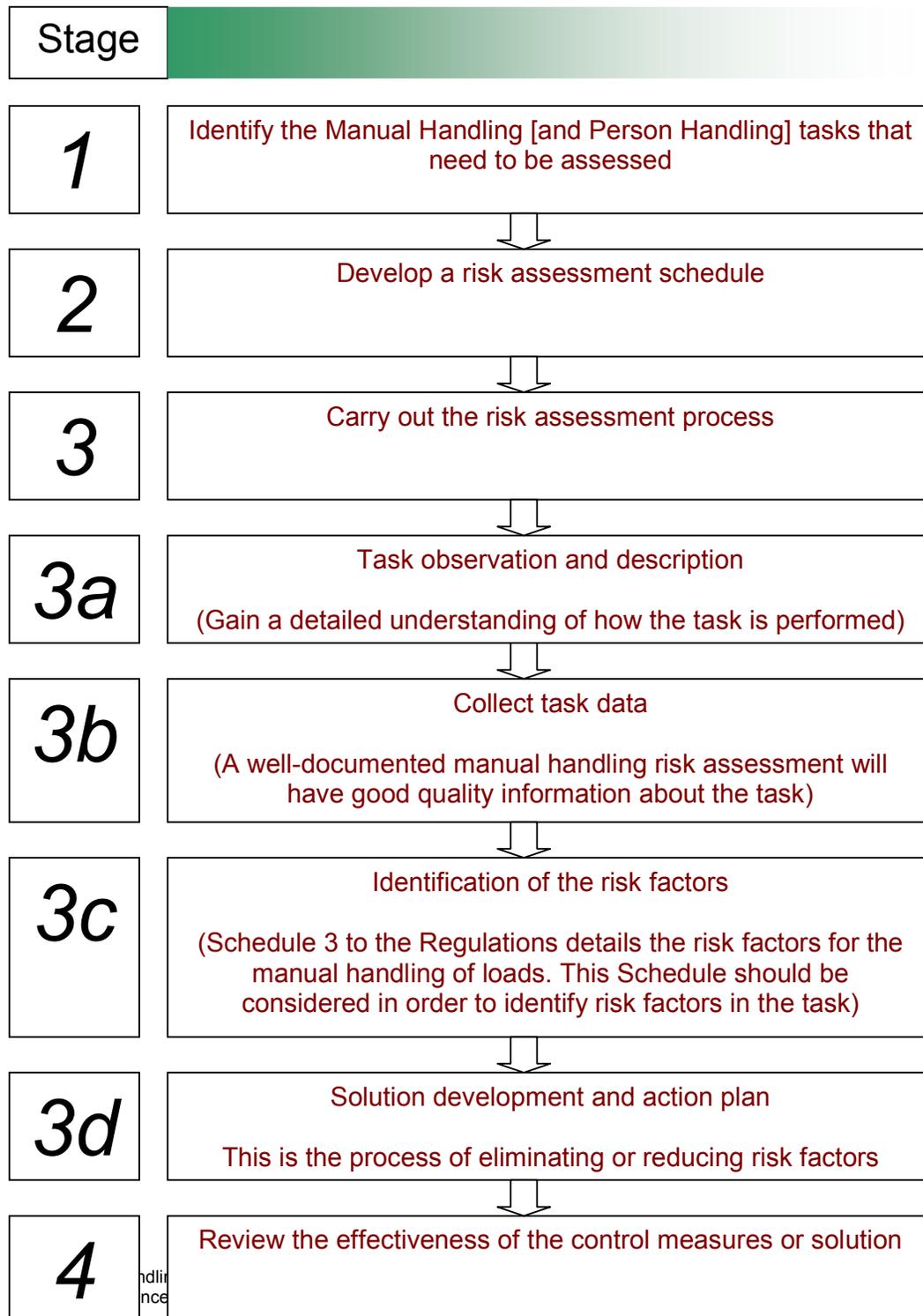
The employee may be at risk if he or she:

- 2.5.1 Is physically unsuited to carry out the task in question.
- 2.5.2 Is wearing unsuitable clothing, footwear or other personal effects, or
- 2.5.3 Does not have adequate or appropriate knowledge or training.

Appendix II

Guide to the Safety, Health and Welfare at Work (General Application) Regulations 2007, Chapter 4 of Part 2: Manual Handling of Loads

Key Stages in the Identification of Hazards, Assessment of Risk and Implementation of Control Measures



Appendix III

Table 1. Risk Factors – Non-Exhaustive Reference/Check List For Use With Local Risk Assessment Forms.

Risk Factor (Consider Risk Controls in Place)	
Task (T)	Over frequent
	Over prolonged
	Involves the spine
	Insufficient rest/recovery
	Excessive lifting or lowering
	Excessive carrying distances
	Fixed work rate imposed by process
	Too strenuous
	Only achieved by twisting movement of trunk
	Likely to result in sudden movement of load
	Made with body in unstable posture
	Individual (I)
Unsuitable clothing/footwear/other personal effects	
Inadequate training or knowledge	
Young, old or inexperienced employee	
Pregnant or breastfeeding employee	
Employee physically unfit	
Inanimate Load (L)	Too heavy or too large
	Unwieldy/difficult to grasp
	Unstable or contents likely to shift/move unexpectedly
	Manipulated or held at distance from trunk
	Shape requires bending/twisting of trunk
	Temperature, contours, consistency, texture unsuitable
Person Load (Patient) (L)	History of falls
	Pain
	Drips/drains/catheter
	Infection
	Communication/Sensory
	Skin condition/tissue viability
	Recent surgery
	Amputation
	Muscle spasm
	Weight bearing
	Joint replacement
	Walking aids
	Physical disabilities
	Psychological/mental health
	Culture/religious considerations
Day/night variation	
Other considerations	

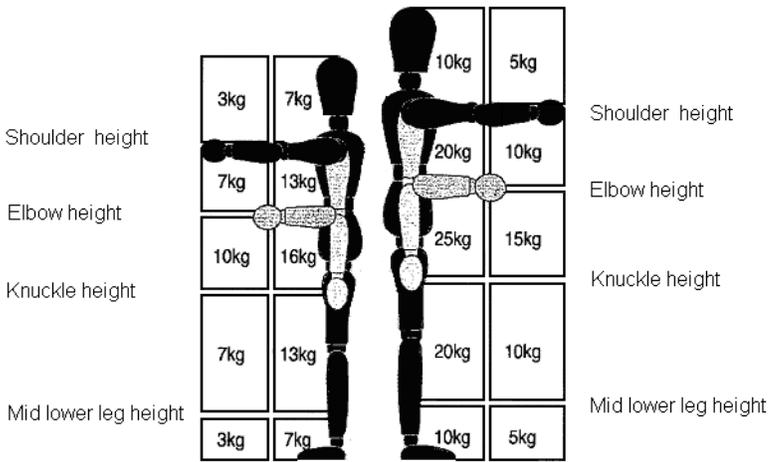
Table 1 - Risk Factors Continued

Environment (E)	Space or vertical/height restrictions, narrow corridors
	Floor uneven, slippery or has varying surface:
	Workplace prevents lifting/handling at safe height
	Floor/footrest unstable
	Temperature, humidity, lighting, ventilation unsuitable
	Stairs
	Trailing leads, untidy storage or other trip hazards
Other	

Adapted from Schedule 3, to the Safety, Health and Welfare at Work (General Application) Regulations 2007.

Appendix IV

Part 1. Manual Handling Rapid Assessment Filter (Inanimate Loads)

Start ↓ Factor 1	Is the Load a Person?	
A1	No ↓	Yes Complete Local Forms
Factor 2	Guideline Weights for Lifting/Carrying Women Men 	
Q2A ↓	Are the Guideline Weights Applicable? (That is: Fit, healthy, well trained, experienced adults wearing appropriate clothing, etc.)	
A2A	Yes ↓	No Assess Risk → Local Form
Q2B ↓	Are the Guideline Weights for Lifting/Carrying Met?	
A2B	Yes ↓	No Assess Risk → Local Form
Factor 3	Adjust Guidelines according to frequency: 1 – 2 operations per min reduce guideline by 30% 5-8 operations per min reduce guideline by 50% >12 operations per min reduce guideline by 80%	
Q3 ↓	Are the Guideline Weight still Met?	
A3	Yes ↓	No Assess Risk → Local Form
Factor 4	Adjust Guideline according to whether twisting is involved Where twisting is involved & less than 30 operations are carried out per hour	

	(otherwise Assess Risk → Local Form): If handler twists through 45° reduce guideline by 10% If handler twists through 90° reduce guideline by 20%	
Q4 ↓	Are the Guideline Weight still Met?	
A4	Yes ↓	No Assess risk → Local Form
Factor 5 Q5 ↓	Is load carried greater than 10m without rest? Are hands below knuckle height or above elbow height?	
A6	No ↓	Yes Assess risk → Local Form
Factor 7 Q7 ↓	Does task involve pushing or pulling?	
A7	Yes ↓	No Skip to Q9 ↙
Factor 8	Guidelines forces for Pushing and Pulling. Stopping or starting a load: Men 20 Kg; Women 15 Kg Keeping a load in motion: Men 10 Kg; Women 7 Kg	
Q8 ↓	Are the Guidelines for Pushing/Pulling Met?	
A8	Yes ↓	No Assess Risk → Local Form
Factor 9 Q9 ↓	Surface smooth and handling aid well-maintained? Surface level, free of tripping hazards? Spaces free (not-confined) and allow good posture? Temperature, lighting, ventilation adequate/appropriate?	
A9	Yes ↓	No Assess Risk → Local Form
Factor 10 Q10 ↓	Any other factor listed in Table 1 (Appendix III) which may create/exacerbate the handling risk?	
A10	No <input checked="" type="checkbox"/> This appears to be a low risk. If you are satisfied with this, record the result on your Local Form and Keep Under Review	Yes Assess Risk → Local Form

Appendix IV.

Part 2. Notes on the Use of the Manual Handling Rapid Assessment Filter.

1.1 Background.

The assessment filter described in Appendix IV of this Policy Document is based on guidance given in the Backcare and RCN (2005) "Guide to the Handling of People" (5th Edition), Health and Safety Authority (2005) "Guidance on the Management of Manual Handling in the Workplace" and Health and Safety Authority (2007) "Guide to the Safety, Health and Welfare at Work (General Application) Regulations 2007, Chapter 4 of Part 2: Manual Handling of Loads". It is not intended to be a legal interpretation. Use of the filter does not reduce or remove the employer's duty to assess, avoid and reduce the risk of injury presented by manual handling operations.

1.2 When should I use the Manual Handling Rapid Assessment Filter?

Use of the filter is optional. It is intended to facilitate persons in carrying out risk assessments of simple manual handling operations involving inanimate loads.

It is non-exhaustive. It must be used carefully, by competent persons. The outcome should always be subject to professional judgement.

With regard to the guidelines upon which the filter is based, according to BackCare/RCN in the Guide to the Handling of People (5th Edn) (Appendix 2, p297, Paragraph 6):

"Application of the guidelines will provide a reasonable level of protection to around 95% of working men and women. However, the guidelines should not be regarded as safe weight limits for lifting. There is no threshold below which manual handling operations may be regarded as "safe". Even operations lying within the boundary mapped out by the guidelines should be avoided or made less demanding wherever it is reasonably practicable to do so."

According to "the Guide", a more detailed assessment is necessary when:

- *"Using the filter shows the activity exceeds the guideline figures.*
- *The activity does not come within the guidelines, e.g. if lifting and lowering unavoidably takes place beyond the box zones shown in [Factor 2].*
- *There are other considerations to take into account.*
- *The assumptions made in the filter are not applicable, e.g. when carrying the load it is not held against the body.*
- *For each task the assessment cannot be done quickly."*

1.3 How to use the filter

The filter is designed to be used in conjunction with local assessment forms.

At the outset the filter directs the assessor to his or her local assessment process/forms for person/animate loads due to the widely varying circumstances and needs of people who may require to be moved/handled.

The filter takes a step-by-step approach, looking at each of the key handling risk factors in turn. For each factor, if the operation in question meets the relevant guidelines the assessor may progress to the next factor. The assessor must work through all the questions as directed by the filter.

If the assessor arrives at the end of the filter, having determined a positive outcome to each of the risk factor questions (i.e. the operation in question met all the key guidelines) then he or she may be in a position to consider the risk low. If the person, being a competent person, is satisfied with this outcome it should be logged on the appropriate local assessment form and no further action is necessary at that point in time (notwithstanding the requirement to keep the assessment under review).

If, when working through the filter, a guideline is not met (i.e. there is one or more TILE risk factors present) a full assessment must then be carried out using the appropriate local assessment form.

Should there be any significant change in the circumstances to which the assessment relates, it should be re-evaluated (again using the filter if appropriate and so desired) and logged on the relevant local form. If the changes mean that a given guideline is no longer met, then a full assessment must be carried out, again using the appropriate local process and documentation.

The reader is referred to Appendix 2 (p297 to 300) in the Guide to the Handling of Patients 5th Edition, HSA Guidance on the Management of Manual Handling in the Workplace” and the HSA Guide to the Safety, Health and Welfare at Work (General Application) Regulations 2007, Part 2, Chapter 4: Manual Handling of Loads.

Appendix V. Risk Assessment Tool (Ref: OQR012, June 2008).

4. Impact Table Injury	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
	Adverse event leading to minor injury not requiring first aid. No impaired psychosocial functioning	Minor injury or illness, first aid treatment required <3 days absence Impaired psychosocial functioning greater than 3 days less than one month	Significant injury requiring medical treatment e.g. Fracture and/or counselling Agency reportable, e.g. HSA, Garda (violent and aggressive acts) >3 Days absence 3-8 Days extended hospital Stay Impaired psychosocial functioning greater than one month less than six months	Major (or) prolonged term incapacity or disability (loss of limb) requiring medical treatment and/or counselling Impaired psychosocial functioning greater than six months	Extreme (5) Incident leading to death or major or permanent incapacity. Event which impacts on large number of patients or member of the public. Permanent psychosocial functioning incapacity.
Services User Experience	Reduced quality of service user experience related to inadequate provision of information	Unsatisfactory service user experience related to less than optimal treatment and/or inadequate information, not being talked to & treated as an equal, or not being treated with honesty, dignity & respect - readily resolvable	Unsatisfactory service user experience related to less than optimal treatment resulting in short term effects (less than 1 week)	Unsatisfactory service user experience related to poor treatment resulting in long term effects	Totally unsatisfactory service user outcome resulting in long term effects, or extremely poor experience of care provision
Compliance with Standards (Statutory, Clinical, Professional & Management)	Minor non compliance with internal standards. Small number of minor issues requiring improvement	Single failure to meet internal standards or follow protocol. Minor recommendations which can be easily addressed by local management	Repeated failure to meet internal standards or follow protocols. Important recommendations that can be addressed with an appropriate management action plan.	Repeated failure to meet external standards. Failure to meet national norms and standards / Regulations (e.g. Mental Health, Child Care Act etc).	Gross failure to meet external standards. Repeated failure to meet national norms and standards / regulators. Severely critical report with possible major reputational or financial implications.
Objectives / Projects	Barely noticeable reduction in scope, quality or schedule	Minor reduction in scope, quality or schedule.	Reduction in scope or quality of project; project objectives or schedule.	Significant project over-run	Inability to meet project objectives. Reputation of the organisation seriously damaged
Business Continuity	Interruption in a service which does not impact on the delivery of service user care or the ability to continue to provide service.	Short term disruption to service with minor impact on service user care.	Some disruption in service with unacceptable impact on service user care. Temporary loss of ability to provide service	Sustained loss of service which has serious impact in major contingency plans being involved	Permanent loss of core service or facility. Disruption to facility leading to significant 'knock on' effect.
Adverse publicity/ Reputation	Rumours, no media coverage. No public concern raised. Little effect on staff morale. No review/ investigation necessary.	Local media coverage - short term. Some public concern. Minor effect on staff morale / public attitudes. Internal review necessary.	Local media - adverse publicity. Significant effect on staff morale & public perception of the organisation. Public calls (at local level) for specific remedial actions. Comprehensive review/ investigation necessary.	National media/adverse publicity, less than 3 days news stories & features in national media - long term adverse publicity. Public confidence in the organisation undermined. HSE use of resources questioned. Minister may make comment. Possible questions in the Dail. Public calls (at national level) for specific remedial actions to be taken possible HSE review/ investigation	National/international media adverse publicity > than 3 days. Features in national papers & features in National papers - days of news stories & Public confidence in the organisation undermined. HSE use of resources questioned. CEOs performance questioned. Calls for individual HSE officials to be sanctioned. Teach/Minister forced to comment or intervene. Questions in the Dail. Public calls (at national level) for specific remedial actions to be taken. Court action. Public (independent) inquiry.
Financial Loss (per local Contact)	<€1k	€1k - €10k	€10k - €100k	€100k - €1m	>€1m
Environment	Nuisance Release.	On site release contained by organisation.	On site release contained by organisation.	Release affecting minimal off-site area requiring External assistance (fire brigade, radiation, protection service etc.)	Toxic release affecting offsite with detrimental effect requiring outside assistance.

2. LIKELIHOOD SCORING

Rare/remotely (1)	Unlikely (2)	Possible (3)	Likely (4)	Almost Certain (5)
Actual Frequency Occurs 1% every 5 years or more	Actual Frequency Occurs every 2-5 years	Actual Frequency Occurs every 1-2 years	Actual Frequency Bimonthly	Actual Frequency At least monthly
Probability 10%	Probability 50%	Probability 75%	Probability 98%	Probability 99%

3. RISK MATRIX

Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Almost Certain (5)	5	15	20	25
Likely (4)	4	12	16	20
Possible (3)	3	9	12	15
Unlikely (2)	2	6	8	10
Rare/remotely (1)	1	3	4	5

Appendix VI

The [eleven] Principles of Good Manual Handling¹⁵

1. Think before you lift.
2. Keep the load close to your waist.
3. Adopt a stable position.
4. Ensure a good hold on the load.
5. At the start of the lift, moderate flexion (slight bending) of the back, hips and knees is preferable to fully flexing the back (stooping) or the hips and knees (squatting).
6. Don't flex your spine any further as you lift.
7. Avoid twisting the trunk or leaning sideways, especially while the back is bent.
8. Keep your head up while handling.
9. Move smoothly.
10. Don't lift more than you can easily manage.
11. Put down, then adjust [if necessary].

The principles listed above are recommended by Institute of Occupational Medicine for the Health and Safety Executive, UK and are for guidance only.

¹⁵ The Principles of Good Manual Handling- Achieving a consensus, Institute of Occupational Medicine for the Health and Safety Executive, 2003.
HSE Manual Handling and People Handling Policy
Document reference no. HSAG 2012/1. Revision no 1.13.1 Approval Date 18 September 2012

Appendix VII

Membership of the Sub-Group for the Development of Manual Handling and People Handling Policy (Sub-Group of the HSE Health and Safety Advisory Group)

- Nick Parkinson, Fire and Safety Officer, HSE-South (Chair and Project Manager)
- Cecilia Doran, Manual Handling Coordinator, HSE-West
- Carole Murphy, Regional Coordinator and Advisor for Moving and Handling, HSE- Dublin Mid-Leinster
- Mary Kelly, Acting Regional Health and Safety Officer, HSE-South East
- Sheila Hussey, Moving and Handling Training Coordinator, HSE-South

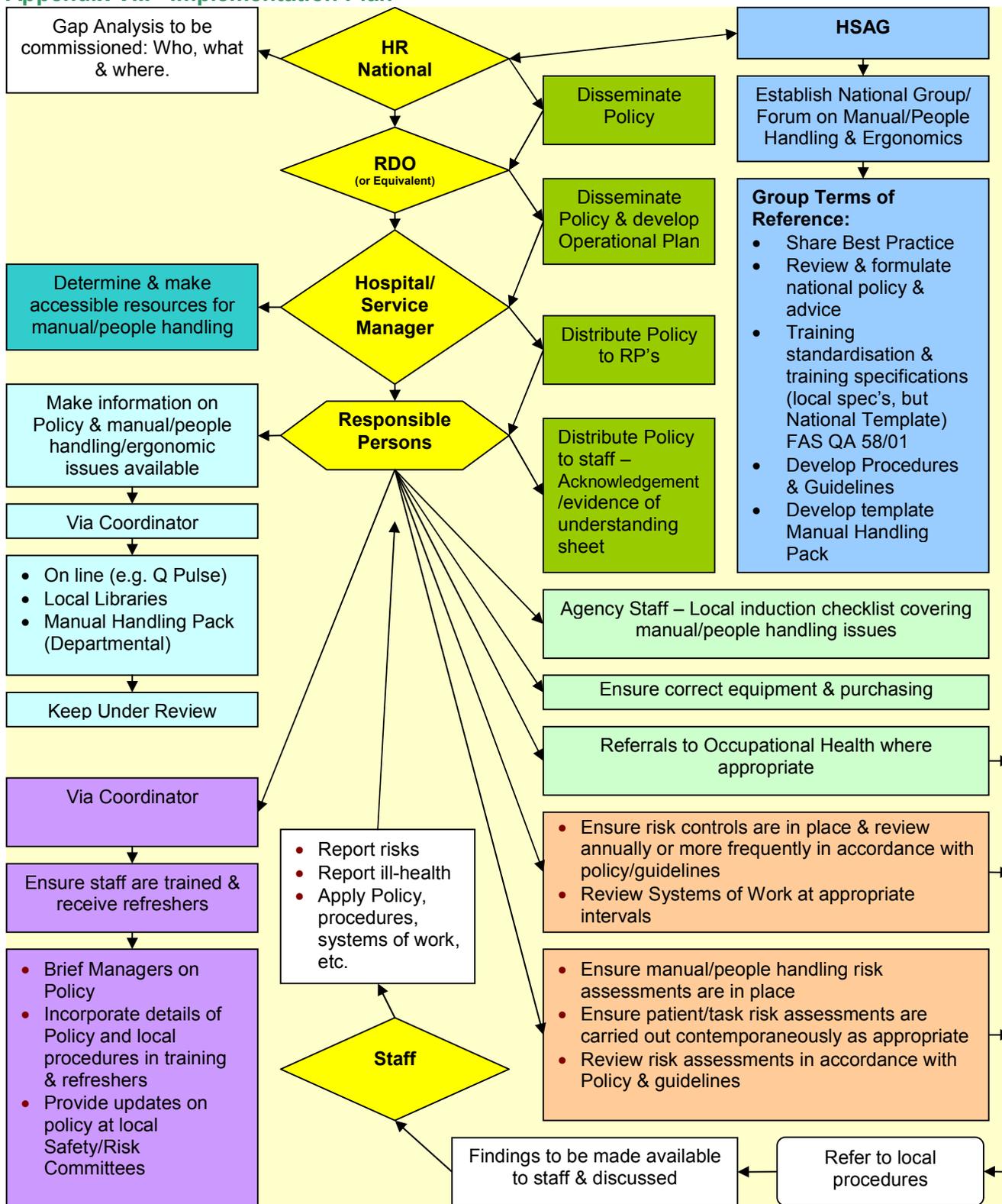
Past Members

- Allen Treacy, Regional Health and Safety Advisor, HSE-West (past Chair)
- Marie Nolan-Steen, Health and Safety Advisor, HSE-Dublin North East (past Project Manager)
- Phil Lewis-Farrell, Health and Safety/Fire Safety Coordinator, Mater Misericordiae University Hospital, DHGRMF
- Brid Cooney, Staff Officer, HSE-Dublin North East (past Secretarial Support)

External Consultation

- Anne Maria O'Connor, Senior Inspector, Health and Safety Authority
- Frank Power, Health and Safety Authority

Appendix VIII Implementation Plan



Responsible Person(s) [RP(s)] - Directors of Nursing/ PHN(s)/ ADON(s)/ Managers Mental Health
 -CNM(s)/ Ward Manager(s)
 - Department Manager(s), etc.

Policy – HSE Manual Handling and People Handling Policy

Coordinator(s) - Manual Handling Coordinator/ Moving & Handling Coordinator/ Advisor or equivalent

HSAG – Health & Safety Advisory Group