

Moving and Handling of People and Inanimate Load (Health and Safety Policy)

Please be aware that this printed version of the Policy may NOT be the latest version. Staff are reminded that they should always refer to the Intranet for the latest version.

Purpose of agreement	To help employers and employees avoid back injury at work and ensure that the Manual Handling Operations Regulations 1992 (as amended) are fully complied with and that careful consideration is paid to National Guidance and current practice
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1			Complete review in line with the NHSLA requirement	October 2011
2			Review of training matrix and inanimate object assessment	December 2013
3				
4				
5				
6				
7				

Review Log

Include details of when the document was last reviewed:

Version Number	Review Date	Lead Name	Ratification Process	Notes
1	October 2011	Health and Safety Manager	Chair action amended review data	Formal policy review to follow
2	December 2013	Health and Safety Manager		
3	September 2015	Health and Safety Manager	People and Inanimate load (TILEO) assessment reviewed due to legislation guidance changes	

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1. INTRODUCTION

- 1.1 To promote effective manual handling and reduce the incidents of injury, the Manual Handling Operations Regulation 1992 (as amended) were introduced to ensure that employers took steps to:
- Avoid the need for hazardous manual handling;
 - Assess those tasks that cannot be avoided;
 - Reduce the level of risk associated with manual handling tasks that cannot be avoided to the lowest level reasonably practicable;
 - Review manual handling policies and procedures on a regular basis.
- 1.2 Solent NHS Trust is committed to applying a safe system of work to all manual handling situations as defined in the Manual Handling Operations Regulation 1992 (as amended), that is; “any transporting or supporting of a load, (including lifting, putting down, pushing, pulling, carrying or moving thereof) by hand or by bodily force”. A load may be a person, or inanimate object.
- 1.3 Solent NHS Trust recognises and accepts its statutory responsibilities as an employer to avoid hazardous manual handling so far as is reasonably practicable. Solent NHS Trust is committed to providing a safe working environment for all of its employees. The Trust will provide safe management systems, equipment and information, training and supervision necessary enabling employees to carry out their duties in a safe manner. Solent NHS Trust recognises that hazards may exist related to manual handling involving patients and inanimate loads.
- 1.4 The financial cost to the NHS is significant with manual handling, as is the pain and suffering experienced by employees who have had been injured whilst at work. Evidence shows that manual handling operations within the health sector requires patient and staff awareness of correct lifting techniques to be applied whilst at work and home.
- 1.5 Although an organisation wide approach has been established, detailed arrangements for controlling manual handling risks at a departmental level remain the responsibility of the Heads of Service.

2. PURPOSE and DEFINITIONS

- 2.1 This policy applies to staff directly employed by Solent NHS Trust, agency, bank and volunteers, it outlines the responsibilities of all staff and the organisation with regard to their role in developing and implementing this policy. This includes a description of the consideration that any staff, arranging for, or supervising external contractors must take to encourage their adherence to the principles of this policy.
- 2.2 This policy extends to all manual handling activities, sites, buildings and areas where the Solent NHS Trust owes a duty of care and responsibility to employees and patients.
- 2.3 The Purpose of this policy is to improve service delivery and patient care by reducing the risk of injury to staff and service users resulting from moving and handling of patients or inanimate loads.
- 2.4 This policy provides guidance to Directors, Managers and employees on the arrangements regarding manual handling operations throughout Solent NHS Trust and provides standards

of practice through awareness, training, suitable facilities, adequate resources to enable safe moving and handling to enable Solent NHS Trust to:

- Minimise all hazardous manual handling as far as reasonably practicable
 - Assess the risks associated with manual handling and take appropriate action to reduce such risks, including the handling of patients. Carry out risk assessments to ensure progressive improvements in manual handling e.g. by promoting the safe use of mechanical aids and handling equipment.
 - Provide all staff with manual handling training appropriate to their role/function with the aim of avoiding the need for hazardous manual handling, as far as is reasonably practicable.
 - Eliminate manual handling operations that may incur a significant risk of injury wherever this is reasonably practicable. Where this is not possible, risks must be reduced to the lowest level as far as is reasonably practicable.
 - Where possible, put in place automation and mechanical aids to assist in manual handling duties.
- 2.5 Whilst comprehensive, the document is not exhaustive and as such all managers and employees take reasonable care of their health and safety and that of others who may be affected by their activities; particularly patients.
- 2.6 Where employees identify potential risk during their work or those that are not covered by this document they are to record the details of the risk in their local/department risk register, bring them to the attention of their manual handling links either directly, or via their line manager.

DEFINITIONS

- 2.7 **Manual handling:** any transporting or supporting of a load (including the lifting, putting down, pushing, pulling, carrying or moving thereof) by hand or by bodily force.
- 2.8 **Load:** Includes any person, patient or client, who requires physical assistance with movement or any piece of equipment that is moved.
- 2.9 **Reasonably Practicable:** The level of risk is balanced against any potential resource input that is required to remove or reduce the risk.
- 2.10 **Risk Assessment:** This may be generic completed for an area or department or, individual completed as an assessment of any manual handling risks in providing care or rehabilitation for a patient/client.
- 2.11 **Ergonomics:** Designing the task, workplace and equipment to fit the individual and reduce the risk of strain and injuries.

3. ROLES & RESPONSIBILITIES

- 3.1 **The Chief Executive Officer of Solent NHS Trust** is responsible for ensuring the organisation complies with all relevant Health & Safety legislation of which manual handling is a part. The Chief executive officer will be responsible for ensuring that individual staff are identified and given responsibility for the development, implementation and subsequent monitoring of comprehensive operating procedures to ensure that all aspects of managing manual handling

activities within Solent NHS Trust comply with the requirements of this policy. The Chief Executive officer will ensure that sufficient resources are provided to enable the policy to be implemented and to remain effective.

3.2 **The Director for health and safety (Chief Nurse)** is responsible for monitoring compliance with the manual handling policy, generating status reports and reporting any significant risks associated with manual handling activities through the function of the Health and safety Sub Committee.

3.3 **Managers (Facility Managers, Support Services Managers, Premises Managers and responsible persons both clinical and non-clinical)**

3.3.1 They shall be responsible for:

- Manual handling activities which present a risk of injury are identified and assessed and are avoided, so far as is reasonably practicable, by eliminating the need for the load to be moved or by the introduction of automation or mechanisation, consider the effects of repetitive handling tasks and those requiring prolonged static posture.
- Review risk assessments, where there has been significant change in the matter to which they relate or they are believed to be no longer valid, whichever is soonest.
- Ensuring adequate staffing levels for safe working practices.
- The use of suitable and sufficient handling aids and equipment are identified from the information in the risk assessment and these are available and maintained in good working order.
- All near misses or incidents which result in injury to staff or patients are reported and fully investigated and risk assessments and system of work to which the incident relates reviewed.
- Ensuring the correct use of manual handling aids and equipment to reduce the risk of injury to staff, and patients or service users, during moving and handling activities which are also not contrary to the rehabilitation of the individual.
- Following a Training Need Analysis (TNA) suitable information training and supervision is provided for all employees engaged in manual handling tasks and that training is recorded, monitored, evaluated and reviewed
- Where Bank or Agency staff are used, the managers must ensure that these staff are up to date with their manual handling training appropriate for the area of work. Where Bank/Agency staff are not in date they should not be used until suitably qualified and are welcome to attend the Solent NHS Trust training sessions booked through Oracle Learning Management (OLM).

3.3.2 As part of their role, Managers are to ensure appropriate handling equipment is provided in order to avoid or assist in the manual handling of loads. All Solent NHS trust owned equipment introduced and used must be included on the asset register, well labelled, properly maintained, cleaned to required infection control standards, regularly examined for damage and deterioration, stored safely, be easily accessible and monitored.

3.4 **Moving & Handling Trainer**

3.4.1 All staff can access specialist advice in moving and handling via the Moving and Handling

Trainer. Contact details are provided in training sessions and staff are encouraged to raise any issues or concerns, using the incident reporting system where appropriate. Moving and Handling Trainer is responsible for assisting managers in fulfilling their duties and responsibilities.

3.4.2 The Moving and Handling trainer will:

- Ensure own training needs are met in terms of keeping up to date with new developments national guidelines in relation to manual handling and ensuring these are communicated to the line manager and the Solent NHS Trust's Clinical Governance Team and incorporated into the training programmes.
- To ensure appropriate and accurate records of all moving and handling training undertaken are managed by Learning & Development and recorded on the central training management system – Oracle Learning Management (OLM).
- Reinforce good manual handling techniques and practice.
- Ensure availability, maintenance, and cleanliness of equipment with which to effectively undertake manual handling training sessions.
- To support the development of corporate strategy and policy for the effective lifting, lowering, carrying, pushing, pulling, or supporting of any load by hand, or bodily force; including the movement of patient. Attend the quarterly health and safety meeting to discuss any problems / situations that arise from ward / departments, patient or staff issues.
- Liaise with managers, clinical advisors and provide support and advice to all staff with any problems related to moving and handling operations.
- Offer upon request, bespoke training sessions to address any specific training requirements for a particular group.
- Follow up actual and near miss incidents relating to moving and handling as requested by the risk management and Learning and Development team, making recommendations to prevent the event reoccurring.

3.5 **Clinical advisory Team linked to the Southampton and Portsmouth Community Equipment Stores**

3.5.1 The Clinical Advisors for Manual handling are part of the Clinical Advisory Team linked to the Southampton and Portsmouth Community Equipment Stores. All prescribers using the Community Equipment stores are able to contact the Clinical Advisors who are responsible for:

- Advice and support with complex manual handling assessments in the community.
- Advice regarding standard manual handling equipment from the stores and advice regarding the clinical reasoning necessary to seek funding for alternative manual handling equipment.
- Updates in training in manual handling techniques when linked with the community stores equipment.
- Support for complex cases where an integrated team approach from other specialists from within the team, such as posture management advice and pressure care management, are needed.

3.6 **Employees**

3.6.1 Employees are required to take reasonable care of their own health and safety and that of others (including patients), who may be affected by what they do or not do.

- 3.6.2 Prior to commencing any manual handling activity, they are to refer to the manual handling risk assessment and follow the appropriate risk avoidance with the task. If it is clear that a risk assessment has not been carried out, or that the assessment is out of date, they undertake a dynamic (visual/real time) risk assessment following the key Task Individual, Load, Environment, Others (TILEO) approach. On completion of task a more detailed manual handling risk assessment must be completed and documented as soon as possible.
- 3.6.3 They apply handling techniques demonstrated during patient handling training, that are included in *'The Guide to the Handling of People 6th Edition'* published by BackCare (National Back Pain Association in collaboration with the Royal College of Nursing. For inanimate objects apply "kinetic lifting" Refer to Appendix C".
- 3.6.4 They do not undertake controversial techniques as defined by the *Guide to the Handling of People 6th Edition*, unless detailed risk assessments have been undertaken and patient care plans demonstrate there is no other reasonably practicable method of moving the patient; or they are in a life threatening situation.
- 3.6.5 Faulty equipment is taken out of service, isolated, clearly marked that is not to be used and report made to their line manager.
- 3.6.6 All untoward incidents resulting from manual handling incidents are reported using the Solent NHS Trust reporting system.

3.7 Bank, Locums

- 3.7.1 Staff employed as locums, bank or in a temporary capacity must be able to demonstrate attendance at appropriate manual handling training for the area in which they are working. Where this is not possible, they will be required to attend the appropriate level of training identified within this policy.

3.8 Learning and Development Department

- 3.8.1 The learning and Development department are responsible for creating a Moving & Handling Training Strategy that will assist the Trust to engender a culture of best practice, provide a safer working environment and meeting our legal obligations. Moving and handling training contributes to the overall prevention of injuries to staff and thereby our patients.
- 3.8.2 Ensure there is a comprehensive, consistent and managed approach to the provision of mandatory training across the organisation. The L&D Team are responsible for ensuring there is a central programme of essential training, generic patient handling and patient handling (bed & hoist work) through Induction, refresher sessions that are run throughout the year that are available for staff to attend.
- 3.8.3 The Learning and Development Department will determine what level of manual handling training is required. Once identified they are to advertise the training and take responsibility for booking venues across Solent NHS Trust, taking into account any specific training requirements (e.g. training equipment; room layout; syndicate rooms).
- 3.8.4 L&D are also responsible for ensuring there is training available for staff to become link trainers. Link trainers are key to delivering moving and handling training across the Trust, in the workplace. Train a trainer course are provided through an external provider for those identified by managers as link trainers booking through L&D.

3.8.5 The precise content of the training will vary but will be reflective to cover the manual handling activities undertaken by employees, their previous experience and level of understanding.

3.8.6 Additionally training will be mapped against: CQC Essential Standards, Relevant clinical guidelines, NHS Knowledge and Skills Framework (all core and health and wellbeing specific dimensions), Manual Handling Operations Regulations Manual Handling Regulations, The Guide to the Handling of People 6th edition.

3.8.7 Whilst the detailed content of the training will vary training for those handling patients/service users will include, but may not be limited to:

‘Definition of Manual Handling, Legislation and any update, How to avoid manual handling and reduce risk factors, Brief Anatomy and Physiology of spine and how posture will affect the spine with different movements, Scenario for carrying out Risk Assessment using TILEO, Fallen patient policy and demonstrations of what to do in this event and also the equipment used appropriately’

Demonstrate and Practice:

The correct transfer techniques identified in the Guide to the Handling of People 6th Edition

3.8.8 The Learning and Development Team will also facilitate network meetings for the local trainers to discuss best practice, problems and issues. This will be done in conjunction with the Moving and Handling Trainer.

3.9 Occupational Health

3.9.1 The Occupational Health Department will as part of their role: Assess health, fitness and capability throughout all stages of employment and facilitate phased rehabilitation programmes following ill health and injury. Provide advice to employees and managers on how to prevent musculoskeletal injuries and specifically back problems to prevent work related ill health. Offer advice/support to employees who have sustained musculoskeletal injury including referral to physiotherapy treatment (as appropriate). Provide ergonomic work-place assessments and promoting health, fitness and mental wellbeing in the workplace.

4. RISK ASSESSMENT (Inanimate Loads)

4.1 There is no such thing as a completely safe manual handling activity, although working within prescribed guidelines will reduce the risk of injury and the need for a more detailed assessment.

4.2 Prior to any handling activity employees are to undertake a dynamic (visual, real time) assessment and, consideration must be given to the TILEO approach as follows:

Task
Individual Capability
Load
Environment
Others “Handling Aids and Equipment, Work Organisation Factors”

4.3 Further guidance on each subject can be found in “Appendix D” and the Handling Operations

Regulations 1992 (as amended) Guidance on Regulations (L23), Health and Safety Executive, 2009. (www.hse.gov.uk).

- 4.4 After the dynamic assessment has taken place “refer to Appendix A” and the manual handling activity is deemed as high risk then before attempting the manual handling activity the Inanimate load risk assessment “refer to Appendix E” must be completed, the findings must be brought to the attention of the management and to be kept in the department/locality risk register.

5. PATIENT HANDLING – RISK ASSESSMENT

- 5.1 In all patient/client handling situations, the patient/client handling assessment form will need to be completed to identify the risks involved and recommended approach to minimise those risks to both employees and patients. The patient handling assessment will need to include a range of situations relevant to the patient’s circumstances such as getting off the bed, out of chairs, on and off the toilet, in and out of the bath etc.
- 5.2 Staff who have access to the electronic Movement and Handling risk assessment form via System One should complete this form. Staff who do not have this access should use their local paper version and upload it onto the system.
- 5.3 When completed, this document forms the overarching assessment for the patient handling activities undertaken within the department. The risk assessment must be reviewed on a regular basis, but it must be reviewed immediately whenever the condition of the patient or circumstances concerning the manual handling task change. Only by completing and reviewing a risk assessment can a safe system of work be put in place and maintained.
- 5.4 Where possible patients should be encouraged to mobilise independently using equipment if necessary. Where this is not possible, patient handling should be undertaken using the techniques demonstrated during patient handling training and that included in ‘*The Guide to the Handling of People 6th Edition*’ published by the National Back Pain Association in collaboration with the Royal College of Nursing and the ‘National Back Exchange publication – Moving & Handling in the Community and Residential Care.
- 5.5 Where the clinical team are not able to resolve the manual handling needs of a patient, details are to be recorded within the department risk register and the Manual Handling Advisor should be asked to assist.
- 5.6 If the needs of the individual are very complex or the patient is not willing to cooperate in resolving the concerns identified, a case conference should be called and a collective approach agreed on.

6. TECHNIQUES TO BE USED IN THE MOVING AND HANDLING OF SERVICE USERS AND OBJECTS, INCLUDING THE USE OF APPROPRIATE EQUIPMENT

6.1 Movement and handling of patients

- 6.1.1 The manual lifting of patients should be avoided, so far as reasonably practicable. When patients handling needs are assessed **ALL** considerations must be made as to how to meet the patients’ needs and the safety of staff. The decision must be a balanced one. Exceptional manual handling may be required for example:

- In an obvious emergency situation – where the risk to the person of not being

- manually lifted outweighs the carer's ordinary health and safety concerns
- Lying in bodily waste or possible tissue viability problems.

6.1.2 Only if appropriate for the patient, staff must encourage patients to remain as independent as possible and use the following agreed techniques for manual handling of patients.

7. TRAINING ARRANGEMENTS

7.1 The Solent NHS Trust has a statutory duty to provide training for all employees, as clearly laid down in the Health and Safety legislation. Learning and Development Team have created a Moving & Handling Training Strategy that assists the Trust to engender a culture of best practice, provide a safer working environment and meet Solent's NHS trust legal obligations. Moving and handling training contributes to the overall prevention of injuries to staff and thereby our patients. Given the range of handling activities undertaken through the Solent NHS Trust, it is unlikely that any single centrally provided course would be able to cover all aspects of manual handling.

7.2 For the purposes of moving and handling training, there are 2 key groups of staff:-

- Staff who move and handle patients
- Staff non-moving and handling of patients

7.3 Training for 2 key groups will be as follows:-

- **All staff-** Upon joining the Trust all new staff will receive Moving and Handling theory and movement of inanimate loads training (level 1) on a classroom based Corporate Induction.
- **Clinical and Non-Clinical** – (Level 2) who move and Handle patients (where patients are mostly independent) must attend a People Moving and Handling Session within 2 months of joining the Trust. This will include practical generic patient handling practice. If this training is carried out by a link trainer the trainer must inform Learning and Development.
- **Refresher training** will be provided on a three yearly basis, (unless an assessment shows it is required earlier) through attending a half day generic patient handling course provided centrally or locally, subject to availability of link trainers.
- Refresher training will be accessed on a three yearly basis via e-learning or where a local assessment shows it is necessary face to face.

7.4 **Bespoke Training:** For all groups of staff bespoke training via the Learning and Development team can be arranged for teams of staff following a training needs analysis. For example dentist, podiatrist, porters etc. can request bespoke training for their teams on their premises. Before a bespoke course can be developed, a training need analysis needs to be conducted to ensure the correct skills and techniques are included.

7.5 Furthermore training and coaching for particular issues will be available through the Moving and Handling Trainer, for example on a one -to -one basis.

7.6 Whilst the Learning and Development Department is responsible for running Essential Training Update and the Corporate Training Needs Analysis (TNA) managers must identify what type

and level of training their staff require and communicate this to L&D and ensure that such training is undertaken within specified time frames.

- 7.7 Where any confusion exists, for further advice and support should be sought from the Solent NHS Trust Manual Handling Trainer.
- 7.8 Staff and their Managers are notified when their refresher training is due by a RAG rated system on the staff members training matrix.
- 7.9 Staffs who fail to attend relevant moving and handling training will be followed up in accordance with the Learning & Development Policy.

8. MANUAL HANDLING EQUIPMENT

- 8.1 Lifting equipment and associated ancillaries, i.e. slings, spreader bars, etc. used for lifting people must be on a maintenance schedule for inspection and testing by appropriately qualified engineers at appropriate periods.
- 8.2 Any damaged equipment must be withdrawn from service until inspected and passed as fit for use. The incident must be reported through **Solent's Reporting service**. The equipment owner is responsible for repairs, maintenance whether owned by Solent, care home, equipment loans, or patient

9. INCIDENT REPORTING

- 9.1 It is Solent NHS Trust policy that all incidents involving staff, patients, visitors (irrespective of their nature) are be reported using the incident reporting system "safeguard" Where an injury renders an employee unable to make an entry, it should be completed by a witness or someone able to enter an account of the incident. The employee's account must be entered as soon as possible after the event.
- 9.2 On completion the incident report must be reviewed by management to ascertain causes and to recommend measures to prevent recurrence. This review will be in addition to any individual investigation of the circumstances surrounding each incident.
- 9.3 All incidents reports are to be graded by those making the report. The Risk Management Team will regularly review reports to ensure details are entered correctly, that reports received from various departments are graded in a consistent manner and to establish trends.
- 9.4 If the incident or accident is reportable under the Reporting of Injuries, Disease or Dangerous Occurrences Regulations (RIDDOR), the Health and Safety Executive must be informed within fifteen days or in certain cases immediately by telephone, followed within 15 days by a completed Form F2508. Reports of this nature are only to be made by the Solent NHS Trust Health & Safety Manager.

10. REVIEW

- 10.1 This policy will be reviewed on a tri-annual basis, or where there has been a significant change in health and safety law, where the policy is believed to be no longer valid, or at the request of safety representatives or management.

11. SUCCESS CRITERIA AND MONITORING COMPLIANCE

- 11.1 Health and safety Manager will monitor compliance with this policy as part of his day to day activities i.e. accident/ incident reports, staff complaints and management requests.
- 11.2 On an annual basis Learning and Development will be responsible for reporting that staff training requirements are kept up to date.
- 11.3 Implementation and compliance will be audited prior to the policy being reviewed and updated.

12. EQUALITY AND DIVERSITY

- 12.1 A thorough and systematic assessment of this policy has been undertaken in accordance with the Trust's Policy on Equality and Human Rights. The assessment found that the implementation of and compliance with this policy has no impact on any Trust employee on the grounds of age, disability, gender, race, faith, or sexual orientation. "See Appendix B".

13. LINKS TO OTHER POLICIES and REFERENCES

Solent NHS Trust moving and handling strategy

Solent NHS Trust Learning and Development Policy

Solent NHS Trust Induction and Mandatory Training Policy

Solent NHS Trust Medical Devices Policy

Solent NHS Health and Safety Policy

Health and Safety at Work Act 1974

Management of Health and safety at Work Regulations 1999 (as amended)

Manual Handling Operations Regulations 1992 (as amended) Guidance on Regulations (L23), Health and Safety Executive, 2009.

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013

Lifting Operation and Lifting Equipment Regulations 1998 (as amended)

Provisions of Use of Work Equipment Regulations 1998 (as amended)

Manual Handling in the Health Services, health & Safety Commission 1998

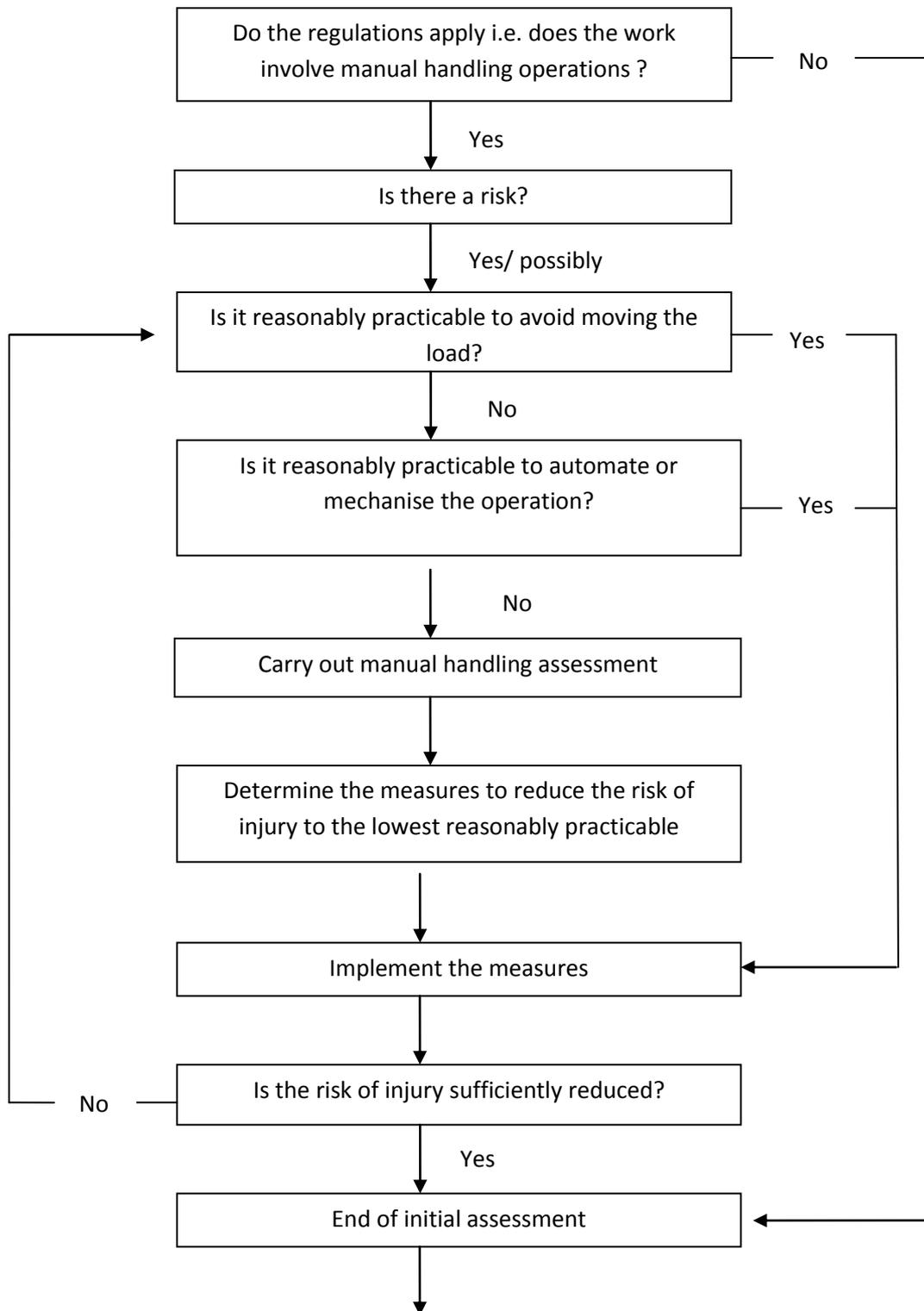
Moving & Handling in the Community and Residential Care (2015) National Back Exchange

Resuscitation Council (UK) Guidance for safer handling during resuscitation in healthcare settings (Nov 2009) <http://www.resus.org.uk/pages/safehand.pdf>

National Back Exchange (2002) Training Guidelines, Towcester; NBE

APPENDIX A

Manual Handling Operations Regulations



Review if conditions change significantly

APPENDIX B

Equality Impact Assessment

Completed in consultation

<u>Step 1 – Scoping; identify the policies aims</u>	Answer
1. What are the main aims and objectives of the policy?	To inform all staff, particularly those who handle loads and patients, of the arrangements that are in place for assessments and remedial actions for compliance with the manual handling regulations, as amended.
2. Who will be affected by it?	All NHS Trust staff. Independent Contractors. Patients/service users
3. What are the existing performance indicators/measures for this? What are the outcomes you want to achieve?	Local targets Legal requirements Outcomes
4. What information do you already have on the equality impact of this policy?	
5. Are there demographic changes or trends locally to be considered?	No
6. What other information do you need?	None identified

<u>Step 2 - Assessing the Impact; consider the data and research</u>	Yes	No	Answer (Evidence)
1. Could the policy be unlawfully against any group?		✓	

2. Can any group benefit or be excluded?		✓	Registered disabled people with restricted limb movements would be restricted in the safe operational handling of people
3. Can any group be denied fair & equal access to or treatment as a result of this policy?		✓	
4. Can this actively promote good relations with and between different groups?	✓		
5. Have you carried out any consultation internally/externally with relevant individual groups?	✓		Please see routes of consultation and ratification process.
6. Have you used a variety of different methods of consultation/involvement?	✓		Consultation within organisation. Please see above.
Mental Capacity Act implications	✓		
7. Will this policy require a decision to be made by or about a service user? (Refer to the Mental Capacity Act policy for further information)		✓	

If there is no negative impact – end the Impact Assessment here.

ep 3 - Recommendations and Action Plans	Answer
1. Is the impact low, medium or high?	Low
2. What action/modification needs to be taken to minimise or eliminate the negative impact?	
3. Are there likely to be different outcomes with any modifications? Explain these?	
Step 4- Implementation, Monitoring and Review	Answer
1. What are the implementation and monitoring arrangements, including timescales?	
2. Who within the Department/Team will be responsible for monitoring and regular review of the policy?	
Step 5 - Publishing the Results	Answer

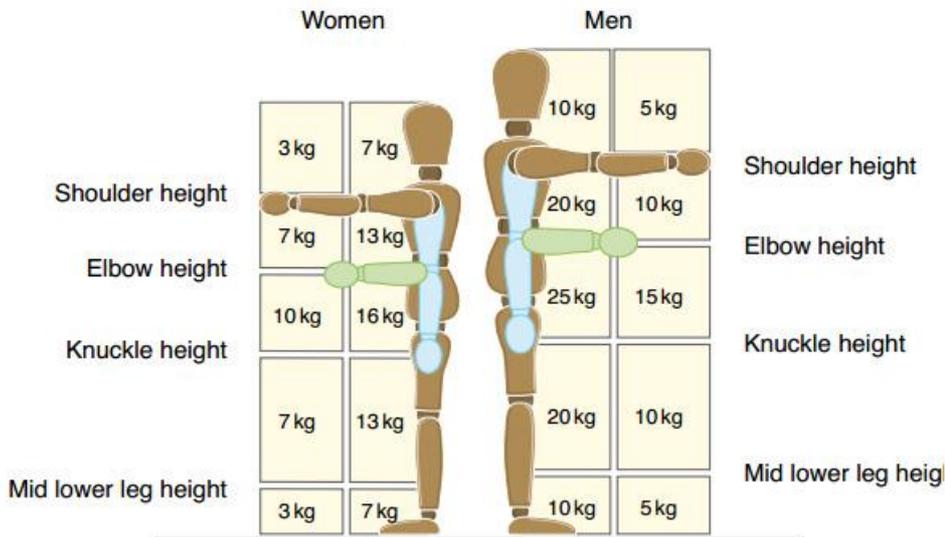
How will the results of this assessment be published and where? (It is essential that there is documented evidence of why decisions were made).	

APPENDIX C

Guidance on weights and manual handling technique (KINETIC lifting)

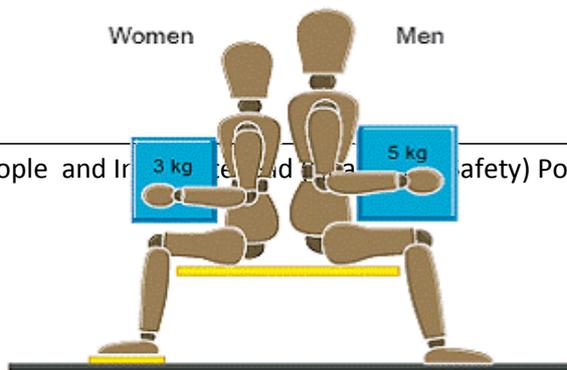
The guidance contained within the Manual Handling Operations Regulations recommends assessment weights for manual handling activities for both men and women to help identify activities that could present a significant risk and avoid the need for a more detailed assessment for those that don't. Whilst handling loads in excess of these weights is not illegal, it does represent an activity that has a higher potential to cause injury and consideration must take into account identifying the risks associated with the activity and determine the most appropriate and safest method of handling possible

Guidance weights only

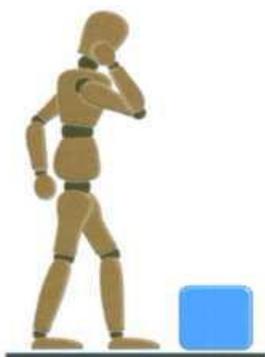


Guidelines for handling while seated The basic guideline figure for handling operations carried out while seated, shown below is 5 kg for men and 3 kg for women. These guidelines only apply when the hands are within the box zone indicated. If handling beyond the box zone is unavoidable, a more detailed assessment should be made.

Women Men



KINETIC LIFTING



Think before handling/lifting. Plan the lift/handling activity. Where is the load going to be placed? Use appropriate handling aids where possible. Will help be needed with the load? Remove obstructions, such as discarded wrapping materials. For long lifts, such as from floor to shoulder height, consider resting the load mid-way on a table or bench to change grip.



Keep the load close to the waist. Keep the load close to the waist for as long as possible while lifting. The distance of the load from the spine at waist height is an important factor in the overall load on the spine and back muscles. Keep the heaviest side of the load next to the body. If a close approach to the load is not possible, try to slide it towards the body before attempting to lift it.

Adopt a stable position. The feet should be apart with one leg slightly forward to maintain balance (alongside the load if it is on the ground). The worker should be prepared to move their feet during the lift to maintain a stable posture. Wearing over-tight clothing or unsuitable footwear may make this difficult.



Ensure a good hold on the load. Where possible hug the load as close as possible to the body. This may be better than gripping it tightly only with the hands.



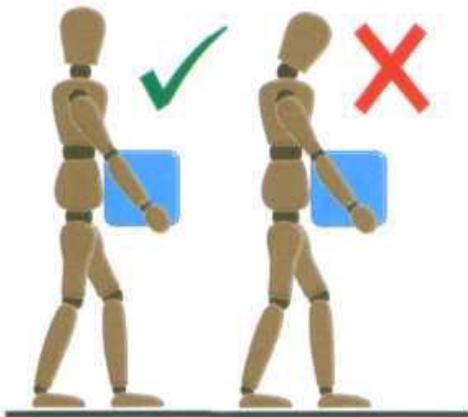
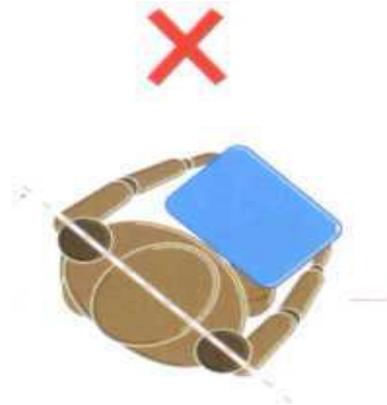
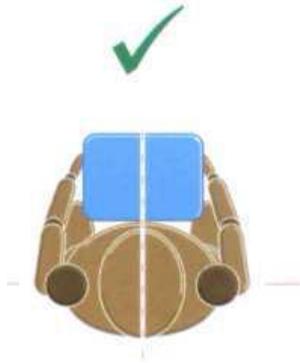
Moderate flexion (slight bending) of the back, hips and knees at the start of the lift is preferable to either fully flexing the back (stooping) or fully flexing the hips and knees (full/deep squatting).

(f) **Don't flex the back any further while lifting.**

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

Avoid twisting the back or leaning sideways especially while the back is bent. Keep shoulders level and facing in the same direction as the hips.

Turning by moving the feet is better than twisting and lifting at the same time.

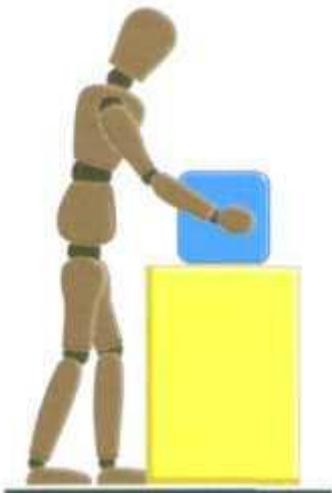


Keep the head up when handling. Look ahead, not down at the load once it has been held securely.

Move smoothly. Do not jerk or snatch the load as this can make it harder to keep control and can increase the risk of injury.

Don't lift or handle more than can be easily managed. There is a difference between what people can lift and what they can safely lift. If in doubt, seek advice or get help.

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



APPENDIX D

TILEO Assessment Guidance

Task

What posture does the employee adopt in order to complete the task of moving the load? Does it involve holding loads away from the body, twisting, stooping or reaching upwards, large vertical movement, long carrying distances, strenuous pushing or pulling, repetitive handling, insufficient rest or recovery time or a work rate imposed by a process?

Individual Capability

Consider the requirements of the person to complete the task. Are there any issues that need to be taken into account e.g. recent illness, disability or old back injuries, is the person physically able to undertake the task, do they require unusual capability, i.e. above-average strength or agility, would it endanger those with a health problem or learning/physical disability, would it endanger pregnant women, is there a need for special information or training?

Load

Is it an object or person to be handled e.g. weight, shape, unpredictable movements, size, ability to assist in the technique? Is the load heavy, bulky or unwieldy, difficult to grasp, unstable or likely to move unpredictably, harmful, i.e. sharp or hot, awkward to stack, or too large for the handler to see over?

Environment

The area in which the manual handling activity is taking place e.g. is there sufficient room to manoeuvre, constraints on posture, bumpy, obstructed or slippery floors, variations in levels, hot/cold/humid conditions, gusts of wind or other strong air movements, poor lighting conditions, restrictions on movements or posture from clothes or personal protective equipment?

Others are:

Handling Aids and Equipment

Is the device the correct type for the job, is it well maintained, are the wheels on the device suited to the floor surface, do the wheels run freely, is the handle height between the waist and shoulders, are the handle grips in good order and comfortable. Are there any brakes and if so, do they work?

Work Organisation Factors

Consider whether the work is repetitive or boring, is it equipment or system paced, do employees feel the demands of the activities excessive, have employees little control of the activity or method of work, is there poor communication between managers and employees?

APPENDIX E

Inanimate Object Manual Handling Risk Assessment Form

Location			Activities being assessed	
Date			Assessor	
Questions to consider:			If "Yes" – what are the circumstances	Possible remedial action: (make rough notes in this column in preparation for completing Action Plan)
The Tasks – do they involve:	Yes	No		
Holding away from the body?				
Twisting?				
Stooping?				
Reaching upwards?				
Large vertical movement?				
Long carrying distances?				
Strenuous pushing/pulling?				
Repetitive handling?				
Insufficient rest or recovery from muscle fatigue?				
Insufficient time to complete task comfortably?				

Changes of balance?				
Impeded vision?				
Manual handling with more than 1 service user?				
The loads – are they?				
Heavy? Weight if known ?				
Bulky/unwieldy?				
Difficult to grasp?				
Unsteady/unpredictable?				
Intrinsically harmful? (e.g. sharp/hot)				
The working environment – are there:	Yes	No	If “Yes” – what are the circumstances	Possible remedial action: (make rough notes in this column in preparation for completing Action Plan)
Space constraints?				
Poor floors/surface(e.g. tripping or slipping hazards?)				
Variations in working levels?				
Hot/cold/humid conditions?				

Poor weather conditions? (e.g. wind/rain?)				
Poor lighting conditions?				
Individual capability – does the job:				
Require unusual capability? (e.g. size, strength?)				
Create problems for staff with an existing health problem?				
Create a hazard for those who are pregnant?				
Call for special information/training? (e.g. use of equipment?)				
Other factors:				
If manual handling devices are provided do they create additional handling problems?				

Is movement or posture hindered by clothing or personal protective equipment?				
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Action plan to reduce the risks identified		
Action required	Person responsible	Target date

Date of assessment:

Name:

Signature:

APPENDIX F

Glossary

Task, Individual, Load, Environment, Others	TILEO
Care Quality Commission	CQC
Oracle Learning Management	OLM