



MANUAL HANDLING POLICY AND THE CARE OF INPATIENT SERVICE USERS

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Executive Director	Executive Director of Quality and Safety (Chief Nurse)	
Policy Lead	Health and Safety Advisor/ Clinical Moving and Handling Advisor	
Policy author (if different from above)	As Above	
Exec Sign off Signature (electronic)		
Disclosable under Freedom of Information Act 2000	Yes	

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.
- This policy aims to ensure that service users with bariatric needs are treated with the same high level of respect and dignity as we would expect for all service users.
- This policy aims to minimise or eliminate foreseeable handling risks to staff and service users by ensuring that specialist advice, equipment and aids for the service user with a weight of over 160kg are available within the Trust.

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 in collaboration with the Clinical Moving and Handling Advisor 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. All service users must be assessed prior to admission to ensure that all services and equipment are in place to provide the service user with all the care and intervention that they need both safely and in a way that protects their dignity.

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INTRODUCTION

1.1 Rationale (Why)

The National Health Service recognises that it is important to manage the risk of exposure of its staff to musculoskeletal 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 2013
- Lifting Operations and Lifting Equipment Regulations 1998
- Provision and Use of Work Equipment Regulations 1998

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.

The term Bariatric applies to a body weight more than 160kg. However, this is not the exclusive determinant of constitutes the use of this policy.

Decisions must be made collaboratively with the individual Service User as to what their physical environment needs are and how they would like them met.

The beds provided across the Birmingham Solihull Mental Health Foundation Trust can hold 160kg in weight. However, body weight alone must not be used as the only factor in deciding whether specialist equipment is required. Service Users who weigh less than 160kg may also require specialist equipment on the grounds of comfort, safety, and dignity.

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. This also includes considering the respect and dignity at all times of both service users and staff.

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 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
- Any PPE required for the task

Assessments can be specific, generic or local. 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. Local risk assessments may be service specific with guidance outlined in local procedures and delivered through induction with regular review. For example, Estates and Facilities (SSL). 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 (including bariatric needs) must be initially assessed by their Care-Coordinator or admitting nurse. If there are concerns about safe moving and handling, Clinical Moving and Handling Advisor 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. Consideration should be given to allocating an appropriate space where equipment and adaptations can be used safely to support impaired mobility. Bed management must be contacted to discuss all concerns.
- A comprehensive service user specific moving and handling plan must be documented on RIO and communicated to all staff involved.
- The service user's individual manual handling requirements must be re-assessed if their mental or physical condition changes. The date for planned reassessment must be clearly written in the service user's progress notes/ care plan and should be at least three-monthly for service users whose condition is stable.
- Appropriate referrals for physical health support should be made to ensure holistic care for service users with limited mobility. This includes Tissue Viability, Physiotherapy and Dietetics.
- All care staff that are unfamiliar with any service user's manual handling needs should refer to the assessment sheet in the progress notes/ 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 all staff. 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 is an e-learning package which must be completed by all staff. Staff must complete refresher training every 3 years. Staff working in Dementia and Frailty will receive specific face to face input from the Clinical Moving and Handling Advisor to ensure that the specific risks around equipment and the moving of people is adequately covered. Where service users with clinical moving and handling needs are admitted to an acute setting an assessment will be undertaken by the Clinical Moving and Handling Advisor and training will be offered to the ward team based on the needs identified including any equipment identified to meet those needs. 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.

For clinical areas where the use of specialist moving and handling equipment is sporadic and infrequent – it is recommended the equipment is arranged on a hire only basis to prevent future issues with storage and maintenance. In areas where equipment is likely to be used on a regular basis, the equipment should be purchased, along with the necessary servicing contract (See section 3.4)

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.

3.4 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 checked, inspected regularly and correct charging procedures followed in line with manufacturer's recommendations.

3.5 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.

3.6 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 – Appropriate equipment such as a hoist should be used. If a hoist cannot be used, then an ambulance must be called. In a community setting 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	<p>All staff will:</p> <ul style="list-style-type: none"> • Attend appropriate manual handling training • Co-operate with their managers to enable them to comply with their health and safety duties. • Take reasonable care for their own health and safety and that of others who may be affected by their acts or omissions. • Familiarise themselves with and conform to this Policy and appropriate moving and handling procedures. • Use appropriate equipment and safe systems of work provided for moving and handling. R & S 01 Risk Management • Plan and document a personal evacuation plan in the event of fire for service users • Follow procedures in line with Trust Policy if a work-related injury occurs. 	

	<ul style="list-style-type: none"> • Report any concerns via Eclipse incident system, changes or hazards in the workplace to their managers, which may affect any manual handling operations. • 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. 	
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"> • 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. 	
Managers	<p>Managers will:</p> <ul style="list-style-type: none"> • 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. • Be responsible for ensuring accidents are reported and investigated. <p>Managers will have the following responsibility within their local service areas:</p> <ul style="list-style-type: none"> • Ensure that their own area of control provides a safe and healthy environment for both Trust and non-Trust employees. • Aim to reduce manual handling operations. • Minimise manual handling operations by re-organising or re-designing the task. • Ensure that appropriate equipment is provided and kept in good condition and safe working order including arranging for any maintenance/repairs. • Identify operations where the avoidance of manual handling of loads are not possible and ensure that the operations are risk assessed. • 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. 	

	<ul style="list-style-type: none"> • Ensure that all members of staff that manually handle loads receive appropriate training. • To assess the manual handling of loads by individuals, including the safe and appropriate use of mechanical lifting equipment initiating appropriate training as necessary. • Distribute unavoidable manual handling tasks throughout the shift wherever possible. • Rotate staff between manual handling operations to minimise repetitive or prolonged poor posture and allow for adequate rest/recovery periods. • Provide sufficient staff as recommended in the risk assessment to perform the manual handling tasks safely. • Refer individuals to the Occupational Health team, in line with the Trust policy. • Implement any Occupational Health recommendations on rehabilitation of individuals, following manual handling injuries. • 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. • 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. • Managers should ensure a referral via Rio to the Physical Therapies Team is made for assessment, advice and support. • Ensure that, where practicable, individuals are released from normal duties to undertake appropriate tasks related to this Policy. E.g., Manual Handling training. • 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. 	
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	<ul style="list-style-type: none"> Action plans are developed, implemented and monitored using the manual handling risk assessment and individual care plans. Manual handling of objects are monitored through the annual manual handling of objects check list. 	
Bed Management Team	<ul style="list-style-type: none"> All bed managers must be aware of the details of this policy and include it in their considerations when admitting service users. 	
Moving and Handling Advisor (clinical)	<ul style="list-style-type: none"> Deliver an annual programme of face to face training for high use areas such as Dementia & Frailty Support other clinical areas as and when required for individual service user assessments and support To advise on relevant equipment and appropriate handling techniques To liaise with other health care providers when accepting or discharging Service Users To carry out service user specific assessments and document management plans To lead on the Trust wide multi-professional forum. 	
Policy Lead	<p>The policy lead will:</p> <ul style="list-style-type: none"> Ensure the policy remains up to date in line with legislation and best practice Review the policy as required. Monitor compliance with the policy and address any areas of concern. Ensure that the policy is accessible to all relevant staff. 	
Health and Safety Team (non-clinical)	<p>Health and Safety Team will be responsible for:</p> <ul style="list-style-type: none"> Identifying, establishing, and updating appropriate training strategies and packages. Co-ordination of manual handling training. Co-ordination of supervision of practical techniques and use of equipment. Co-ordinate risk assessments. Providing specialist advice as necessary. Undertaking specific/specialised manual handling risk assessments as required. Report to health & safety committee as necessary. 	

	<ul style="list-style-type: none"> • Provide guidance on the use of appropriate equipment, mechanical aids and manual handling aids. • Investigation of Manual Handling incidents. • Recording Manual Handling assessment recommendations. • Liaising with the wider Health and Safety Team, Personal Safety Advisors (AVERTS), & Unit / Team Managers as necessary. • Identifying tasks that may cause injury to employees. • Assessment of each working environment and identified tasks within each environment. • Re-assessment of tasks as and when appropriate. • Undertaking of an overview of the manual handling risk assessments to identify any themes/key risks. 	
Occupational Health Team	<p>Occupational Health has the following responsibilities:</p> <p>Pre-employment Occupational health's responsibility is to assess the health of prospective candidates against the physical requirements of the job, including manual handling.</p> <p>Management Referral Form 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>Environmental 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	February 2022
Number of versions produced for consultation	1
Committees or meetings where this policy was formally discussed	

Where else presented	Summary of feedback	Actions / Response

6 REFERENCE DOCUMENTS

- [The Health and Safety at Work etc Act 1974](#)
- [The Manual Handling Operations Regulations 1992](#)
- [Risk Management Policy](#)
- [Resuscitation Policy](#)
- [Infection Control Policy](#)
- RR573 HSE Risk Assessment and Process Planning for Bariatric Patient Handling Pathway <http://www.hse.gov.uk/research/rrhtm/rr573.htm>

7 BIBLIOGRAPHY

- [The Trust 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
- SWL – Safe Working Load
- BMI – Body Mass Index

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 Team/ Clinical Moving and Handling Advisor	Insight and other Learning and Development tools	Annually	Annual H&S report and Trust H&S Committee	Health & Safety Team/ Clinical Moving and Handling Advisor to liaise with Operational Service Leads	
Completion of (non-clinical) Manual Handling Risk Assessments	Health & Safety Team	Audit of completed risk assessments	Annually	Trust H&S Committee	Health & Safety Team/ Clinical Moving and Handling Advisor to liaise with Operational Service Leads	
Regular review of manual handling incidents across the Trust	Health & Safety Team/ Clinical Moving and	Eclipse	Daily	Local H&S Committees	Health & Safety Team/ Clinical Moving and Handling Advisor to liaise	

	Handling Advisor				with Operational Service Leads	
Provision of manual handling mechanical aids where a risk assessment identifies the need	Health & Safety Team/ Clinical Moving and Handling Advisor and/or Operational Service Leads	Audit of equipment available to staff	Annually	Local H&S Committees including Estates and Facilities Committee	Health & Safety Team/ Clinical Moving and Handling Advisor to liaise with Operational Service Leads	
Completion of Bariatric Individual Patient Handling Risk Assessment and Bariatric Patient Mobility Charts (Appendix 10)	Clinical Moving and Handling Advisor	Audit –to be monitored	Annual	Via clinical governance	Clinical Moving and Handling Advisor	Clinical Moving and Handling Advisor
Summary of equipment hire costs (Appendix 13)	Procurement Team		Annual		Procurement Lead	Procurement Lead

10 APPENDICES

Appendix 1

Equality Analysis Screening Form

Equality Analysis Screening Form

A word version of this document can be found on the HR support pages on Connect

<http://connect/corporate/humanresources/managementsupport/Pages/default.aspx>

Title of Policy	Manual Handling Policy and the care of Inpatient Bariatric Service Users		
Person Completing this policy	Angela Bridges	Role or title	Health and Safety Advisor
Division	Corporate	Service Area	Governance
Date Started	November 2022	Date completed	November 2022
Main purpose and aims of the policy and how it fits in with the wider strategic aims and objectives of the organisation.			
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 to ensure compliance with those regulations.			
Who will benefit from the policy?			
All staff who have responsibilities under the above regulations. All patients but especially those with complex physical health needs. Service users near or over 160kg. Staff working with service users near or over over 160kg			
Does the policy affect service users, employees or the wider community?			
<i>Add any data you have on the groups affected split by Protected characteristic in the boxes below. Highlight how you have used the data to reduce any noted inequalities going forward</i>			
Yes, as above			
Does the policy significantly affect service delivery, business processes or policy?			
<i>How will these reduce inequality?</i>			
N/A			

Does it involve a significant commitment of resources? <i>How will these reduce inequality?</i>				
Yes – Equipment will need to be purchased/ hired to ensure that the needs of the Service User are fully met. Staff will require the relevant training on an ongoing basis.				
Does the policy relate to an area where there are known inequalities? (e.g. seclusion, accessibility, recruitment & progression)				
N/A				
Impacts on different Personal Protected Characteristics – Helpful Questions:				
<i>Does this policy promote equality of opportunity?</i> <i>Eliminate discrimination?</i> <i>Eliminate harassment?</i> <i>Eliminate victimisation?</i>			<i>Promote good community relations?</i> <i>Promote positive attitudes towards disabled people?</i> <i>Consider more favourable treatment of disabled people?</i> <i>Promote involvement and consultation?</i> <i>Protect and promote human rights?</i>	
Please click in the relevant impact box and include relevant data				
Personal Protected Characteristic	No/Minimum Impact	Negative Impact	Positive Impact	Please list details or evidence of why there might be a positive, negative or no impact on protected characteristics.
Age			X	Ensuring we have the right equipment to meet their needs irrespective of age.
Including children and people over 65 Is it easy for someone of any age to find out about your service or access your policy? Are you able to justify the legal or lawful reasons when your service excludes certain age groups				
Disability			X	Ensuring we have the right equipment to meet their needs irrespective of disability. People who have a BMI of over 40 often have difficulties with mobility.

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? Are you making reasonable adjustment to meet the needs of the staff, service users, carers and families?				
Gender			X	Ensuring we have the right equipment to meet their needs irrespective of gender.
This can include male and female or someone who has completed the gender reassignment process from one sex to another Do you have flexible working arrangements for either sex? Is it easier for either men or women to access your policy?				
Marriage or Civil Partnerships	X			
People who are in a Civil Partnerships must be treated equally to married couples on a wide range of legal matters Are the documents and information provided for your service reflecting the appropriate terminology for marriage and civil partnerships?				
Pregnancy or Maternity			X	Ensuring we have the right equipment to meet the needs of Staff and Service users.
This includes women having a baby and women just after they have had a baby Does your service accommodate the needs of expectant and post natal mothers both as staff and service users? Can your service treat staff and patients with dignity and respect relation in to pregnancy and maternity?				
Race or Ethnicity			X	People from any race or ethnicity may become severely overweight. This guidance will help to ensure all needs are assessed.
Including Gypsy or Roma people, Irish people, those of mixed heritage, asylum seekers and refugees What training does staff have to respond to the cultural needs of different ethnic groups? What arrangements are in place to communicate with people who do not have English as a first language?				
Religion or Belief	X			
Including humanists and non-believers				

Is there easy access to a prayer or quiet room to your service delivery area?				
When organising events – Do you take necessary steps to make sure that spiritual requirements are met?				
Sexual Orientation	X			
Including gay men, lesbians and bisexual people				
Does your service use visual images that could be people from any background or are the images mainly heterosexual couples?				
Does staff in your workplace feel comfortable about being 'out' or would office culture make them feel this might not be a good idea?				
Transgender or Gender Reassignment	X			
This will include people who are in the process of or in a care pathway changing from one gender to another				
Have you considered the possible needs of transgender staff and service users in the development of your policy or service?				
Human Rights			X	The guidance ensures that we carry out adequate assessments prior to admission and during admission to ensure that needs and met and care is person centred.
Affecting someone's right to Life, Dignity and Respect?				
Caring for other people or protecting them from danger?				
The detention of an individual inadvertently or placing someone in a humiliating situation or position?				
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)				
	Yes	No		
What do you consider the level of negative impact to be?	High Impact	Medium Impact	Low Impact	No Impact
				X

If the impact could be discriminatory in law, please contact the **Equality and Diversity Lead** immediately to determine the next course of action. If the negative impact is high a Full Equality Analysis will be required.

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 **Equality and Diversity Lead** before proceeding.

If the policy 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 **Equality and Diversity Lead**.

Action Planning:

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.

This policy will be available on Connect and disseminated through Ward Managers and Bed Managers.

Please save and keep one copy and then send a copy with a copy of the policy to the Senior Equality and Diversity Lead at bsmhft.edi.queries@nhs.net. The results will then be published on the Trust's website. Please ensure that any resulting actions are incorporated into Divisional or Service planning and monitored on a regular basis

Appendix 2

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 wheelchair 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 handlers from the side of the bed with a standing device

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 using a palm to palm hold

Walking:

- Assistance of one/two nurses using a 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
- As a minimum ensure that there are 2 nursing staff assisting the service user. More staff may be required to complete a manoeuvre safely, this will be specified by the Clinical moving and Handling Advisor and documented.
- 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 can be moved by one person, provided that the individual deems it safe.

All other items must be moved by at least two persons, following assessment by the 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.

Roll Cages

Staff should not over fill roll cages. The maximum fill line must be adhered to at all times. The user must be able to see clearly above any load being transported. Heavy weights will make the roll cage unwieldy which may cause it to topple.

Appendix 3

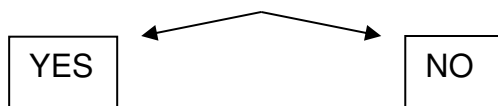
Manual Handling Information Checklist

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?		

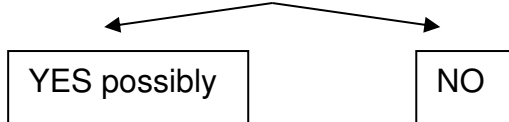
Bulky/unwieldy?		
Difficult to grasp?		
Awkward to grip?		
Unstable/unpredictable?		
Intrinsically harmful (e.g. sharp/hot)?		
The Environment – are there		
Constraints on posture?		
Poor floors?		
Variations in levels?		
Hot/cold/humid conditions?		
Strong air movement?		
Poor lighting conditions?		
Other Factors		
Is movement or posture hindered by clothing or personal protective equipment?		
Record any further comments:		
Completed by:		Date:
Job Role:		

Appendix 4 Guidelines for Manual Handling - Flowchart

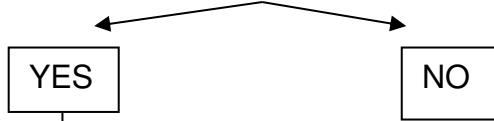
Does the work involve manual handling operations?



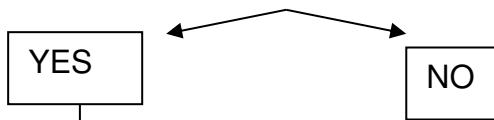
Is there a risk of injury?



Does the load need to be lifted?



Can it be reduced or can equipment be used?



Carry out Assessment

Choose measures to reduce risk,
E.g., Hoist, Appropriate Lifting Technique

Do It

Does it Work?

Task Completed

Review

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



Appendix 5

MANUAL HANDLING
Service User Initial Assessment

Height:	Weight*:	Communication:	Analgesia needed Yes <input type="checkbox"/> No <input type="checkbox"/>
Impaired sitting balance:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Sight:	
Impaired standing balance:	Yes <input type="checkbox"/> No <input type="checkbox"/>	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 Does the persons weight impact on mobility, available space, staffing levels or necessitate specific equipment	HIGH	
Able to co-operate and can move with assistance and/or requires the use of small moving aids - Please summarise in the boxes below	MEDIUM	
Needs minimal assistance / supervision / guidance, please summarise in boxes below	LOW	

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:	

*Safe Working Load of routine hospital equipment is 160kg. If > 160kg ensure Bariatric equipment is ordered

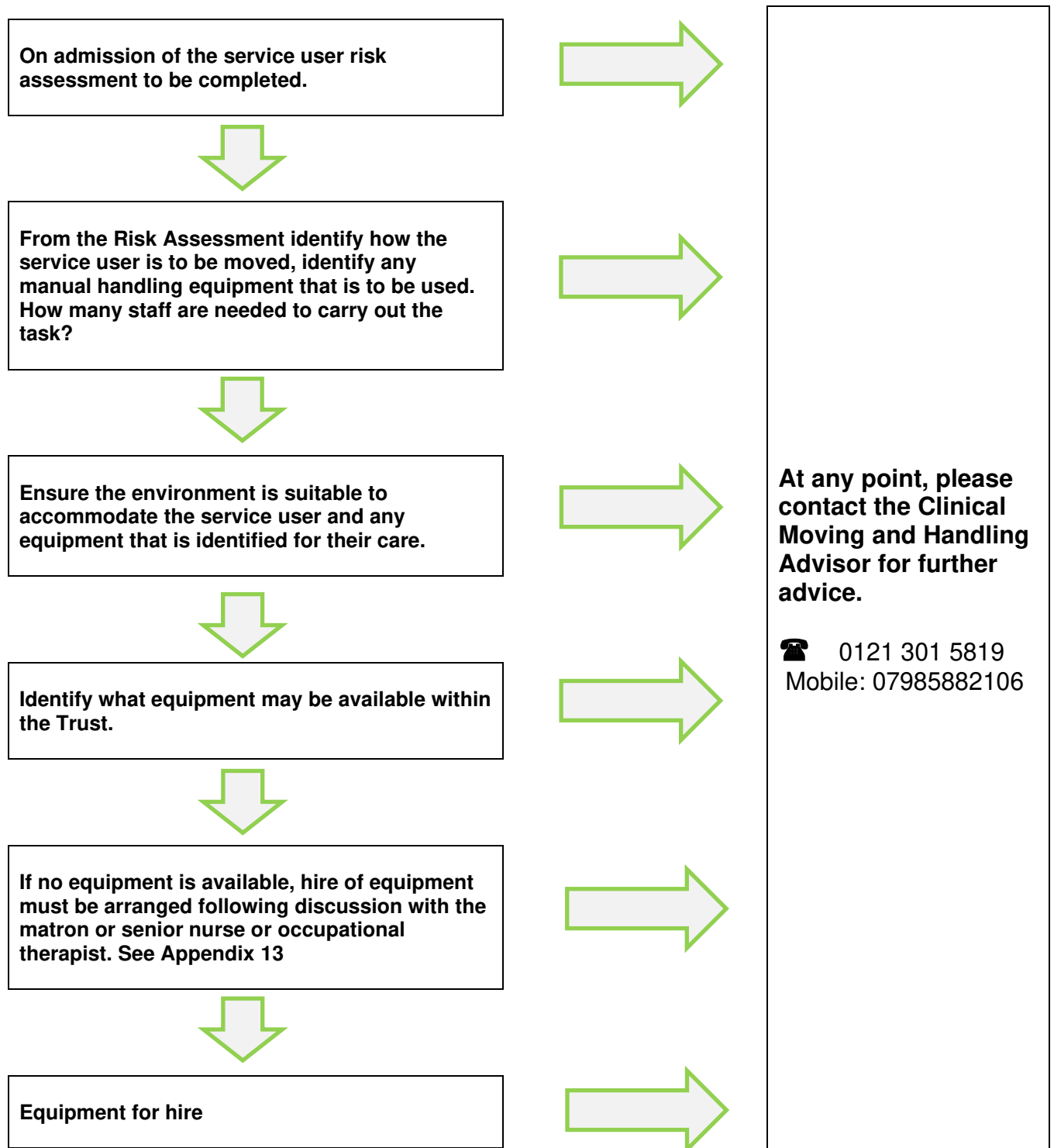
Other Risk factors;

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

Appendix 6 Manual Handling Risk Assessment Flow Chart



Appendix 7

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	

Moving and Handling Assessment Bariatric Equipment checklist:

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

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				
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.

Appendix 11

PERSONAL EMERGENCY EVACUATION PLAN

To be completed by managers or responsible person for any individual who may require any assistance in the event of an emergency situation.

Emergency Egress (Exit) Assessment/Personal Emergency Evacuation Plan(PEEP)					
Name					
Location:					
Contact Telephone No:					
Mobile Telephone No:					
E-mail Address:					
Date:					
Form completed by:					
Nature of Disability:					
9.1.1 Where are you based for most of the time at the Trust?					
	Monday	Tuesday	Wednesday	Thursday	Friday
Building					
Floor					
Room Number					
Time of Day					
If you attend at evenings or at weekends, please give details:					
Awareness of emergency egress procedures				10 Yes	11 No
Are you aware of the emergency egress procedures which operate in the building(s) in which you work?					
Do you require written emergency egress procedures?					
12 Do you require written emergency egress procedures to be:				Yes	No
Supported by British Sign Language Interpretation?					

In Braille?		
On disk?		
In large print?		
If so, please specify what type and size of font you prefer and any other requirements such as colour of paper		
Signage	13 Yes	14 No
Are the signs which mark the emergency exits and the routes to the exits visible to you?		
If no, in which specific buildings?		
15 Emergency Alarm	16 Yes	17 No
Can you hear the fire alarm(s) provided in the buildings in which you work?		
If there are specific problem areas in a building, please Give details		
	Yes	No
Could you raise the alarm if you discovered a fire?		
Assistance	19 Yes	20 No
Do you need assistance to get out of any buildings in an emergency?		
Is anyone designated to assist you to get out in an emergency?		
If so, please give their name		
Telephone Number		
Are they with you at all times?		
In an emergency, could you contact the person(s) in charge of evacuating the building(s) in which you work and tell them where you were located?		
Please give any other details which maybe important		
Getting out	Yes	No
Can you move quickly in the event of an emergency?		

Are you a wheelchair user?		
Do you find stairs difficult to use?		
Are there any doors that you are unable to open alone or without difficulty?		
21 Other		
Please include any other information which maybe relevant		

Name of Individual: _____

Signature of Individual: _____

Name of Assessor: _____

Signature of Assessor: _____

Date of Assessment: _____

Review Date: _____

Appendix 12

Continuous Positive Airway Pressure (CPAP)

Sleep Apnoea and CPAP

Introduction: Apnoea is defined as a temporary absence or cessation of breathing. OSAHS (Obstructive sleep apnoea/ hypopnoea syndrome) is a condition in which a person experiences repeated episodes of apnoea because of a narrowing or closure of the pharyngeal airway during sleep. This is caused by a decrease in the tone of the muscles supporting the airway during sleep. Complete closure (obstruction) stops airflow (apnoea) whereas partial obstruction decreases airflow (hypopnoea). OSAHS results in episodes of brief awakening from sleep to restore normal breathing (NICE guideline).

The main Symptoms are: Loud snoring, Morning headaches, Dry mouth upon waking, Excessive daytime fatigue, Memory and concentration problems, Falling asleep during lunch-time or tea-breaks. **Sleep apnoea can be very serious**, If left untreated, it can be potentially life threatening. The main risks include, Heart attacks, Irregular heartbeat, High blood pressure, Heart disease, Strokes.

Obstructive sleep apnoea (OSA) and bariatric population

Obstructive sleep apnoea (OSA) is more prevalent in overweight people and anyone with a neck measurement above 17 inches is said to be more susceptible. The condition has a negative effect on long-term health. Sleep apnoea can affect anyone, but tends to be more common in men than in women. It is said to affect 4 percent of adult males and only 2 percent of adult females. It is also more common for older people. Abnormalities, such as a large uvula (the dangly bit at the back of your throat) or enlarged tonsils also can cause sleep apnoea.

Management:-

- Weight loss where relevant (neck size \geq 17ins) and likely to be successful
- Advice on sleep hygiene and positions
- Lifestyle changes/advice.
- OSA may require treatment with ventilatory aids such as continuous positive airway pressure (CPAP) machines, if the above management options are unsuccessful.
-Surgical treatment of OSA is also possible.

Continuous positive airway pressure (CPAP)

CPAP is only recommended as a treatment option for adults with OSAHS if they have symptoms that affect their quality of life and ability to go about their daily activities, **and** lifestyle advice and any other relevant treatment options have been unsuccessful or are considered inappropriate. In that case, The patient can be referred for sleep study and assessment for CPAP therapy (as supported by the 2008 NICE technology appraisal). A 'EPWORTH SLEEPINESS SCALE' (appendix 12) needs to be completed prior to the referral.

Machine and Technology

A CPAP device consists of a unit that generates airflow, which is directed to the airway via a mask. This is a small pump that delivers a continuous supply of compressed air to you through a mask that either covers your nose or your nose and mouth. The compressed air prevents your throat closing.

Positive pressure is generated by the airflow, which prevents upper airway collapse. For CPAP treatment to be effective the person must always wear their device when they go to sleep. CPAP can feel peculiar to start with and patients may be tempted to stop using it. But people who persevere usually soon get used to it and their symptoms improve significantly.

Possible side effects of using a CPAP device can include:

- mask discomfort
- nasal congestion, runny nose or irritation
- difficulty breathing through your nose
- headaches and ear pain
- stomach pain and flatulence (wind)

Earlier versions of CPAP also often caused problems such as nasal dryness and a sore throat. However, modern versions tend to include humidifiers (a device that increases moisture), which helps to reduce these side effects. If CPAP causes discomfort, it needs to be informed to staff

EPWORTH SLEEPINESS SCALE

How likely is the patient to doze off or fall asleep in the following situations - in contrast to just feeling tired? This refers to their usual way in recent times. Even if they have not done some of these things recently, try to work out how they would have been affected. Use the following scale to choose the most appropriate number for each situation:

- 0 = would never doze**
- 1 = slight chance of dozing**
- 2 = moderate chance of dozing**
- 3 = high chance of dozing**

Situation	Chance of dozing
Sitting and reading	
Watching television	
Sitting inactively in a public place	
Riding as a passenger in a car for one hour without a break	
Lying down to rest in the afternoon when circumstances permit	
Sitting and talking with someone	
Sitting quietly after lunch without alcohol	
Sitting in a car as the driver, while stopped for a few minutes in traffic	
Epworth Questionnaire Total Score <u>must be 10 or more, or the patient has a history of sleepiness in a dangerous situation.</u>	

IF A PATIENT SCORES > 10 THEN THEY MUST BE REFERRED FOR SLEEP STUDIES

Appendix 13

Hiring of Clinical Moving and Handling Equipment

All equipment order for the use of Clinical Moving and Handling must be order from the preferred list of suppliers listed below.

Preferably, equipment must be ordered prior to admission if Clinical moving and handling needs are known. If unknown prior to admission, any equipment needed will be identified through assessment by the Clinical Moving and Handling advisor.

All hired equipment will be costed to the individual ward budget. All equipment hired will need to be returned when the service user is discharged or transferred.

Procedure for requesting rental equipment:

- 1) Contact a supplier as listed below to clarify what equipment is required and the cost of the rental period.
- 2) Arrange a Purchase Order (PO) requisition, as per the normal local process. Once a PO number is obtained pass the number onto the supplier
- 3) The order can be placed.

For support with PO requisitions please contact bsmhft.trustprocurement.nhs.net or 0121 301 1222

The preferred suppliers listed below offer a 7 day and out of hours service

Equipment to be hired for use in hospital:

Equipment (product code)	Supplier
Heavy duty hoist with XL sling	Direct Healthcare, Benmor Medical, Arjo Huntleigh
Bariatric chair	Direct Healthcare, Benmor Medical, Arjo Huntleigh
Bariatric bed & mattress	Direct Healthcare, Benmor Medical, Arjo Huntleigh
Bariatric commode	Direct Healthcare, Benmor Medical, Arjo Huntleigh
Bariatric commode and shower chair	Direct Healthcare, Benmor Medical, Arjo Huntleigh
Bariatric wheelchair	Direct Healthcare, Benmor Medical, Arjo Huntleigh
Bariatric rollator	Direct Healthcare, Benmor Medical, Arjo Huntleigh
Bariatric walking frame	Direct Healthcare, Benmor Medical, Arjo Huntleigh

Information subject to change, please contact the supplier for current stock, cost and cautions.

Equipment (product code)	Supplier
Large bariatric blood pressure cuff	NHS Supply Chain

Preferred suppliers:

Arjo Huntleigh	Tel: 08457 342000, Option 1	Email: sales.admin@arjohuntleigh.com
Arjo Huntleigh House	Switchboard: +44 (0) 1582413104	www.arjo.com/en-gb/solutions/services
Houghton Hall Business Park		(Aim to deliver in 24hrs)

Houghton Regis		
Bedfordshire, LU5 5XF		

Benmor Medical (UK) Limited		Email: info@benmormedical.co.uk www.benmormedical.co.uk
The Aurum Centre		(Aim to deliver in 24hrs)
Ham Barn Business Park, Farnham Road		
Liss, Hampshire		
GU33 6LB		

Direct Healthcare	Tel: 08008799289	www.directhealthcare.com
Whithey Court		(Aim to deliver in 4–6 hrs)
Western Industrial Estate		
Caerphilly		
CF83 1BF		