

# MANUAL HANDLING POLICY

|  |  |                             |
|--|--|-----------------------------|
| <b>POLICY NUMBER &amp; CATEGORY</b>            | <b>RS 21</b>                                   | <b>Corporate Governance</b> |
| <b>VERSION NO &amp; DATE</b>                   | <b>4.1</b>                                     | <b>November 2018</b>        |
| <b>RATIFYING COMMITTEE</b>                     | <b>Trust Clinical Governance Committee</b>     |                             |
| <b>DATE RATIFIED</b>                           | <b>January 15, 2019</b>                        |                             |
| <b>ANTICIPATED REVIEW DATE:</b>                | <b>October 2021</b>                            |                             |
| <b>EXECUTIVE DIRECTOR</b>                      | <b>Director of Nursing</b>                     |                             |
| <b>POLICY LEAD</b>                             | <b>Head of Health and Safety</b>               |                             |
| <b>POLICY AUTHOR</b> (if different from above) | <b>Head of Health and Safety</b>               |                             |
| <b>FORMULATED VIA</b>                          | <b>Trust Health, Safety and Fire Committee</b> |                             |
| <b>GOVERNANCE APPROVAL</b>                     | <b>Executive Director of Nursing</b>           |                             |

## POLICY CONTEXT

The Manual Handling Operations Regulations requires that where possible manual handling should be avoided and where this is not possible an assessment of risk should be conducted with an aim of reducing the identified risk. This policy details how the Trust will achieve this.

## POLICY REQUIREMENT (see Section 2)

All staff should endeavour to avoid manual handling tasks whenever possible, ensure risk assessments, of hazardous loads and people are completed and reviewed and follow the guidelines set out in this policy.

Managers should ensure that appropriate lifting equipment/mechanical aids are provided, where reasonably practicable, thereby reducing the risks of injury when manual handling.

The Health and Safety Team will develop and deliver suitable training programmes for new and existing staff to include e-learning and face to face as required. The team will also support managers to ensure that incidents are appropriately monitored, reviewed and actions are taken as necessary.

# CONTENTS

---

|            |   |           |
|------------|---|-----------|
| <b>1</b>   | <b>INTRODUCTION .....</b>   | <b>3</b>  |
| 1.1        | Rationale (Why).....  | 3         |
| 1.2        | Scope (Where, When, Who) .....  | 3         |
| 1.3        | Principles (Beliefs) .....  | 3         |
| <b>2</b>   | <b>POLICY (What) .....</b>  | <b>3</b>  |
| <b>3</b>   | <b>PROCEDURE .....</b>  | <b>4</b>  |
| <b>4</b>   | <b>RESPONSIBILITIES .....</b>   | <b>7</b>  |
| <b>5</b>   | <b>DEVELOPMENT AND CONSULTATION PROCESS .....</b>                                   | <b>11</b> |
| <b>6</b>   | <b>REFERENCE DOCUMENTS .....</b>  | <b>12</b> |
| <b>7</b>   | <b>BIBLIOGRAPHY .....</b>   | <b>12</b> |
| <b>8</b>   | <b>GLOSSARY .....</b>   | <b>12</b> |
| <b>9</b>   | <b>AUDIT AND ASSURANCE .....</b>  | <b>12</b> |
| <b>10</b>  | <b>APPENDICES .....</b>   | <b>13</b> |
| Appendix 1 | Guidelines for Staff on Manual Handling of Service Users and Inanimate objects..... | 13        |
| Appendix 2 | Manual Handling Information Checklist.....  | 15        |
| Appendix 3 | Guidelines for Manual Handling Flowchart.....                                       | 18        |
| Appendix 4 | Manual Handling Risk Assessment Template .....                                      | 19        |
| Appendix 5 | Manual Handling Risk Assessment Flowchart.....                                      | 20        |
| Appendix 6 | Regular Re-assessment Template.....   | 21        |

# **1 INTRODUCTION**

## **1.1 Rationale (Why)**

The National Health Service recognises that it is important to manage the risk of exposure of its staff to musculo-skeletal injuries in the workplace.

As part of its Health and Safety responsibilities, BSMHFT will take all reasonably practicable steps to reduce and eliminate injuries and accidents related to the movement of loads, both human and inanimate and where possible avoid manual handling activities.

This policy has been drawn up with reference and consideration to the following Health & Safety at Work etc., Act 1974;

- Management of Health & Safety at Work Regulations 1999;
- Manual Handling Operations Regulations MHOR 1992 (As amended);
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995;
- Lifting Operations and Lifting Equipment Regulations 1998;
- Provision and Use of Work Equipment Regulations 1992.

## **1.2 Scope (Where, When, Who)**

This is a corporate policy that applies to all staff (permanent, contracted or agency) that undertakes activities on behalf of BSMHFT. This includes staff working in Prison Healthcare Services and any other contracted services that have accountability to the Trust.

The policy applies whenever manual handling or people handling activities are to be undertaken on Trust premises or other premises where the Trust has responsibility.

## **1.3 Principles (Beliefs)**

The Health and Safety at Work Act 1974 places a duty on employers to "ensure, so far as is reasonably practicable, the health, safety and welfare of all employees".

Employers have a duty specifically under the MHOR 1992, (As amended) to enable their employees to avoid or reduce the risk of injury involved in the manual handling of loads, by taking suitable and sufficient assessments of the risks to reduce those risks to the lowest level "reasonably practicable".

Employees have a duty to take reasonable care of the health and safety of themselves and other persons who may be affected by their actions or omissions at work.

Employees have a duty to comply with the training and instructions provided by the employer for the use of equipment, handling techniques and safety devices. They shall also inform the employer of any hazard or danger to health and safety and any shortcomings in the employer's protection arrangements for health and safety including Manual Handling operations.

# **2 POLICY (What)**

2.1 All staff (this includes contractors, agency and Bank staff) with support from their line managers must endeavour to avoid manual handling tasks whenever

possible. They should ensure that risk assessments of hazardous loads and people are completed, reviewed, follow up actions taken and that they follow the guidelines set out in this policy. The manual handling of people should be avoided unless in exceptional circumstances.

- 2.2 Managers (with support from other relevant departments such as Estates) must ensure that appropriate lifting equipment/mechanical aids are provided, where required, thereby reducing the risks of injury when manual handling.
- 2.3 Where support is required, the Health and Safety Team will support managers/teams to develop safe systems of work and local procedures.
- 2.4 All new and existing staff must complete the relevant manual handling training packages and ensure that their training remains up to date
- 2.5 Clinical staff with specialist requirements such as those working in Older People's services will receive face to face training to cover the equipment that are used on their wards
- 2.6 All relevant instruction, training and supervision given to employees undertaking manual handling tasks will be recorded.
- 2.7 All incidents relating to manual handling activities must be recorded using the Trust Eclipse incident recording system. Where the incident meets the requirement for RIDDOR, these should be reported to the HSE as soon as possible (for over 7 day absences, within 15 days of the injury occurring).
- 2.8 Data relating to manual handling incidents which may have resulted in injury to staff and the associated investigations will be routinely monitored and reviewed from data provided on the Eclipse incident reporting system.

### **3 PROCEDURE**

#### **3.1 Risk Assessments/ Safe Working Practices.**

A risk assessment must be carried out for all hazardous manual handling tasks that cannot be reasonably avoided. The risk assessment should be done with systematic approach under the categories of:

- The task being undertaken;
- The individual undertaking the task;
- The load (which may be a person); □ The working environment.

Assessments can be specific or generic. Generic risk assessments can be applied to risks that are common to a number of broadly similar activities. Specific assessments relate to individually identified, hazardous manual tasks. Risk assessments will be completed by suitably trained staff only.

Action plans must be developed after the risk assessment has been completed. Action plans are developed using the guidelines at Appendix 1 and the checklist at Appendix 2. Action plans from the risk assessment may include recommendations to be shared with budget holders. All action plans are to be reported to the Health & Safety committee quarterly. The manager will follow up the action plan to ensure work is undertaken.

### **3.1.1 Risk Assessment – Service Users**

- Service Users with physical mobility impairments must be initially assessed by their Care-Coordinator or admitting nurse. If there are concerns about safe moving and handling, the Clinical Moving and Handling Lead must be informed to conduct a thorough assessment and management plan. The Assessment forms can be found in the Appendices.
- The risk assessment must be completed if a Service Users is accessing any Trust premises, including day services.
- When considering an inpatient admission, consideration must be made as the appropriateness of the placement given the potential risks of injury to the Service User or staff. Bed management must be contacted to discuss all concerns.
- A comprehensive service user specific moving and handling plan must be documented and communicated to all staff involved.
- The service user's individual manual handling requirements must be reassessed if their mental or physical condition changes. The date for planned reassessment must be clearly written in the service user's care plan, and should be at least three-monthly for service users whose condition is stable.
- All care staff that are unfamiliar with any service user's manual handling needs should refer to the assessment sheet in the care plan before assisting the service user with moving or transfers.
- Where a service user is discharged or transferred to another hospital or care home, a detailed handover of moving and handling requirements must be made to the all care staff must be advised of the service user's needs.
- Before commencing duty, newly appointed members of nursing staff, including bank and agency staff, must complete manual handling training.
- Any actions arising from the risk assessment process must be escalated to the relevant department or budget holder for implementation.

### **3.2 Training**

All staff must undertake manual handling training when they join the organisation. There are two e-learning packages and one of these must be completed, one for clinical staff and the other for non-clinical staff. Staff need to complete refresher training every 3 years. For those staff working in Dementia and Frailty, they will receive specific face to face input from the specialist advisor to ensure that the specific risks around equipment and the moving of people is adequately covered. This face to face input will also be needed periodically on Acute wards where service users require additional moving and handling support. Referrals to the appropriate physical health teams (e.g. Physiotherapy) must also be considered for service users' needs to be assessed.

### **3.3 Lifting Aids/ Equipment**

Where the need has been identified via risk assessment, approved equipment supplied must be used at all times.

Failure to use the equipment recommended and supplied may result in disciplinary action being taken against the individual concerned.

Operators of lifting equipment need to visually inspect the equipment before use to ensure there are no defects. All lifting equipment should be examined at a frequency as determined by the manufacturer and details of this displayed on the equipment.

It should be stated that all persons using said equipment must be trained to use it.

Any fault in the equipment identified by a staff member must be reported to the Ward/Unit Manager as soon as possible. The line manager will, in turn, report this to Estates. Servicing of hoists is carried out routinely by the manufacturer and is the responsibility of the Estates Department in the South and Solihull Locations and AMEY in the North, East and West locations. All faults should be reported to the Trust Estates Department for inspection. Faulty equipment should be labelled **DO NOT USE** and if necessary, following inspection, the Trust Estates Department will contact the manufacturer for further inspection and/or repair.

### **3.3.1 Maintenance of Manual Handling Equipment** □ Under the 'Lifting Operations and Lifting Equipment Regulations 1998' the Trust has a duty to ensure a thorough examination and inspection of lifting equipment every six to twelve months to be carried out by the manufacturers of the equipment.

- Manufacturer's instructions should be adhered to at all times when using any type of equipment used for Manual Handling tasks. Electrical maintenance procedures should be undertaken as per the Trust policy.
- All equipment must be maintained at their optimum functional level possible.
- All equipment should be kept clean in line with manufacturers' recommendations.
- If a piece of equipment uses batteries, i.e. Hoists, the batteries should be visually inspected regularly and correct charging procedures followed in line with manufacturer's recommendations.

### **3.4 Lifting and Moving of Service Users**

Manual lifting of service users (full weight lifts) must be avoided in all but exceptional or life threatening situations.

A full weight lift is defined as:

"The full weight of the service user or load is taken upwards and vertically at least initially, whilst being supported before being moved downwards or horizontally. If part of the service user remains in contact with the ground or a supporting surface and the service user is bearing part of their weight through that surface then, strictly speaking, this is not taking the full weight". )

Life threatening situations are defined as when there is no time to carry out planned moves. The nurse must assess each individual situation and using his/her professional knowledge and judgement, act in the most appropriate way  
Examples: Fire

Hanging

Drowning

In the event of any of the serious incidents above, the service user should be moved as quickly as possible by whatever means are appropriate.

### 3.4.1 No Lifting Procedure

Individual service user's manual handling assessments are applicable in all circumstances away from their place of residence. Pre-planning is required by HCAs, Ward & Unit Managers and anyone involved in the care of the service user to ensure that the Manual Handling Policy and 'No Lifting' procedures are adhered to.

- Drag lift and lifting with the service user's arms around the handler's neck are unsafe practices and must **not** be used.
- All care staff involved with service users who exhibit violent and aggressive behaviour must be advised to maintain good posture and manual handling techniques as per manual handling training course and AVERTs training.
- Staff should not attempt to lift a fallen service user up from the floor (unless in exceptional circumstances – and appropriate equipment such as a scoop should be used) or lift a service user out of the bath. A hoist or other suitable equipment such as scoops should be used for moving inpatients. Within the community endeavours should be made to keep the service user warm and comfortable and help called which in most circumstances will involve calling an ambulance.
- If the service user refuses a hoist after it has been assessed that one is required, the staff should continue to provide essential aspects of personal care to the service user, but they are not expected to perform manual lifting. In these circumstances the nurse must inform the ward manager. The nurse must continue to provide nursing care and this procedure must be documented in the individual's manual handling assessment form and care plan.
- Careful negotiation should take place between the nurse and the service user with regard to the introduction of handling equipment. Other equipment may be identified to move the service user. If the service user continues to refuse, the only alternative is to nurse the service user in bed.

## 4 RESPONSIBILITIES

| Post(s)   | Responsibilities   | Ref |
|-----------|--|-----|
| All Staff | All staff will: <ul style="list-style-type: none"><li>• Attend appropriate manual handling training</li><li>• Co-operate with their managers to enable them to comply with their health and safety</li></ul> |     |



|   |  |  |
|---|--|--|
|   | <p>duties.</p> <ul style="list-style-type: none"> <li>• Take reasonable care for their own health and safety and that of others who may be affected by their acts or omissions.</li> <li>• Familiarise themselves with and conform to this Policy and appropriate moving and handling procedures.</li> <li>• Use appropriate equipment and safe systems of work provided for moving and handling.</li> <li>• Follow procedures in line with Trust Policy if a work related injury occurs.</li> <li>• Report any concerns via Eclipse incident system, changes or hazards in the workplace to their managers, which may affect any manual handling operations.</li> <li>• Staff should ensure that when an injury or incident occurs, they have contacted their line manager so that a referral can be made to the Physiotherapy Services for the Trust.</li> </ul>   |  |
| Associate Directors of Operations, Clinical and Corporate Directors | <p>Associate Directors of Operations, Clinical and Corporate Directors will:</p> <ul style="list-style-type: none"> <li>□ Ensure that resources are made available for the procurement of relevant equipment that will reduce the risk of manual handling injuries and ill health to staff.</li> </ul>   |  |
| Managers  | <p>Managers will:</p> <ul style="list-style-type: none"> <li>• Be responsible for providing adequate staffing levels to ensure compliance with health safety standards (setting minimum staffing levels) for undertaking manual handling tasks, as assessed by the competent person.</li> <li>• Be responsible for ensuring accidents are reported and investigated.</li> </ul> <p>They will have the following responsibility within their local service areas:</p> <ul style="list-style-type: none"> <li>• Ensure that their own area of control provides a safe and healthy environment for both Trust and non-Trust employees.</li> <li>• Aim to reduce manual handling operations.</li> <li>• Minimise manual handling operations by reorganising or re-designing the task.</li> <li>• Ensure that appropriate equipment is provided and kept in good condition and safe working order including arranging for any maintenance/repairs.</li> <li>• Identify operations where the avoidance of manual handling of loads are not possible and ensure that the operations are risk</li> </ul> |  |



|  |   |  |
|--|---|--|
|  | <p>assessed.</p> <ul style="list-style-type: none"> <li>□ Implement recommendations made by the Health and Safety team/ competent person wherever reasonable and to inform relevant senior managers of recommendations that cannot be implemented. In the latter case, the manual handling operation may need to be re-evaluated with the risk assessor to achieve a more appropriate method of reducing the risk.</li> <li>□ Ensure that all members of staff that manually handle loads receive appropriate training.</li> <li>□ To assess the manual handling of loads by individuals, including the safe and appropriate use of mechanical lifting equipment initiating appropriate training as necessary.</li> <li>□ Distribute unavoidable manual handling tasks throughout the shift wherever possible.</li> <li>□ Rotate staff between manual handling operations to minimise repetitive or prolonged poor posture and allow for adequate rest/recovery periods.</li> <li>□ Provide sufficient staff as recommended in the risk assessment to perform the manual handling tasks safely.</li> <li>□ Refer individuals to the Occupational Health team, in line with the Trust policy.</li> <li>□ Implement any Occupational Health recommendations on rehabilitation of individuals, following manual handling injuries.</li> <li>□ As part of the Recruitment and Selection process, to ensure manual handling elements within the Person Specification for the post are drawn to the attention of prospective applicants and the Occupational Health team for pre- employment screening.</li> <li>□ Ensure that appropriate and related documentation is completed and kept up to date. This includes accident/incident forms; occupational health referral form and information that are kept on individuals' personnel files.</li> <li>□ Managers should ensure that referral forms are sent to the Physiotherapy Services used by the Trust following an incident or where physical limitations of an individual may be of concern for advice and support.</li> </ul> |  |
|--|---|--|

|  |   |  |
|--|---|--|
|  | □ Ensure that, where practicable, individuals |  |
|--|---|--|

|                                      |   |  |
|--------------------------------------|---|--|
|                                      | <p>are released from normal duties to undertake appropriate tasks related to this Policy. E.g. Manual Handling training.</p> <ul style="list-style-type: none"> <li>• Ward/Unit managers (with the support of the Physical Health team) are responsible for assessing the needs of service users in their care and determine the best method of moving them.</li> <li>• Action plans are developed, implemented and monitored using the manual handling risk assessment and individual care plans.</li> <li>• Manual handling of objects are monitored through the annual manual handling of objects check list.</li> </ul> |  |
| Clinical Moving and Handling Advisor | <ul style="list-style-type: none"> <li>• Deliver an annual programme of face to face training for high use areas such as Dementia &amp; Frailty</li> <li>• Support other clinical areas as and when required for individual service user assessments and support</li> <li>• To advise on relevant equipment and appropriate handling techniques</li> <li>• To liaise with other health care providers when accepting or discharging Service Users</li> <li>• To carry out service user specific assessments and document management plans</li> <li>• To lead on the Trust wide multiprofessional forum.</li> </ul>          |  |
| Policy Lead                          | <p>The policy lead will:</p> <ul style="list-style-type: none"> <li>• Ensure the policy remains up to date in line with legislation and best practice □ Review the policy as required.</li> <li>• Monitor compliance with the policy and address any areas of concern.</li> <li>• Ensure that the policy is accessible to all relevant staff.</li> </ul>  |  |

|  |  |  |
|--|--|--|
| Health and Safety Team – Health, Safety and Fire Advisor | <p>Health and Safety Team - The Health, Safety and Fire Advisor be responsible for:</p> <ul style="list-style-type: none"> <li>• Identifying, establishing and updating appropriate training strategies and packages.</li> <li>• Co-ordination of manual handling training.</li> <li>• Co-ordination of supervision of practical techniques and use of equipment.</li> <li>• Co-ordinate risk assessments.</li> <li>• Providing specialist advice as necessary.</li> </ul> <p>Undertaking specific/specialised manual</p>  |  |
|  | <p>handling risk assessments as required. Report to health &amp; safety committee as necessary.</p> <ul style="list-style-type: none"> <li>• Provide guidance on the use of appropriate equipment, mechanical aids and manual handling aids.</li> <li>• Investigation of Manual Handling incidents.</li> <li>• Recording Manual Handling assessment recommendations.</li> <li>• Liaising with the wider Health and Safety Team, Personal Safety Advisors (AVERTS), &amp; Unit / Team Managers as necessary.</li> <li>• Identifying tasks that may cause injury to employees.</li> <li>• Assessment of each working environment and identified tasks within each environment.</li> <li>• Re-assessment of tasks as and when appropriate.</li> <li>• Undertaking of an overview of the manual handling risk assessments to identify any themes/key risks.</li> </ul> |  |
| Occupational Health Team                                 | <p>Occupational Health has the following responsibilities:</p> <p><b>Pre-employment</b></p> <p>Occupational health's responsibility is to assess the health of prospective candidates against the physical requirements of the job, including manual handling.</p> <p><b>Management Referral Form</b></p> <p>Occupational Health Managers should process the referral form as soon as possible following a reported incident related injury. Provide clear advice and guidance to the line manager on relevant actions to implement to ensure the individual's health and safety while at work.</p> <p><b>Environmental</b></p> <p>Provide advice on how to ensure the environment does not adversely affect health or safety.</p>   |  |

## 5 DEVELOPMENT AND CONSULTATION PROCESS

| Consultation summary  |                     |                    |
|---|---------------------|--------------------|
| Date policy issued for consultation                             |                     | November 26, 2018  |
| Number of versions produced for consultation                    |                     | 1                  |
| Committees or meetings where this policy was formally discussed |                     |                    |
| Trust Health and Safety Committee                               |                     | January 15, 2019   |
|   |                     |                    |
| Where else presented  | Summary of feedback | Actions / Response |
| Trust Executive Directors 28/10/15                              |                     |                    |
| Connect 28/10/15  |                     |                    |
|   |                     |                    |

## 6 REFERENCE DOCUMENTS

The Health and Safety at Work etc Act 1974

The Manual Handling Operations Regulations 1992

## 7 BIBLIOGRAPHY

The Health and Safety Policy

## 8 GLOSSARY

HASAW – Health and Safety at Work etc Act

LOLER - Lifting Operations and Lifting Equipment Regulations

PUWER - Provision and Use of Work Equipment Regulations

MHOR – Manual Handling Operations Regulations

RIDDOR – Reporting of Injuries and Dangerous Occurrences Regulations

## 9 AUDIT AND ASSURANCE

| Element to be monitored  | Lead                            | Tool   | Freq     | Reporting Arrangements                    | Acting on Recommendations and Lead(S)                                     | Change in Practice and Lessons to be shared |
|--|---------------------------------|--|----------|---|---|---|
| Successful completion rate of training, both face to face and electronically | Health, Safety and Fire Advisor | Insight and other Learning and Development tools | Annually | Annual H&S report and Trust H&S Committee | Trust Health, Safety and Fire Advisor to liaise with operational services |   |

|  |                                 |                                       |          |   |   |  |
|--|---------------------------------|---------------------------------------|----------|---|---|--|
| Completion of Manual Handling Risk Assessments   | Health, Safety and Fire Advisor | Audit of completed risk assessments   | Annually | Trust H&S Committee   | Trust Health, Safety and Fire Advisor to liaise with operational services                             |  |
| Number of manual handling incidents across the Trust                                     | Health, Safety and Fire Advisor | Eclipse                               | Daily    | Local H&S Committees  | Trust Health, Safety and Fire Advisor to liaise with operational services                             |  |
| Provision of manual handling mechanical aids where a risk assessment identifies the need | Health, Safety and Fire Advisor | Audit of equipment available to staff | Annually | Local H&S Committees including Estates and Facilities Committee | Trust Health, Safety and Fire Advisor to liaise with operational services and Estates and Facilities. |  |

## 10 APPENDICES

### Appendix 1

#### Guidelines for Staff for Safe People and Manual Handling

All service users who can safely do so must be encouraged to move themselves.

Assess the service user's mobility with regard to their mobility profile.

All service users who require manual handling must be regarded as potentially hazardous. Therefore, for each of these service users there must be an up-to-date recorded assessment identifying: □ The service user's weight and body type.

- The risk of falling: high/low
- Any conditions that influence the type of handling and moving.
- The nature and purpose of the task
- The equipment used e.g. hoists, slide boards, easy slides.
- Service user's capacity
- Sensory deficits/motor deficits.
- Behavioural constraints
- Any related tissue viability consequences The method must describe:
  - The method of moving the service user.
  - The number of personnel required
  - Evaluation and review of physical, mental and emotional state changes

Where a service user is non-ambulant in the event of an emergency/fire the service user should be moved on the bed and wheeled to a place of safety.

There may be also situations where it is not possible to move a bed through a doorway, if this is the case consideration needs to be given as to the safety of the care environment for this service user and this should be risk assessed and recorded.

Where possible service users should be transferred by an approved method from bed to wheel-chair and taken to a place of safety. **Staff must be competent and trained to use this equipment if they are undertaking these duties.**

**Approved Manual Handling Techniques for Service users** Moving in bed:

- Rolling using a slide sheet
- Moving up the bed in lying position with slide sheet
- Moving up the bed in sitting position with slide sheet - palm to palm lying to Sitting over the side
- One/two person with slide sheet
- One person from side lying -service user assisting

**Bed to Chair Transfer**

- Independent
- Sit to stand- help with one handler from the side of the bed without handling belt
- Assisted by one/two persons with handling belt
- Standing transfer using turntable
- Sit to stand-help with two handler from the side of the bed with a standing devise

**Chair to Chair Transfer**

- Using a sliding board
- Standing transfer using turntable and handling belt

**Getting up from chair**

- Independent
- Moving near to the edge of the seat (in preparation to stand from sitting)
- Assisted by one/two persons by handling belt using a palm to palm hold

**Walking**

- Assistance of one/two nurses with handling belt and palm to palm hold



## **Principles of Safe Hoist & Sling Use (All staff must be trained and competent to use equipment)**

- Wear appropriate clothing and footwear
- Assess the service user before hoist lifting. Is the service user suitable for a hoist lift?
- Always select the appropriate hoist, sling type and size for individual service user
- Check that the sling and hoist are in good condition
- Explain the lift and manoeuvre to the service user and any assisting carer(s)
- Prepare the handling area. A great deal of room is often needed to safely operate a hoist. Practise the manoeuvre before lifting the service user to ensure there is sufficient space
- Ensure there are 2 nursing staff visiting the service user
- Place the service user in the centre of the sling, ensuring that the sling is correctly applied and free of creases
- Attach the sling to the hoist correctly
- Explain the procedure to the service user once again prior to lifting. Reassure him/her
- Raise and transfer the service user smoothly and efficiently. If necessary, have another carer available to prevent the sling from swinging or moving unduly
- Minimise the amount of time that the service user remains suspended in a sling (comfort is a consideration).
- Ensure that the service user is correctly positioned in the new location to prevent further manual handling once the sling is removed
- Remove the sling carefully to avoid damage to the service user's skin

### **Transport**

Where any service user is assessed as requiring much assistance or the use of a hoist for entering or leaving any form of transport, the nursing staff must ensure that a suitable vehicle is hired, which enables the service user to enter the vehicle in their wheelchair without being physically lifted from the chair. The wheelchair must be able to be clamped to the floor of the vehicle and the service user secured with the use of a waist belt.

### **Non Service User Handling**

The manual handling of objects should be carried out in accordance with techniques taught in the training sessions.

Before lifting any items, all individuals must assess the manual handling risks. If the individual considers the task beyond their own capabilities, assistance must be sought.

### **The Movement of Furniture**

Only furniture on wheels will be moved by one person, provided that the individual deems it safe.

All other items will be moved by at least two persons, following assessment by the care staff involved, e.g. the handling of curtains/movement of wall units. If deemed unsafe, referral to the Portering Service should take place.

### Dirty Laundry Bags

Staff should not fill laundry bags more than half full. Over- filled bags will not be collected. Staff should wheel the bags in trolleys to the designated collection point.

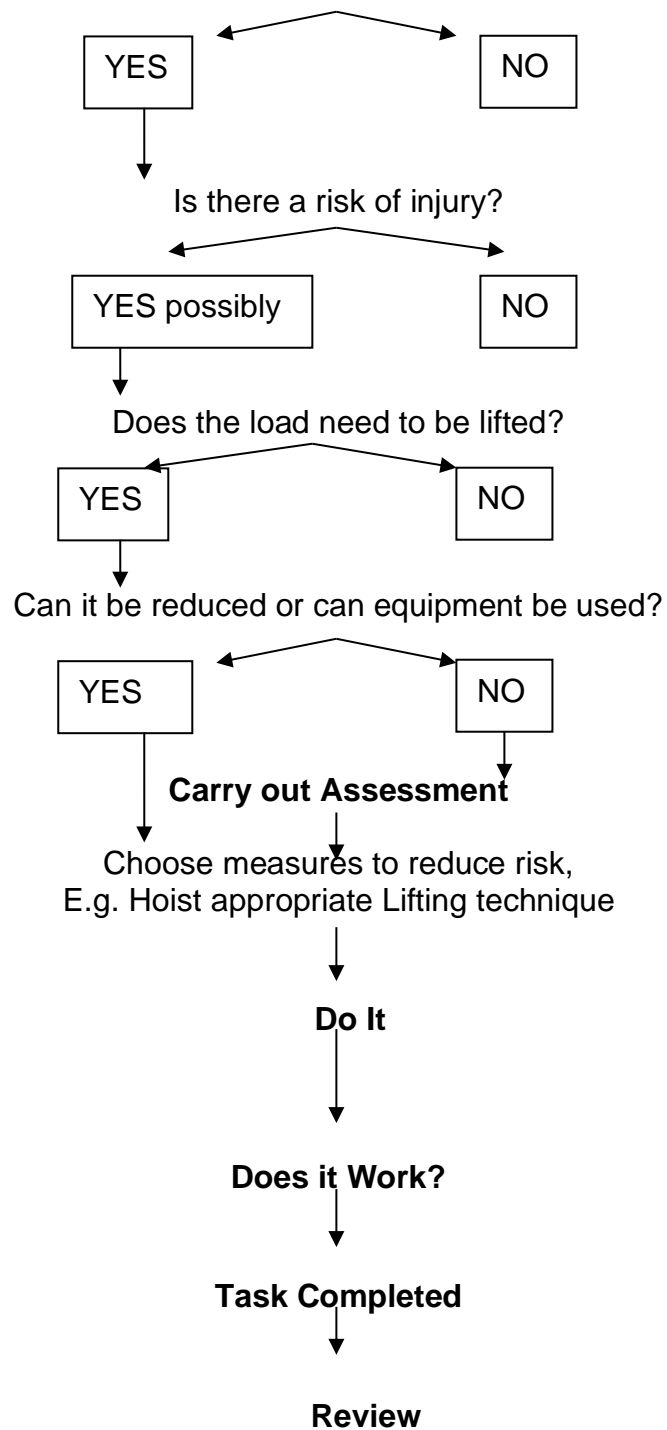
### Appendix 2 – Manual Handling Information Checklist

|  |     |  |
|--|-----|--|
| Task Location:   |     |  |
| Task Being Undertaken:   |     |  |
| Questions to consider:   | Y/N | Comments – a YES response indicates that further action may be required. Record any relevant findings here |
| The Task – Does it Involve:                                    |     |  |
| Holding loads away from the trunk?                             |     |  |
| Twisting or stooping?  |     |  |
| Reaching upwards?  |     |  |
| Large vertical movement?                                       |     |  |
| Long carrying distances?                                       |     |  |
| Strenuous pushing or pulling?                                  |     |  |
| Unpredictable movement of loads?                               |     |  |
| Stretching more than 30cm?                                     |     |  |
| Repetitive handling?   |     |  |
| Insufficient rest and recovery?                                |     |  |
| A work rate imposed by a process?                              |     |  |
| Is it performed sitting?                                       |     |  |
| Is it performed kneeling?                                      |     |  |
| Is it performed standing?                                      |     |  |
| Other?   |     |  |
| Frequency of Task:   |     |  |
| Is handling performed for more than 1 hour?                    |     |  |
| Is one person doing this task continuously throughout the day? |     |  |
| Are there sufficient rest periods?                             |     |  |
| Are breaks in work beyond the control of the lifter?           |     |  |
| Is there job rotation/task rotation?                           |     |  |
| Is the task under the control of the individual?               |     |  |
| Posture  |     |  |
| Is the commencing position:                                    |     |  |
| Bent from the waist or hips?                                   |     |  |
| Involve a twisted trunk?                                       |     |  |
| Involve leaning forward or sideways?                           |     |  |
| Does the individual spend long periods:                        |     |  |

|   |  |       |
|---|--|-------|
| Being unable to change positions?   |  |       |
| With weight on one leg?   |  |       |
| Crouching?  |  |       |
| The Individual Capability – does the job                                      |  |       |
| Require unusual capability?   |  |       |
| Endanger those with a health problem?   |  |       |
| Endanger those who are pregnant?  |  |       |
| Call for special information/training?  |  |       |
| The Load – is it  |  |       |
| Inanimate?  |  |       |
| Human?  |  |       |
| Heavy - what is the weight?   |  |       |
| Bulky/unwieldy?   |  |       |
| Difficult to grasp?   |  |       |
| Awkward to grip?  |  |       |
| Unstable/unpredictable?   |  |       |
| Intrinsically harmful (e.g. sharp/hot)?                                       |  |       |
| The Environment – are there   |  |       |
| Constraints on posture?   |  |       |
| Poor floors?  |  |       |
| Variations in levels?   |  |       |
| Hot/cold/humid conditions?  |  |       |
| Strong air movement?  |  |       |
| Poor lighting conditions?   |  |       |
| Other Factors   |  |       |
| Is movement or posture hindered by clothing or personal protective equipment? |  |       |
| Record any further comments:  |  |       |
| Completed by:   |  | Date: |
| Job Role:   |  |       |

### Appendix 3 – Guidelines for Manual Handling - Flowchart

Does the work involve manual handling operations?



N.B. Manual Handling Operations should be AVOIDED wherever possible or THE RISKS REDUCED as far as Reasonably Practicable.



## Appendix 4

# MANUAL HANDLING

## Initial Assessment

| Height                     | Weight   | BMI                 | Hip/Waist ratio   |
|----------------------------|--|---------------------|---|
| Impaired sitting balance:  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Communication:      | Analgesia needed Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Impaired standing balance: | Yes <input type="checkbox"/> No <input type="checkbox"/> | Sight::<br>Hearing: |   |
| History of falls           | Yes <input type="checkbox"/> No <input type="checkbox"/> | Comprehension :     |   |

### RISK LEVEL

|  |               |  |
|--|---------------|--|
| Unable to assist in any way or is likely to behave unpredictably, or<br>Does the persons weight impact on mobility, available space, staffing levels or necessitate specific equipment | <b>HIGH</b>   |  |
| Able to co-operate and can move with assistance and/or requires the use of small moving aids<br>- Please summarise in the boxes below  | <b>MEDIUM</b> |  |
| Needs minimal assistance / supervision / guidance, please summarise in boxes below   | <b>LOW</b>    |  |

| MOVEMENT                             | HANDLING PROBLEMS IDENTIFIED | Options available to reduce The risk | ACTION – Equipment, number of handlers, etc |
|--------------------------------------|------------------------------|--------------------------------------|---|
| General mobility                     |                              |                                      |   |
| General mobility in bed              |                              |                                      |   |
| Lying or sitting in bed              |                              |                                      |   |
| Bed to chair transfers               |                              |                                      |   |
| Sit to stand /stand to sit           |                              |                                      |   |
| Chair to commode / Toilet transfers  |                              |                                      |   |
| Showering & bathing                  |                              |                                      |   |
| General mobility out of Bed /walking |                              |                                      |   |

|              |             |            |
|--------------|-------------|------------|
| Date & Time: | Print name: | Signature: |
|--------------|-------------|------------|

Other Risk factors;

Would any specific staff group be more at risk handling this service user?  
 Do the tasks require any special knowledge or skills?  
 Is there any follow up action required?

**Additional Comments / Information :**

## Appendix 5 – Manual Handling Risk Assessment Flow Chart

On admission of the service user risk assessment to be completed.



From the Risk Assessment identify how the service user is to be moved, identify any manual handling equipment that is to be used. How many staff are needed to carry out the task.



Ensure the environment is suitable to accommodate the service user and any equipment that is identified for their care.



Identify what equipment may be available within the trust.



If no equipment is available, hire of equipment must be arranged following discussion with the matron or senior nurse or occupational therapist.



For hire



**At any point please contact the Health & Safety Team for further advice.**

**Location: B1  
 Tel: 0121 301 1111**

## **Appendix 6 - Regular Re-assessment Template**

Re-assess the manual handling needs every week, or earlier if the service user's condition alters, and record any changes below as appropriate. If there is no change in the manual handling needs then date and sign immediately below. If the service user's needs change complete ASSESSMENT 2 or 3 at bottom.

| Date | Sign and print name |
|------|---------------------|
|      |                     |
|      |                     |
|      |                     |

| Date | Sign and print name |
|------|---------------------|
|      |                     |
|      |                     |
|      |                     |

### **ASSESSMENT 2 –RISK LEVEL**

|        |  |
|--------|--|
| HIGH   |  |
| MEDIUM |  |
| LOW    |  |

### **ASSESSMENT 3 – RISK LEVEL**

|        |  |
|--------|--|
| HIGH   |  |
| MEDIUM |  |
| LOW    |  |

| HANDLING PROBLEMS IDENTIFIED | ACTION – Equipment, number of handlers etc., |
|------------------------------|--|
|                              |  |
|                              |  |
|                              |  |
|                              |  |
|                              |  |
|                              |  |
| Date, name & signature       |  |

| HANDLING PROBLEMS IDENTIFIED | ACTION – Equipment, number of handlers etc., |
|------------------------------|--|
|                              |  |
|                              |  |
|                              |  |
|                              |  |
|                              |  |
|                              |  |
| Date, name & signature       |  |

Bariatric Moving and Handling Assessment Equipment checklist

This checklist is to ensure the service user has equipment with an adequate Safe Working Load.



| What equipment is required           | If, on site, name the equipment and note the Safe working load. | If to be ordered name the equipment / company, and name of senior nurse contacted for agreement. | Any follow up action, by whom? | Date when equipment is in place and signature. |
|--------------------------------------|---|--|--------------------------------|--|
| Bariatric/profiling bed              |   |  |                                |  |
| Mattress                             |   |  |                                |  |
| Overhead hoist/mobile hoist          |   |  |                                |  |
| Slings                               |   |  |                                |  |
| Slide sheets                         |   |  |                                |  |
| Rise/recliner chair<br>Bedside chair |   |  |                                |  |
| Commode/shower chair                 |   |  |                                |  |
| Other                                |   |  |                                |  |
|                                      |   |  |                                |  |

**Training needs: Please check that all staff members involved with this service user's care are familiar with the use of the above equipment and adequate instructions are on site and necessary training is arranged.**

## Equality Analysis Screening Form

|   |                               |   |  |  |
|---|-------------------------------|---|--|--|
| <b>Title of Policy</b>  | <b>Manual Handling Policy</b> |   |  |  |
| <b>Person Completing this policy</b>  | XXXX                          | <b>Role or title</b>  | <b>Head of Health and Safety and Clinical Governance</b> |  |
| <b>Division</b>   | <b>Corporate</b>              | <b>Service Area</b>   | <b>Governance</b>  |  |
| <b>Date Started</b>   | <b>November 2018</b>          | <b>Date completed</b>   | <b>January 2019</b>                                      |  |
| <b>Main purpose and aims of the proposal and how it fits in with the wider strategic aims and objectives of the organisation.</b>   |                               |   |  |  |
| The purpose of the policy is to make staff aware of the legal requirements of the Manual Handling Operations regulations and what they need to do in the organisation to ensure compliance.   |                               |   |  |  |
| <b>Who will benefit from the policy?</b>  |                               |   |  |  |
| All staff who have responsibilities under the above regulations. All patients but especially those with complex physical health needs.  |                               |   |  |  |
| <b>Impacts on different Personal Protected Characteristics – Helpful Questions:</b>   |                               |   |  |  |
| <i>Does this proposal promote equality of opportunity?</i><br><i>Eliminate discrimination?</i><br><i>Eliminate harassment?</i><br><i>Eliminate victimisation?</i>   |                               | <i>Promote good community relations?</i><br><i>Promote positive attitudes towards disabled people?</i><br><i>Consider more favourable treatment of disabled people?</i><br><i>Promote involvement and consultation?</i><br><i>Protect and promote human rights?</i> |  |  |
| <b>Please click in the relevant impact box or leave blank if you feel there is no particular impact.</b>  |                               |   |  |  |
| <b>Personal Protected Characteristic</b>  | <b>No/Minimum Impact</b>      | <b>Negative Impact</b>  | <b>Positive Impact</b>                                   | <b>Please list details or evidence of why there might be a positive, negative or no impact on protected characteristics.</b> |
| <b>Age</b>  |                               |   |  |  |
| Including children and people over 65<br>Is it easy for someone of any age to find out about your service or access your proposal?<br>Are you able to justify the legal or lawful reasons when your service excludes certain age groups |                               |   |  |  |

|  |  |  |  |  |
|--|--|--|--|--|
| <b>Disability</b>  |  |  |  |  |
| Including those with physical or sensory impairments, those with learning disabilities and those with mental health issues Do you currently monitor who has a disability so that you know how well your service is being used by people with a disability?<br>Are you making reasonable adjustment to meet the needs of the staff, service users, carers and families? |  |  |  |  |
| <b>Gender</b>  |  |  |  |  |
| This can include male and female or someone who has completed the gender reassignment process from one sex to another<br>Do you have flexible working arrangements for either sex?<br>Is it easier for either men or women to access your proposal?  |  |  |  |  |
| <b>Marriage or Civil Partnerships</b>  |  |  |  |  |
| People who are in a Civil Partnerships must be treated equally to married couples on a wide range of legal matters<br>Are the documents and information provided for your service reflecting the appropriate terminology for marriage and civil partnerships?  |  |  |  |  |
| <b>Pregnancy or Maternity</b>  |  |  |  |  |
| This includes women having a baby and women just after they have had a baby<br>Does your service accommodate the needs of expectant and post - natal mothers both as staff and service users?<br>Can your service treat staff and patients with dignity and respect in relation to pregnancy and maternity?  |  |  |  |  |
| <b>Race or Ethnicity</b>   |  |  |  |  |
| Including Gypsy or Roma people, Irish people, those of mixed heritage, asylum seekers and refugees<br>What training does staff have to respond to the cultural needs of different ethnic groups?<br>What arrangements are in place to communicate with people who do not have English as a first language?   |  |  |  |  |
| <b>Religion or Belief</b>  |  |  |  |  |
| Including humanists and non-believers<br>Is there easy access to a prayer or quiet room to your service delivery area?<br>When organising events – Do you take necessary steps to make sure that spiritual requirements are met?   |  |  |  |  |

|  |                    |                      |                   |                  |
|--|--------------------|----------------------|-------------------|------------------|
| <b>Sexual Orientation</b>  |                    |                      |                   |                  |
| Including gay men, lesbians and bisexual people<br>Does your service use visual images that could be people from any background or are the images mainly heterosexual couples?<br>Does staff in your workplace feel comfortable about being 'out' or would office culture make them feel this might not be a good idea?  |                    |                      |                   |                  |
| <b>Transgender or Gender Reassignment</b>  |                    |                      |                   |                  |
| This will include people who are in the process of or in a care pathway changing from one gender to another<br>Have you considered the possible needs of transgender staff and service users in the development of your proposal or service?   |                    |                      |                   |                  |
| <b>Human Rights</b>  |                    |                      |                   |                  |
| Affecting someone's right to Life, Dignity and Respect?<br>Caring for other people or protecting them from danger?<br>The detention of an individual inadvertently or placing someone in a humiliating situation or position?  |                    |                      |                   |                  |
| <b>If a negative or disproportionate impact has been identified in any of the key areas would this difference be illegal / unlawful? I.e. Would it be discriminatory under anti-discrimination legislation. (The Equality Act 2010, Human Rights Act 1998)</b>   |                    |                      |                   |                  |
|  | <b>Yes</b>         | <b>No</b>            |                   |                  |
| <b>What do you consider the level of negative impact to be?</b>  | <b>High Impact</b> | <b>Medium Impact</b> | <b>Low Impact</b> | <b>No Impact</b> |
|  |                    |                      |                   |                  |
| If the impact could be discriminatory in law, please contact the <b>Equality and Diversity Lead</b> immediately to determine the next course of action. If the negative impact is high a Full Equality Analysis will be required.<br><br>If you are unsure how to answer the above questions, or if you have assessed the impact as medium, please seek further guidance from the <b>Equality and Diversity Lead</b> before proceeding.<br><br>If the proposal does not have a negative impact or the impact is considered low, reasonable or justifiable, then please complete the rest of the form below with any required redial actions, and forward to the <b>Equality and Diversity Lead</b> . |                    |                      |                   |                  |

|   |
|---|
| <b>Action Planning:</b>   |
| How could you minimise or remove any negative impact identified even if this is of low significance?  |
| N/A   |
| How will any impact or planned actions be monitored and reviewed?   |
| N/A   |
| How will you promote equal opportunity and advance equality by sharing good practice to have a positive impact other people as a result of their personal protected characteristic. |