HS007 Manual Handling Policy

Version 6

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1.0 INTRODUCTION

The purpose of this policy is to provide information and guidance on the completion of manual handling tasks within the Scottish Ambulance Service), This policy supports the Health and Safety Policy by detailing particular arrangements for the management of manual handling activities and the associated risks and assists compliance with the legal requirements of the Manual Handling Operations Regulations 1992 (as amended) and associated legislation.

2.0 POLICY STATEMENT

The Scottish Ambulance Service recognises its statutory, civil, moral and financial responsibility to manage risk. The Service Board is committed to providing robust risk management strategies and procedures in order to safeguard the organisation, its employees, patients and others who might be affected by its activities.

This policy encompasses all risk, with clinical and non-clinical risks being of equal status and importance. All significant risk will be risk assessed, documented and entered onto the Service Risk Register.

The Service requires that all risks, adverse incidents, near misses or hazards be reported and documented (Datix) as part of a proactive approach to risk management. This procedure details the action to be taken, which applies equally to clinical and non clinical incidents.

Where incidents/risks are reported they will be investigated and all reasonable steps taken to implement control measures which will either remove or reduce the level of risk to an acceptable level. The Service will aim to respond quickly and positively to all risk issues in order to mitigate their consequences in the best interest of the organisation, patients and staff.

The Service will ensure that all policies and procedures relating to risk management (including safe working practices) are made widely available to all staff and will ensure that all employees are suitably informed and trained in the Scottish Ambulance Service procedure for the reporting and management of risk.

3.0 MANUAL HANDLING

Manual Handling is the greatest cause of staff injury in the Scottish Ambulance Service. Whilst back injuries are often the most debilitating injuries, staff must be equally careful to avoid injuries to the other parts of their body such as their hands, fingers, shoulders and knees.

3.1.1 Glossary

- **Manual Handling**: *moving or supporting a load by bodily force,*
- **Hazard**: *something with the potential to cause harm,*
- **Risk**: *the likelihood that the hazard will cause harm.*

3.1.2 Manual Handling actions include;

- Pushing and Pulling,
- Lifting and Lowering,
- Holding a load.

3.1.3 Primary causes of injury are:

- Handling too heavy a load,
- Repeatedly handling loads without sufficient breaks,
- Adopting poor postures when handling loads.

The cause of injury may have its roots in one or more of the following;

- insufficient staff training,
- inadequate equipment or staffing levels,
- poor work organization,
- the lack of risk assessment,
- an individual's own inappropriate actions or those of another party,
- an individual's own susceptibility to injury.

3.1.4 The basic premise of safer handling remains that if an initial assessment identifies there is a potential risk of injury then measures must be taken to control these risks. In most situations and in nearly all professions it is easy to eliminate the task, or at least postpone completing the task until adequate measures are in place. However the majority of our staff are called on to complete potentially hazardous lifts in emergency situations where the option of delaying intervention may lead to the loss of life or permanent serious injury.

The Service fully recognises this situation and all relevant staff receive training on completing Dynamic Risk Assessments of which manual handling is a component. Whilst the general structure of the types of assessments lies outside the scope of this Policy document, the components relating to manual handling are contained in Appendix A.

4.0 OBJECTIVE

In order to protect its staff, service users and the general public from injury as the result of its undertakings the Scottish Ambulance Service will, so far as is reasonably practicable:

- Identify all foreseeable manual handling tasks completed by its staff.

- Assess the risks associated with the above these tasks and record them in accordance with the framework identified in Health & Safety Executive (HSE) guidance LG23 on the Manual Handling Operation Regulations 1992 (as amended).

- Remove identified risk and where these cannot be eliminated, ensure that proportionate procedures or equipment are engaged to reduce them to an acceptable level

- In instances where manual handling tasks involve the direct or indirect care of patients ensure any adopted systems of work fall within sector specific guidance, for example the Scottish Manual Handling Passport, or the Safer Handling of People (6th ed or later).

5.0 RESPONSIBILITIES

In order to assure the above objectives can be met all members of the organisation play an important part in promoting and delivering a safe place of work. Responsibilities are identified in greater detail in HS001- Health & Safety Policy, in respect of manual handling related tasks more specific responsibilities include:

5.1 Chief Executive

The Chief Executive has overall accountability for the management of Health and Safety and will delegate responsibility to ensure that adequate and appropriate resources are made available to ensure that the Service meets its statutory obligations noted in this Policy.

5.2 Heads of Service/Department & Regional Managers

Are responsible for:

- Ensuring that the relevant Service procedures, policies and process are complied with within their area of responsibility.
- Ensuring employees working within an operational area for which they hold delegated responsibility receive adequate information, instruction and education which is timely, suitable and sufficient for the safe handling of objects and persons. Where this cannot be met ensuring the appropriate governance body is informed of any shortfall.
- Ensuring employees working within an operational area for which they hold delegated responsibility are provided with the correct resources, whether manpower, equipment or personal protective equipment to be able to undertake the safer handling of objects and persons without any party being exposed to undue harm. Where these objectives are not met ensuring the appropriate Governance body is informed of shortfalls.
- Where equipment under their control might require statutory or advised safety checks these are undertaken in accordance with any schedule, and that equipment deemed unsafe is immediately removed from service until repaired or replaced.
- Advising Fleet Services and Health & Safety of any proposed new or replacement (manual handling) equipment purchased which will require safety checks ahead of it entering service.
- Where incidents or concerns in respect of manual handling related tasks are raised through a recognised channel (for example Datix, Partnership) these are adequately investigated, and where appropriate to do so proportionate control measures are introduced in a timely manner. This includes engagement and communication with their staff and their representatives.
- Recognise the right of staff not complete a task where they can demonstrate through the principles of a balanced risk assessment (Appendix A) that do so puts themselves, their patients or third parties at unacceptable risk of injury, and support their staff identify a pragmatic, timely and safe alternative means of completing the task.

5.3 Head of Health and Safety
Is responsible for:

- Ensuring that any procedures for complying with the Manual Handling Operations Regulations 1992 (as amended)are in place.
- Advising the senior management team of any forthcoming legislation which may affect the operation of the Service and proposing procedural changes to allow the Service to comply with new Health and Safety law prior to its implementation.
- Ensuring all Regions and departments are appropriately audited.
- Ensuring significant manual handling risks are recorded on the appropriate risk register
- Working closely with Risk & Resilience to ensure untoward incidents investigated within the Service are done in a competent manner, and that lessons learnt are disseminated within the organisation and to other interested parties.

5.4 Ergonomics & Patient Handling Adviser

- Delegated the responsibility from the Head of Health and Safety to support the Service with expert advice on musculo-skeletal issues (including manual handling),
- Act as strategic lead in the ongoing manual handling management programmes, including:
  -auditing risk assessments,
  -undertaking detailed and complex root cause analysis of untoward incidents,
  -designing safe systems of work and environments to reduce risk of injury,
  - advising on the selection of appropriate equipment to reduce risks associated with manual handling.
  -supporting the Training & Education Department by ensuring content and method of delivery of relevant programmes reflects current best practice,
  -providing monthly activity reports to the Head of Health & Safety and communicate and consult with staff on manual handling issues through:

    - Local team meetings / briefs
    - @SAS
    - H & S Committees
    - Notice Boards
    - Partnership Forums
    - Consultative Group
    - Any other appropriate method

5.5 Regional Health & Safety Officers and Auditors

The Regional Health & Safety Officers are competent in the recognition of manual handling related risks, and advice given by them in respect of the prevention and control of risks must be considered as such.

Where there more complex issues to resolve they may seek the expertise of the Ergonomics Adviser.

Regional Auditors may identify manual handling risks as they undertake reviews – where appropriate they will escalate enquiries to the Health & Safety Officer.

5.6 Infection Prevention and Control.

The introduction of new manual handling equipment must be assessed in respect of whether it carries the risk of cross-contamination, and if so how it can be safely cleaned between users. It is therefore the responsibility of the Ergonomics Adviser to engage with the team when new equipment (of which they have been made aware) is proposed

Where the Team finds damage to current manual handling equipment (including patient transport and extrication devices) that renders it unsafe for further this will be recorded as per the audit protocol.

Wherever practicable equipment will be Single Patient Use.

5.7 (Clinical) Training and Education Department

- Responsible for the delivery of training programmes identified (in respect of frequency, content and resources) by the Ergonomics & Patient Handling Adviser.
- Ensuring those tasked with delivering training content are suitably competent in the content matter, and in respect of teaching manual handling have attended an approved 'Train – the –Trainer' course and update sessions as identified by the Ergonomics and Patient Handling Adviser.
- Ensuring attendee numbers do not exceed those identified in the Scottish Manual Handling Passport, and any location selected for course delivery has adequate facilities to simulate foreseeable working environments.
- Maintaining training records in accordance with organisational directives, and standards set by the Scottish Manual Handling Passport.
- Maintaining equipment in good working order and that such equipment is concurrent with that found on the frontline.

5.8 Fleet Services

Fleet Services must ensure any patient handling equipment presented for inspection under either LOLER 1998 or PUWER 1998 regulations is assessed or reparired by a competent person (competency may be generic, or on occasions specified by a supplier or manufacturer (e.g. ambulance chairs or trolley cots)). This equally applies to safe maintenance of other equipment (e.g. vehicle ramps) which involve manual handling related tasks.

Fleet Services are able to determine where manual handling equipment is no longer economically viable to maintain- in such cases they must inform the appropriate department.

5.9 All employees

All employees have a responsibility under general Health & Safety Legislation for their own wellbeing and that of others. These general responsibilities are identified in the Service's Health &Safety Policy HS001

A summary of the requirements of **employers** include:

- Identify all risks to which employees and third parties are exposed, ensuring necessary preventive and protective measures are taken,
- Assess reported accidents and incidents,
- Screen staff to ascertain their ability to complete the required tasks,
- Provide staff with appropriate training and refresher courses at set intervals,
- Establish communication channels,
- Recognise the right of employees not to complete tasks they consider unsafe,
- Equipment appropriate to the task should be made available.

A summary of the requirements of **employees** include:

- Ensure their own safety and that of others.
- Attend training courses provided by, or on behalf of, the employer.
- Undergo health examinations for health and safety reasons before undertaking duties.
- Inform their manager about any physical condition (including pregnancy) that might reasonably affect their ability to undertake manual handling activities.
- Comply with policies designed to promote health and safety.
- Where appropriate adhere to professional guidelines and codes.
- Assist in identifying dangers in the workplace (eg damaged, missing or required equipment).

It must be noted that over and above contractual, common law and legal requirements to protect themselves and others from unacceptable risk, in many cases staff may also be beholden to professional state registration standards (e.g Health and Care Professions Council)

5.10 Staff Representation through Partnership

Proactive Staffside representation in matters relating to manual handling is a key element in developing a safer working environment. This engagement is defined by the *Safety Representatives and Safety Committees Regulations 1977 (as amended)*, and the *Health & Safety (Consultation with Employees) Regulations 1996 (as amended).*

5.11. Partners in Managing Risks Associated with Manual Handling Tasks.

One challenge faced by the Service is the wide geographical area in which it operates. The nature of the tasks undertaken by many vehicle crew staff require working alongside other emergency services and healthcare providers. It is in the interests of the Service to ensure its practices are as similar as possible to these other services to avoid confusion and incidents occurring as the result of poor communication.

Additionally it is in the interests of the Service to work closely with equipment manufacturers to ensure equipment is developed or modified to suit the needs of the Service, rather than the service modifying good practices to accommodate design weaknesses.

Examples of partners in the management of MSDs include:

- Acute Care Facilities
- Residential Care Premises
- Fire & Rescue Service
- Coastguard

- Police
- Colleges of Further Education
- Professional Associations
- Ferry Services
- SCOTstar Aircraft Providers
- Vehicle Suppliers

6.0 PURCHASING PROCEDURES

Any equipment purchased within the organisation (that is not a direct replacement for currently used equipment) must first be vetted by the Health & Safety Team (Regional Health & Safety Officer, Head of Health & Safety, or Ergonomics Adviser).

7.0 MANUAL HANDLING TRAINING

The Service will ensure that suitable and sufficient training and education will be provided to staff on joining the Service. The content of the sessions will be based on the Scottish Manual Handling Passport (SMHP) of which the Scottish Ambulance Service is a founding participant. The Passport (SMPH) formally recognises that due to the undertakings of the Service's patient handling staff differing from other participants in the scheme, where appropriate the Service shall deviate so long as the principles of risk assessment and safer handling are adhered to.

Training of front line staff is the responsibility of Clinical Education and Training, the content of the course having been established by the Ergonomics & Patient Handling Adviser. Training will be conducted before staff become operational (even if they have come from another ambulance service).

Updates will be delivered via 'Learning in Practice', with the option of standalone sessions should new equipment become available, or specialist equipment (e.g. Stairclimbers) require competency checks outwith the standard programme. Each Region has identified how suitable numbers of staff will be either trained or updated in respect of bariatric care (Annual Regional Bariatric Implementation Plan).

Training of support staff may also be delivered by members of the Health and Safety team

8.0 Risk Assessments and Systems of Work

Systems of work developed by the Service are based on the initial findings of task and equipment specific risk assessments, collaborative work with other Trusts/Services through the National Risk and Safety Forum, approved NHS practices identified in the Safer Handling of Patients (RCN ed6) and the Scottish Manual Handling Passport.

The Risk Assessments and subsequent Safer Systems of Work are dynamic documents which are reviewed formally every two years – but most commonly more often when there is an untoward incident requiring reappraisal of either risk rating or techniques advocated, whether experienced within SAS or within another Trust.

When amended these documents are sent for staffside review in accordance with processes agreed at the National Health & Safety Group, and then posted on line (@SAS/Health & Safety/Patient Handling Resource/ Risk Assessments and Safer Systems of Work).

Where there are marked amendments to practices changes will be notified via an SBAR document to the affected members of staff, and introduced, where practicable to do so, into the Learning in Practice cycle.

9.0 MONITOR & REVIEW

This Policy / Procedure will be subject to review on a 3 yearly cycle by the Health and Safety Group to ensure that protocols in place are sufficient, and that there have not been any changes in practice.

Appendix A Principles of Safer Handling

THE PRINCIPLES OF SAFER HANDLING (AND INJURY PREVENTION)

A.1 The Principles of Safer Lifting

A.1.1 Lifting and Carrying loads

It is increasingly recognised that imposing a specific lifting technique on everyone without prior assessment is incorrect as this is likely to place a significant minority of people at risk of injury. As a result it is the principles of safer handling which are discussed in this document. Staff are encouraged to contact their Divisional Training Officers for practical assistance if they believe they may be at risk of injury from manual handling tasks (perhaps returning to work after sickness or injury), or require further information having attended a theory based Office or Workshop Ergonomics training session.

Vehicle Crew Staff may adopt the 'Power Lift' when lifting heavier loads. The principles of this technique are largely similar to what is discussed below, however all staff who practice this technique will have received prior instruction from a qualified instructor to ensure it is suitable practice for them. Where the principles listed below differ from what they were taught – they must follow information given to them during 'Power lift' training;

Stop and think

Plan the lift. Where is the load to be placed? Use appropriate handling aids if possible. Do you need help with the load? Remove obstructions such as discarded wrapping materials or secure trip hazards such as trailing seat belts. For a long lift, such as floor to shoulder height, consider resting the load mid-way on a table or bench to change grip.

- **Position the feet**

  - The feet should be apart with one leg slightly forward to maintain balance
  - Get as close to load as possible
  - Be prepared to move you feet during the lift to maintain your stability.
  - Keep the heaviest side of the load next to the body

- **Adopt a good posture**

  - Bend the knees so that the hands when grasping the load are as nearly level with the waist as possible; but do not kneel or over-flex the knees.
  - Keep the back straight, maintaining its natural curves (tucking in the chin while gripping the load helps).
  - Lean forward a little over the load if necessary to get a good grip.
  - Keep the shoulders level and facing in the same direction as the hips.

- **Get a firm grip**

Try to keep the arms within the boundary formed by the legs. The best position and type of grip depends on the circumstances and individual preference; but must be secure. A hook grip is less tiring than keeping the fingers straight. If you need to vary the grip as the lift proceeds, do it as smoothly as possible. Also hugging the load close to you might help.

- **Don't flex the back any further while lifting.**

This can happen if the legs begin to straighten before starting to raise the load.

- **Move smoothly** - **Don't jerk**

Raise the chin as the lift begins, lift smoothly keeping control of the load. The load should not be jerked or snatched as this can make it harder to keep control and can increase the risk of injury.

- **Move the feet**

Don't twist the trunk when turning to the side.

- **Put down, then adjust**

If precise positioning of the load is necessary, put it down first, and then slide it into the desired position.

A.1.2 Principles of Safer Pushing and Pulling

It may be easier to push or pull rather than lift and carry an object. It is generally easier to push rather than pull a load.

Pushing

- Inspect the work surface. Remove objects that you may trip on. Check that the surface is clean and dry. There should be no oil spills, grease spots, or water on floors. Clean the floor as needed.

- Evaluate the load you will push. Is the weight of the object evenly distributed or is it off-centre? Will the weight shift during the push? If yes, consider other ways of moving it such as lifting it and putting it on a trolley for transport.

- Check your hands. Be sure your hands do not slip. If there are rough or sharp edges to the load, wear appropriate gloves.

- Adjust the load so you can see over it. Do not move a load that is so large it blocks your vision. Ask someone to guide you if your vision is blocked.

- Establish a stable base so you can maintain your balance. Spread your feet apart and put one foot slightly in front of the other.

- Bend your knees, lower your hips, and brace your hands against the load to push it. Use your legs to move the load across the floor.

- Avoid twisting from side to side. Continue to face the object when pushing the load.

- If the load is too heavy, too large, or unevenly weighted, ask for help. Agree on commands with your helper to coordinate the push and transport before pushing up the load.

- Take time to plan your push. Take a deep breath to relax. An unplanned push under tense conditions may lead to injury.

- Change postures to relieve stress. Bend, stretch, sit down, or take other actions to avoid staying in any one position too long.

Pulling

This is generally more hazardous than pushing because you have to twist to see where you are going. You also tend to grasp the load at arms length so that you don't run over your feet and you are unable to use your body weight as safely and effectively as for pushing.

A.1.3 TEAM WORK

Suppose Team member 'A' can comfortably lift 3 units on their own as can team member 'B'. The conclusion might be 'A' and 'B' can lift 6 units together. This is not necessarily the case because;

- people move in different ways and different speeds therefore they will generally assume greater than their fair share of the load at some stage in the process
- they may not have access to the same quality of handhold as colleagues,
- they may have to negotiate stairs backwards or be further from the centre of gravity of the load.

The Health and Safety Executive provide a rule of thumb – two people will manage two-thirds the sum of their individual capabilities, three people only half the sum of their individual capabilities - but it is just a rule of thumb and a dynamic risk assessment must always consider these additional risks prior to action.

A.1.4 THE MANUAL HANDLING RISK ASSESSMENT PROCESS.

There are five basic steps in performing a risk assessment:

1. Decide if there is a problem.
2. Decide who might be harmed and how.
3. Evaluate the risks and decide whether existing precautions are adequate or more should be done.
4. Record your findings.
5. Review your assessment from time to time and revise as necessary.

The Health and Safety Executive (HSE) advocate an *ergonomic approach* to assessing the risks associated with manual handling tasks. This approach takes into account the nature of the posture adopted when handling the **load**, the type of **load** being handled, the **environment** in which the task is being completed and the **capabilities of the individuals** asked to complete the task. This approach is generally referred to by it's acronym, TILE. The complete list of questions asked under each of the Headings are listed below:

Risk Assessment Indicators

The **Tasks**

do they involve:

- holding loads away from the body?
- twisting, stooping or reaching upwards?
- large vertical movement?
- long carrying distances?
- strenuous pushing or pulling?
- unpredictable movement of loads?
- repetitive handling?
- insufficient rest or recovery time?

The **Load**

Is it:

- heavy, bulky or unwieldy?
- difficult to grasp?
- unstable or unpredictable?
- intrinsically harmful, eg sharp or hot?

Individual Capacity

does the job:

- require unusual capability?
- endanger those with a health problem?
- endanger pregnant women?
- call for special information or training?

The Working **Environment**

are there:

- constraints on posture?
- poor floors?
- variations in levels?
- hot/cold/humid conditions?
- strong air movements?
- poor lighting conditions?
- restrictions on movement or posture from clothes or personal protective equipment?

A.2.1 Control Measures

If a particular risk factor is identified (above) then control measures must be put in place to reduce the level of risk to a level low enough to allow the task to be undertaken safely. If this cannot be achieved then an alternative and safer method must be chosen.

Examples of Control measures

1) Can you (task):

- improve workplace layout to improve efficiency?
- reduce the amount of twisting and stooping?
- avoid lifting from floor level or above shoulder height?
- reduce carrying distances?
- avoid repetitive handling?
- vary the work, allowing one set of muscles to rest while another is used?

2) Can one make the load:

- lighter or less bulky?
- easier to grasp?
- more stable?
- less damaging to hold?
- have you asked your suppliers to help?

3) Can you (environment):

- remove obstructions to free movement?
- provide better flooring?
- avoid steps and steep ramps?
- prevent extremes of hot and cold?
- improve lighting?
- consider less restrictive clothing or personal protective equipment?

4) Can you (individual):

- take better care of those (including yourself?) who have a physical weakness or are pregnant?
- gain/give employees more information, eg about the range of tasks they are likely to face?
- provide training

The acronym *TILE* is often modified to read *LITER.* Apart from the intentional pun the *R* stands for *Resources*. Risk Assessment Indicators under *TILE* often result in the adoption of control measures calling on the supply of specialist equipment or assistance from colleagues in order to complete the job safely – i.e. existing or additional resources.

AVOID THE TASK IF INTRODUCING CONTROL MEASURES STILL CANNOT REDUCE THE LEVEL OF RISK TO AN ACCEPTABLE LEVEL.

The HSE recognises Emergency Services may be called on to take action in circumstances where there is an increased/significant level of risk, however not where the level of risk is unacceptably high. From a patient handling perspective this is a very grey area especially, when non-intervention in the immediate term may lead to loss of life or severe illness or impairment.

Staff in the first instance must be comfortable with their own professional responsibilities and duties of care, and that any decision to move a patient where the level of risk of injury is high or very high is based on clinical needs and not operational demands.

ALL SUCH EVENTS, EVEN IF THERE IS NO SUBSEQUENT INJURY TO STAFF OR PATIENTS MUST BE REPORTED TO THE HEALTH & SAFETY DEPARTMENT USING THE SERVICE'S INCIDENT REPORTING PROCESSES.

The HSE recognise that completing written risk assessments for every task completed would be time consuming.

To help employers and staff identify where a more detailed (ie written) risk assessment is necessary, the HSE has developed a filter to screen out straightforward cases. The filter (Figure 1) is based on a set of numerical guidelines developed from published scientific data that offer a reasonable level of protection to around 95% of working men and women.

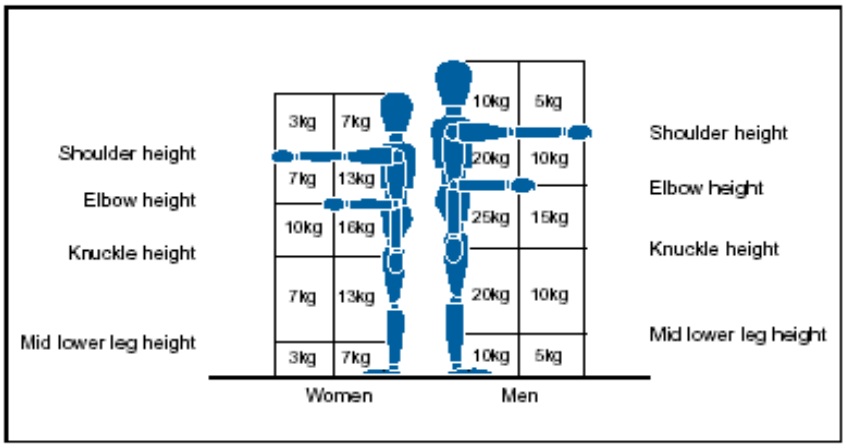

Fig 1

The number in each box in the above diagram represents a weight above which the weakest members of staff may be at risk of injury. If the lifter's hands enter more than one box during the operation, the assessor must refer to the smallest weight. If the handling takes place with the hands beyond the boxes, or if the weight of a particular load exceeds the guidelines then a more detailed assessment is required using the TILE principle (as discussed previously).

Assessors must note:

- the weights assume that the load is readily grasped with both hands and there is no twisting. If there is twisting the guideline weights must be reduced by 10% if the handler twists beyond 45°, and by 20% if the handler twists beyond 90°.
- the operation takes place in reasonable working conditions with the lifter in a stable body position.
- the guideline weights are for infrequent operations (up to about 30 operations per hour) and the load is not supported for any length of time. As a rough guide, the weights should be reduced by 30% if the operation is repeated once or twice a minute, by 50% where the operation is repeated five to eight times a minute, and by 80% where the operation is repeated more than 12 times a minute.
- the weight should be revised downwards if the load is carried more than 10 metres and/or carried on stairs or ramps.
- team lifting can be hazardous if staff do not coordinate their lifts correctly (use 'ready..steady..lift' in lieu of 1..2..3).
- in sitting, the guideline weights are 3kg for female staff, 5kg for males providing the load is kept close to the chest.

There are guideline figures for pushing and pulling though they are of little practical value unless staff have access to strain gauges. If a load is deemed too heavy to

push or pull then staff must identify alternative means of doing the task more safely. There is no specific limit to the distance over which a load is pushed or pulled provided there are adequate opportunities for rest or recovery.

NB - The risk assessment guidelines are not limits

The guidelines are not limits in the respect that exceeding them does not constitute a breach of the law. They are a filter as to what people might comfortably carry. Stronger individuals may complete their risk assessment and decide they can comfortably carry up to twice the guideline figure, however just because they may be able to does not mean any co-worker can do the same – everyone must be comfortable with the weight handled in order to proceed. Please remember you can also be injured lifting loads less than the guidelines, especially if employing poor technique (eg stoop lift).