

# MOVING AND HANDLING POLICY

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## DOCUMENT CONTROL

<b>Reference</b> AS/M&HP/Nov16	<b>Version</b> 5	<b>Status</b> Final	<b>Author</b> Head of Corporate Business
<b>Amendments:</b> New draft policy to reflect current safe manual handling practice and the change of training provider including the role of the Competent Advisor.			
<b>Document objectives:</b> Provide all staff with an understanding of the Trust's moving and handling procedures, requirements and responsibilities.			
<b>Intended recipients:</b> All Trust Staff			
<b>Committee/Group Consulted:</b> Health, Safety and Security Management Group; Regulation Governance Group			
<b>Monitoring arrangements and indicators:</b> The Health, Safety and Security Management Group will monitor all moving and handling activity within the Trust			
<b>Training/resource implications:</b> All staff receive moving and handling training according to job role as per training matrix.			
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<b>Contact for review</b>	Head of Corporate Business		
<b>Lead Director</b>	Director of Strategy and Corporate Affairs		

## CONTRIBUTION LIST Key individuals involved in developing the document

<b>Name</b>	<b>Designation or Group</b>
Andrew Sinclair	Head of Corporate Business
Group Members	Health, Safety and Security Management Group
Group Members	Regulation Governance Group

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## **1. INTRODUCTION**

- 1.1 This policy provides information which aims to eliminate the risks of manual handling in relation to both patient and inanimate load handling. If this is not reasonably practicable to do so, this document sets out how these risks will be minimised to the lowest level reasonably practicable through risk assessment and training.
- 1.2 Manual handling affects every employee of the Trust. Health workers are amongst the highest risk occupation group to suffer injuries from manual handling. Manual handling accounts for 54% of all accidents in the health care sector and most of these affect the musculoskeletal system with the lower back being the most commonly affected area.
- 1.3 The Trust is committed to minimising the risk of staff injury from these activities and acknowledges its responsibilities under current legislation to monitor, assess and reduce all manual handling activities carried out by its employees and to implement appropriate control measures:
- 1.4 The policy considers in detail the safer handling principles outlined below:-
- hazardous manual handling operations should be avoided as far as is reasonably practicable - the moving and handling of loads must be reduced to the lowest possible level;
  - staff must make suitable and sufficient assessment – Load, Individual Task, Environment (LITE) / Task, Individual, Load, Environment (TILE) each time they are involved with inanimate handling to determine the safest method;
  - manual handling aids will be used as appropriate to reduce the risk of injury to staff and others;
  - risk assessments and documentation reviewed regularly (determined by the type of assessment) and amended accordingly;
  - moving and handling training will be delivered across HEE via a method that ensures relevance to the workplace.

## **2. PURPOSE AND SCOPE**

- 2.1 The Trust is committed to minimising the risk of injuries to all employees. The organisation will, as far as is reasonably practicable, provide a safe working environment, safe system of work and safe equipment to comply with the Manual Handling Operations Regulations 1992 by:
- ensuring all members of staff are aware of their responsibilities and apply the requirements of this policy;
  - providing information and training.
- 2.2 This policy covers all manual handling activities undertaken by staff including the moving and handling of patients and inanimate loads.
- 2.3 The Policy applies to all employees of the Trust including bank staff. It also applies to agency staff, volunteers, contractors and visitors. Medical, nursing and allied health care professional students are also expected to comply with organisational policies and procedures as appropriate to ensure their health, safety and welfare whilst undertaking work for the organisation.

### **3. LEGAL FRAMEWORK**

3.1 The policy reflects the requirements of relevant legislation including:

- The Health and Safety at Work etc. Act (HSWA) 1974;
- Manual Handling Operations Regulations (MHOR) 1992, as amended (2004);
- Lifting Operations and Lifting Equipment Regulations (LOLER) 1998 as amended (2002);
- Provision and Use of Work Equipment Regulations (PUWER) 1998 as amended (2002);
- Management of Health and Safety at Work Regulations 1999;
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995;
- Workplace (Health, Safety and Welfare) Regulations (1992) as amended (2002).

3.2 The Trust and every employee have responsibilities under the Manual Handling Operations Regulations 1992 (as amended) as follows:

#### **Trust's (Employers) Responsibility**

3.3 Regulation 3 (1) of the Management of Health and Safety at Work Regulations 1999 requires employers to make a suitable and sufficient assessment of the risks to the health and safety of their employees while at work. Where this general assessment indicates the possibility of risks to employees from the manual handling of loads, the requirements of the present Regulations should be observed as follows:-

3.4 Regulation 4 (1) of the Manual Handling Operations Regulations 1992 states the HIERARCHY OF MEASURES is as follows:

- avoid hazardous manual handling operations so far as is reasonably practicable;
- assess any hazardous manual handling operations that cannot be avoided;
- reduce the risk of injury so far as is reasonably practicable;
- review and monitor.

#### **Extent of Trust (Employers) Duties.**

3.5 The extent of the Trust's duties to avoid manual handling or to reduce the risk of injury is determined by reference to what is "reasonably practicable". Such duties are satisfied if the Trust can demonstrate the cost of any further preventative steps would be grossly disproportionate to the benefit that would be achieved by their introduction.

3.6 The manual lifting of patients where at all practicable should not take place. Patients should be encouraged to assist in their own transfer as appropriate.

#### **Working away from Trust premises**

3.7 The Regulations impose duties upon an employer whose employees carry out manual handling. However, manual handling operations may occur away from the Trust's premises in situations over which little direct control can be

exercised, for example, in a patient's own homes. Where possible the Trust will seek close liaison with those in control of such premises. There will sometimes be a limit to the Trust's ability to influence the working environment; but the task and perhaps the load will often remain within its control, as will the provision of effective training: therefore it is still possible to establish a safe system of work.

### **Employees Duties**

- 3.8 Regulation 5 of the Manual Handling Operations Regulations 1992 states:
- (a) 'Each employee while at work shall make full and proper use of any system of work provided for his use by his employer in compliance with Regulations 4 (1) (b) (ii) of these Regulations'.
- 3.9 Duties are already placed on employees by Section 7 of the Health and Safety at Work Act 1974, under which they must:-
- (a) Take reasonable care for their own health and safety and that of others who may be affected by their activities and
- (b) Co-operate with their employers to enable them to comply with their health and safety duties

## **4. DUTIES AND RESPONSIBILITIES**

- 4.1 The **Chief Executive** has overall and final responsibility for health and safety which includes moving and handling.
- 4.2 The **Director of Strategy and Corporate Affairs** will ensure arrangements are in place for the effective implementation of this policy and will keep the Trust Board informed of any relevant moving and handling issues when necessary. The Director will ensure the appointment of competent moving and handling advice and there are systems in place which pay regard to moving, handling and ergonomic issues in the design of all-new developments and services. The Director will also ensure there is a comprehensive audit process to measure and review policy compliance and effectiveness.
- 4.3 The **Head of Corporate Business** has delegated responsibility for this policy and will ensure the operational implementation of it in Trust services. The Head will liaise with Trust senior managers and will provide reports as required by the Trust.
- 4.4 **Senior Managers** are accountable for the implementation and delivery of this policy within their areas of responsibility and will ensure compliance on all relevant moving and handling legislation and that reasonable resources are allocated as necessary. They will make sure moving and handling risks are managed in line with all other risks identified and documented as set out in the Risk Management Strategy and Risk Management Policy/Procedure. They will respond to any audit/inspection reports and take reasonable action as necessary to address any deficiencies identified. The managers will ensure Trust their members of staff are properly informed and trained and there is a system for continual review of the ergonomic design of the workplace, operational procedures and training, with the provision of suitable moving and handling equipment / resource where assessed appropriate.
- 4.5 **All managers** are responsible for the local implementation and operational delivery of this policy and will implement, monitor and review the effectiveness

of systems for moving and handling for both patient and non-patient handling. This will include the risk assessment process, incidents, investigations, training, individual staff reviews following illness or injury, staff awareness and standard operating procedures/safe systems:

- risk assessments for moving and handling activities, for both patient and non-patient handling are completed, ensuring they are updated, reviewed and documented as appropriate;
- ensure suitable manual handling equipment is made available to all staff so far as reasonably practicable to facilitate safe handling in accordance with the written risk assessments. This equipment must be appropriately maintained, easily accessible and carry instructions for correct use. Any faulty/suspect equipment must be immediately withdrawn from service until inspected by a competent person and passed fit for use. Where resources are not available that relevant risk assessments are completed and the risk register process used. Alternative equipment will be provided for that period as identified;
- ensure all staff are trained and updated in appropriate moving and handling techniques for their role and area of work including bank, agency and other staff in line ;
- ensure staff are aware of their local Moving and Handling Champion to obtain specialist advice;
- ensure moving and handling equipment is purchased and maintained in line with the Lifting Equipment Policy. This includes all aspects of Lifting Operations and Lifting Equipment Regulations 1998 (LOLER). Managers should ensure the inspection process takes place and must review and update the schedule as required, notifying the Facilities Manager of any changes;
- ensure all accidents/incidents involving manual handling are accurately recorded and promptly investigated, so that remedial action can be taken to prevent reoccurrences. (See Trust's Untoward Event Reporting Policy);
- report details of moving and handling / ergonomic RIDDOR reportable injuries (See Trust Untoward Event Reporting Policy);
- respond to any audit / inspection / feedback and take reasonable action as necessary to address any deficiencies identified;
- in clinical areas, ensure relevant patient handling risk assessments with an action plan of care are undertaken for each patient, identifying specific moving and handling requirements and clearly documented (as per Trust approved documentation for that area);
- ensure safe moving and handling practices are used and that controversial techniques that are known to be of high risk to all parties are not routine practice with their service area of operation.

4.6 **All Employees must** ensure they are familiar with the principles outlined in the Safer Moving and Handling Policy and Co-operate with their manager to provide a safe work place in relation to moving and handling:

- take reasonable care of themselves and others while at work for the Health and Safety as an employee and any other person who could be affected by their actions in relation to moving and handling;

- report to their manager any health problem, whether or not due to injury, which may affect their moving and handling capabilities to ensure suitable and sufficient support is provided;
- attend and participate in moving and handling training as directed by the Trust;
- report all untoward events involving any manual handling operations, on the Datix system;
- cooperate with the Trust's instructions, safely using equipment provided as identified by the risk assessments. They must acquaint themselves with the individual patient handling assessment before proceeding to move the patient or standard operation procedure before proceeding with an inert load handling task;
- ensure they are familiar with the techniques and equipment they may be required to use in the execution of safe moving and handling tasks within their work area;
- raise concerns with the relevant manager / advisor if any moving and handling and ergonomic information, instruction and training are not understood;
- check all equipment before use. Any defects noted with the moving and handling aids or equipment must be reported to their line manager or supervisor and/ or reported to the appropriate estates department, ensuring that any equipment is removed from service and made safe before any further use;
- use all moving and handling equipment / aids provided in the interests of safer handling, and ensure that it is kept safe and free from damage.

4.7 **Local Moving and Handling Trainers** provide mandatory moving and handling training and should ensure their skills are updated every two years in line with advice from the accredited training provider who delivers train the trainer updates.

4.8 **Moving and Handling Champions** act as a local moving and handling resource for departments:

- providing advice on moving and handling issues, troubleshooting moving and handling problems, sharing knowledge and expertise on moving and handling equipment and aids and demonstrating best practice in safer moving and handling techniques;
- liaise with the Trust's Competent Advisor for moving and handling on behalf of the ward/ department for guidance and advice as required following the agreed process under the service level agreement;
- ensure all recognised Trust moving and handling training / update training is undertaken for the role of champion.

4.9 The Trust's Health and Safety Competent Advisor acts as the **Competent Advisor for Moving and Handling** to:

- provide competent advice to the Moving and Handling Champions on all matters concerning the health, safety and welfare of any staff, patient, visitor or contractor using the Trust site in relation to moving and handling;



- inform the development and updating this policy;
  - produce moving and handling information reports as necessary to provide assurance on Trust compliance.
- 4.10 The **Learning and Development Department** retain records of all attendances at moving and handling courses/updates that occurs within the Trust. Local records of attendance must be forwarded, by local trainers, to the department as required by the Trusts audit process. Records of the training will be uploaded to the Electronic Staff Record.
- 4.11 The owner of the equipment has a duty to ensure prior to use that the **Estates Department** are aware of the equipment and discussions have taken place with the **Estates Department** who are responsible for arranging maintenance service contracts and insurance inspections for all equipment requiring inspection in line with Lifting Operation Lifting Equipment Regulations 1998 as set out in the Lifting Equipment Policy (please refer to Lifting Equipment Policy).
- 4.12 **Staff Occupational Health** advise managers on individual cases where a return to work safety arrangement is required involving specialist advisors as necessary for all moving and handling requirements which require complex advice. They will Inform the relevant manager and of any staff member who requires workplace moving and handling / ergonomic advice to ensure concerns raised during consultations are resolved within the workplace.
- 4.13 The **Health, Safety and Security Management Group** is responsible for ensuring appropriate monitoring is completed and action plans are developed and implemented to address issues identified as a result of the policy monitoring.
- 4.14 The **Regulation Governance Group** has overall responsibility for approving further developments/reviews of this document. The Group oversees the work of the Health, Safety and Security Management Group and escalate areas of concern to the Integrated Governance Committee.

## 5. EXPLANATIONS OF TERMS USED

- 5.1 **Dynamic Risk Assessment** is the continuous process of identifying hazards in rapidly changing circumstances of an operational incident, in order to identify hazards and controls (if any) and evaluate risk and, where necessary, implement further control measures necessary to ensure an acceptable level of safety.
- 5.2 **Ergonomics** - looking at moving and handling holistically, taking into account all relevant factors including the task, load, the working environment and the individual capability required worker participation, including psychosocial factors. This is often described as 'fitting the job to the person, rather than the person to the job'.
- 5.3 **Hazard** - something with the potential to cause harm.
- 5.4 **Injury** - physical harm or damage to someone's body by an accident or attack.
- 5.5 **Load** - a separate, moveable object (either inanimate or a person) but not an implement, tool or machine while in use for its intended purpose (Manual Handling Operations Regulations 1992 (as amended)).

- 5.6 **Manual Handling** - transporting or supporting of a load (including the lifting, lowering, pushing, pulling, carrying, supporting, restraining or moving thereof) by hand or bodily force Manual Handling Operations Regulations 1992 (as amended).
- 5.7 **Risk** – The likelihood of harm, injury, illness or some loss from a particular hazard is realised. Risk reflects both the likelihood of occurrence and its severity of outcome.
- 5.8 **Risk Assessment** - the process whereby hazards are identified and the level of risk involved is evaluated.
- 5.9 **Safer Handling** - elimination of hazardous moving and handling where possible in all but exceptional or unknown life threatening situations.

## 6. **MOVING AND HANDLING ARRANGEMENTS**

### **Risk Assessments**

- 6.1 Moving and handling risk assessments are a legal requirement and should be undertaken in line with the Trust's Risk Management Policy and Procedure.
- 6.2 Managers are responsible for ensuring any moving and handling / ergonomic hazard which poses a significant risk to staff, visitor, patient or contractor is formally documented. The Trust's Safer Moving and Handling Risk Assessment form (Appendix A1) should be used to record this. An assessment of the hazards identified must include information concerning the:
- task, (description of the task performed);
  - individual's capabilities the (stating an individual's ability to perform the task);
  - load (a description of loads involved);
  - environment (a description of environmental factors).
- 6.3 The process also requires documentation of:
- action to be taken to avoid or reduce the risk;
  - the name of the person who is responsible for completing the action;
  - date of completion;
  - review date.

### **Object handling tasks**

- 6.4 Managers must assess tasks locally. Non-patient handling risk assessments must be completed and documented on the local risk registers using the Datix Risk register (accessible on the Trust Intranet).
- 6.5 The risk assessments must be managed (in line with the Risk Management Policy and Procedure) to include suitable risk review, development and action plans. Where appropriate upload documentary evidence of actions completed. For all handling tasks, reassessments should take place when changes to the task, load, environment, individual or other factors occur.

### **Risk Register**

- 6.6 Any risks recorded in the local risk register, as identified in section 5.3 above, should be monitored through local arrangements or escalated to the

operational Directorate Risk Register as appropriate for monitoring at Directorate level. (See the Trust's Risk Management Strategy and Risk Management Policy and Procedure).

### **Patient Handling Risk Assessment and Treatment Plan.**

- 6.7 Areas in which patients have manual handling needs must also have a documented patient handling risk assessment and treatment plan. It is the responsibility of the practitioner who is responsible for the patient's care to ensure this is carried out as part of the admission process or initial assessment and reviewed on a regular basis. This must include:
- an assessment of the patient's capabilities;
  - a prescribed plan of manual handling activities i.e. number of carers required to assist patient;
  - equipment required;
  - emergency evacuation plan.
- 6.8 Consideration should be given to the patient's cultural views, gender and capacity issues. These issues must be addressed in patients' treatment plans.
- 6.9 In services using electronic patient records (RiO), all inpatients must have a completed Patient Moving and Handling assessment screen on RiO (See Appendix A2 for screen shot) and include any identified needs within the electronic care plan.
- 6.10 All actions prescribed to reduce risk must have a review time or date. At that time the plan should be updated to reflect any change. This will include new handling actions with new review dates. Any action which has been prescribed but no longer applies or has been stopped on review should have an end date and a valid signature from a member of staff.
- 6.11 Where actions are identified to reduce the risk, the manager for that area is responsible for ensuring they are completed. Remedial actions should be identified on the assessment form and these will form the action plan for managing and/or mitigating the assessed risk. For actions which are not reasonably practicable at this stage the manager should add the risks to the relevant tier of the local risk register and instigate appropriate escalation in line with the Trust's Risk Management Strategy and Risk Management Policy and Procedure.

### **Incident Reporting**

- 6.12 All moving and handling untoward events /accidents or incidents (including moving and handling equipment not available) should be reported to the manager and recorded on the standardised Trust untoward event form. Please use the DATIX Untoward Event Report Form accessible on the Trust Intranet. Managers should follow the incident reporting and investigation process thereafter as per the Trust Untoward Event Reporting Policy.

### **Moving and Handling Improvements**

- 6.13 In line with the risk management policy, local managers are responsible for allocating funds from their budgets for moving and handling improvements and managers should consider the risk register when making decisions on fund allocation.

## **Moving and Handling Guidance / Techniques**

- 6.14 Due to the continual changes required within moving and handling techniques, and guideline changes by approved professional bodies (e.g. resuscitation council) relevant Moving and Handling Guidance related to this policy will be found on the Trust intranet site, with core technique guidance listed in Appendices B, C, D, E, F, G.
- 6.15 Further guidance may be obtained from The Guide to the Handling of People 6th Edition (2011) published by Backcare or the The Guide to the Handling of People, 5th Edition( 2005) published by the National Back Pain Association and RCN held in all service area libraries.

### **Access to Appropriate Specialist Advice**

- 6.16 For issues at a local level, advice can be sought from the moving and handling champions. The local champions will discuss various techniques that may be used by staff in conjunction with the appropriate equipment.
- 6.17 For all issues which require Trust wide, higher level advice or unresolved local issues, the moving and handling champions will contact the Trust Competent Advisor for advice via email or telephone.
- 6.18 The Competent Advisor is available for specialist advice on all aspects of manual handling. This will include any or all of the following: risk assessment, advice on equipment, problem solving and bespoke training. The Advisor will also have strategic involvement through the Health and Safety Committee and will present quarterly reports to the Health, Safety and security Management Group identifying a divisional breakdown of specialist advice.

## **7 TRAINING REQUIREMENTS**

- 7.1 All staff should access the appropriate manual handling training as detailed within their individual certification section of the Trust Learning Zone
- 7.2 All training packages will be designed by the Learning and Development Dept. and Competent Advisor to ensure a coordinated approach across the Trust. This will reflect changes in local and national policy and legislation.
- 7.3 All participants in patient handling training will complete a declaration of health form prior to training.
- 7.4 Staff who have never received any moving and handling training (in particular patient handlers or staff whose job requires specialist guidance for moving and handling) should not undertake any moving and handling until the appropriate training session has been completed. Staff who have evidence of having attended a moving and handling course within the appropriate refresher timeframe should be assessed for their competency and at the responsibility and discretion of their manager may move or handle loads. This should be recorded within Learning Zone.
- 7.5 Staff should familiarise themselves with any equipment within a specific area.

### **Update Training**

- 7.7 All employees must receive appropriate update training in manual handling. This is divided into the following groups:
- Level 2 Patient Handling Training

This is for employees whose role includes the manual handling of patients e.g. nurses, healthcare assistants and therapists.

- **Level 1 Load Handling Training**

All employees must receive training at least every three years. This may be received on a more frequent basis subject to local risk assessment. This training will be delivered by the Learning and Development Dept., or other appropriately trained staff, as part of the core mandatory training programme.

- 7.8 It is the individual employee's responsibility to attend Manual Handling update training as required by the Trust. Any difficulty in meeting this requirement should be made to known to their line manager

**Monitoring Training Attendance and Follow-Up arrangements**

- 7.9 This will be picked up through the individuals training requirements on Learning Zone and not identified by the managers.
- 7.10 Employees who have been booked onto Manual Handling update training and fail to attend should be managed by their manager in accordance with Trust policy.

## **8 EQUALITY IMPACT ASSESSMENT**

- 8.1 All relevant persons are required to comply with this document and must demonstrate sensitivity and competence in relation to the nine protected characteristics as defined by the Equality Act 2010. In addition, the Trust has identified Learning Disabilities as an additional tenth protected characteristic. If you, or any other groups, believe you are disadvantaged by anything contained in this document please contact the Equality and Diversity Lead who will then actively respond to the enquiry.

## **9 MONITORING COMPLIANCE AND EFFECTIVENESS**

### **9.1 Monitoring arrangements for compliance and effectiveness**

- Overall monitoring will be by the Health, Safety and Security Management Group. The Group reports to the Regulation Governance Group on a quarterly basis.
- The Regulation Governance Group oversees the work of the Health, Safety and Security Management Group and escalate areas of risk to the Integrated Governance Committee

### **9.2 Responsibilities for conducting the monitoring**

- The Senior Managers Operational Group monitors the levels of staff trained.
- The Health, Safety and Security Management Group monitor incidents relating to moving and handling and the implementation of a robust risk assessment approach to the moving and handling of loads and patients.

### **9.3 Methodology to be used for monitoring:**

- health and safety workplace inspections;
- training records and moving and handling workplace inventory records;

- incident reporting and monitoring.

#### 9.4 **Frequency of monitoring:**

- health and safety workplace inspections are annual;
- training uptake is monitored monthly within the balanced scorecard;
- incident reports are produced quarterly and a summary report – including RIDDOR incidents – is considered quarterly at the Health, Safety and Security Management Group;
- monthly reports on compliance with mandatory training are provided to managers by the learning and development department to support local team records.

#### 9.5 **Process for reviewing results and ensuring improvements in performance occur:**

- health and safety workplace inspections result in a report detailing actions required. Managers must confirm that the required action has taken place and this is checked in the next inspection;
- training uptake is monitored at the Trust and directorate level. Heads of service and service managers are responsible for identifying areas where performance can be improved and planning additional training in collaboration with the local trainers and ward or team managers;
- quarterly incident reports are monitored to establish trends and “hotspots”. The corporate business team in conjunction with the relevant manager(s) investigates any unwanted trends or hotspots.

## 10 **COUNTER FRAUD**

- 10.1 The Trust is committed to the NHS Protect Counter Fraud Policy – to reduce fraud in the NHS to a minimum, keep it at that level and put funds stolen by fraud back into patient care. Therefore, consideration has been given to the inclusion of guidance with regard to the potential for fraud and corruption to occur and what action should be taken in such circumstances during the development of this procedural document.

## 11. **RELEVANT CARE QUALITY COMMISSION (CQC) –**

- 11.1 Under the **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3)**, the **fundamental standards** which inform this procedural document, are set out in the following regulations:

Regulation 9:	Person-centred care
Regulation 10:	Dignity and respect
Regulation 12:	Safe care and treatment
Regulation 15:	Premises and equipment
Regulation 17:	Good governance
Regulation 18:	Staffing
Regulation 20:	Duty of candour

- 11.2 Under the **CQC (Registration) Regulations 2009 (Part 4)** the requirements which inform this procedural document are set out in the following regulations:

Regulation 18:	Notification of other incidents
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11.3 Detailed guidance on meeting the requirements can be found at <http://www.cqc.org.uk/sites/default/files/20150311%20Guidance%20for%20providers%20on%20meeting%20the%20regulations%20FINAL%20FOR%20PUBLISHING.pdf>

#### 11.4 **Relevant National Requirements**

Health and Safety at Work Act 1974

The management of Health and Safety at Work Regulations 1999

The Manual Handling Operations Regulations 1992 (amended 2002)

The Provision and Use of Work Equipment Regulations 1998

The Lifting Operations and Lifting Equipment Regulations 1998

## 12. **REFERENCES AND ASSOCIATED DOCUMENTS**

### 12.1 **References**

HSE, Moving and Handling in Health and Social Care online guide, 2012

Edited by Jacqui Smith, The Guide to the Handling of People 6<sup>th</sup> Edition, February 2011

National Back Exchange, Standards in Manual Handling 3<sup>rd</sup> Edition, 2011

The Royal Marsden NHS Foundation Trust, The Royal Marsden Hospital Manual of Clinical Nursing Procedures 8th Edition online, 2011

Working Group of the Resuscitation Council (UK), Guidance for Safer Handling during Resuscitation in Healthcare Settings, Nov 2009

HSE, Lifting Operations and Lifting Equipment Regulations (LOLER) 1998: Open learning guidance, First Published 1999, Reprinted 2008

Jacqui Smith and Paul Lloyd, The Guide to the Handling of People 5th Edition, 2005

HSE, Manual Handling Operations Regulations 1992 (as amended) Guidance on Regulations L23 (Third edition) HSE, 2004

RCN, Manual Handling Training Guidance, 2003

HSE, Manual handling in the health services, 1998

### 12.2 **Cross reference to other procedural documents**

Cleaning of Equipment and Decontamination Policy

Health and Safety Policy

Induction (Corporate and Local) Policy

Learning Development and Mandatory Training Policy

Medical Devices Policy

Resuscitation Policy

Risk Management Policy and Procedure

Slips, Trips and Falls (Prevention and Management) Policy

Staff Mandatory Training Matrix (Training Needs Analysis)

Untoward Event Reporting Policy and procedure

All current policies and procedures are accessible in the policy section of the public website (on the home page, click on 'Policies and Procedures'). Trust Guidance is accessible to staff on the Trust Intranet.

### **13. APPENDICES**

13.1 For the avoidance of any doubt the appendices in this policy are to constitute part of the body of this policy and shall be treated as such. This should include any relevant Clinical Audit Standards.

Appendix A1: Moving and Handling Assessment Risk Assessment Form

Appendix A2: Moving and Handling Assessment on RiO

Appendix B: Guidelines on the Moving and Handling of Loads

Appendix C: Guidelines for the Lifting of Inert Loads

Appendix D: Guidelines for Movement of Wheeled Equipment

Appendix E: Guidelines for Moving & Handling Patients

Appendix F: Guidelines for the use of Patient Moving and Handling Aids and Hoisting Equipment

Appendix G: Core Person Handling Skills Technique List



## Moving and Handling Risk Assessment Form

Use this form when both evaluating the risk of injury associated with manual handling tasks and devising the measures needed to remove or reduce such risks.

An assessment will be needed if there is a potential risk of injury and/or the task falls outside the recommended guidelines.

### Section A – Preliminary Assessment detail

<b>Task name/Job description:</b> (i.e. pushing a bed, carrying a box, bed to bed transfer of a patient)			
<b>Task description :</b> (i.e. Lifting a square box containing coiled wire from bench to trolley)			
<b>Manual handling operations covered by this assessment:</b> (detailed description i.e. operator lifts box manually using both hands with a palm to palm grip. The bench is 70cm from the floor and a 100cm wide. The bench has a wall 100cm behind it and the operator has to carry the box 3m to reach a low level trolley, between ankle and knee height. Boxes are stacked 6 high and the trolley has no supporting sides)			
<b>Diagram/ Photograph:</b> (draw lay out positioning operators, equipment etc include any existing control measures. Attach drawing or alternatively photograph)			
<b>Load weight:</b> (i.e. weight of box, patient etc)		<b>Frequency of lift:</b> (i.e. number of lifts in a minute, hour etc)	

<b>Carry distances:</b> (if applicable i.e. the walking distance to carry the object from A to B, B to C etc)			
<b>Personnel / operators involved:</b> (please list i.e. nurse, porter, Dr, technician, all ward staff, electrician etc)			
<b>Are other manual handling tasks carried out by these operators?</b> (List if deemed appropriate)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>Locations:</b> (please list)			
<b>Assessments discussed with employees/ safety representatives?</b>	<b>Date</b>		<b>Evidence of discussion</b> (i.e. team meeting minutes 27/09/05)
	Yes <input type="checkbox"/>		
	No <input type="checkbox"/>		
<b>Is a detailed assessment needed?</b> (i.e. is there a potential risk for injury, are the factors beyond the guideline weights)		If <b>'No'</b> evidence to support decision: (no significant risk factors, i.e. does not exceed guideline weights)	
If <b>'NO'</b> detailed assessment B is <b>not</b> required (please sign & Date below) If <b>'Yes'</b> please complete detailed assessment <b>section B</b> , followed by <b>section C</b> remedial action.			
<b>Assessor</b>	Name.	Signature.	Date
<b>Manager</b>	Name	Signature.	Date

**Section B – More detailed assessment where necessary**

Questions to consider	If applies, tick appropriate level			Problems occurring from the task (make rough notes in this column in preparation for the possible remedial action to be taken)	Possible remedial action (E.g. changes that needs to be made to the task, load, working environment etc. Who needs to be involved in implementing the changes?)
	LOW	MED	HIGH		
<b>Task – does it involve:</b>					
Holding the load away from the trunk?					
Twisting?					
Stooping?					
Reaching upwards?					
Large vertical movement?					
Long carrying distances?					
Strenuous pushing or pulling?					
Unpredictable movement of loads?					
Repetitive handling?					
Insufficient rest or recovery?					
A work rate imposed by a process?					
<b>Load – is it:</b>					
Heavy?					
Bulky/unwieldy?					
Difficult to grasp?					

Unstable/unpredictable?					
Intrinsically harmful (e.g. sharp/hot)?					
<b>Working environment – are there:</b>					
Constraints on posture?					
Poor floors?					
Variations in levels?					
Hot/cold/humid conditions?					
Strong air movements?					
Poor lighting conditions?					
<b>Individual capability – does the job:</b>					
Require unusual capability?					
Pose a risk to those with a health problem or a physical or learning difficulty?					
Pose a risk to those who are pregnant?					
Call for special information/training other than general handling skills?					
<b>Other Factors:</b>					
<b>Protective Clothing</b>					
Is movement or posture hindered by clothing or personal protective equipment (PPE)?	Yes <input type="checkbox"/>				
	No <input type="checkbox"/>				
Is there an absence of the correct/suitable PPE being worn?	Yes <input type="checkbox"/>				
	No <input type="checkbox"/>				
<b>Work Organisation (psychosocial factors)</b>					

Do workers feel that there is poor communication between managers and employees (e.g. not involved in risk assessments or decisions on changes in workstation design?)	Yes <input type="checkbox"/>  No <input type="checkbox"/>													
Are there sudden changes in workload, or seasonal changes in volume without mechanisms for dealing with the change?	Yes <input type="checkbox"/>  No <input type="checkbox"/>													
Do workers feel they have not been given enough training and information to carry out the task successfully?	Yes <input type="checkbox"/>  No <input type="checkbox"/>													
<b>Assessment Scores</b>														
Overall Assessment of the risk of injury? (As assessed from detailed assessment B above)	Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>													
Risk Score – for Trust Risk Register (refer to Risk Management Policy)	<table border="1"> <tr> <td data-bbox="512 1346 767 1464">Consequence (1-5)</td> <td data-bbox="767 1346 842 1464">X</td> <td data-bbox="842 1346 1051 1464">Likelihood (1-5)</td> <td data-bbox="1051 1346 1129 1464">=</td> <td data-bbox="1129 1346 1374 1464">Risk Score (1-25)</td> </tr> <tr> <td data-bbox="512 1464 767 1641"></td> <td data-bbox="767 1464 842 1641">X</td> <td data-bbox="842 1464 1051 1641"></td> <td data-bbox="1051 1464 1129 1641">=</td> <td data-bbox="1129 1464 1374 1641"></td> </tr> </table>				Consequence (1-5)	X	Likelihood (1-5)	=	Risk Score (1-25)		X		=	
	Consequence (1-5)	X	Likelihood (1-5)	=	Risk Score (1-25)									
	X		=											
If score 8 or above, please place on Divisional Risk Register via Divisional Lead for Risk														

**Section C – Remedial action to be taken**

<b>Remedial steps that should be taken in order of priority:</b>	<b>Person responsible for implementing controls:</b>	<b>Target implementation date:</b>	<b>Completed Action Yes/No Date:</b>
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
<b>Date for review of assessment:</b>			
<b>Assessor's name(s):</b>	1	2	3
<b>Signature(s):</b>	1	2	3
<b>Manager's name:</b>		<b>Signature:</b>	

<b>Copies to: (Please tick)</b>	<b>Patient Notes</b>		<b>Dept/Ward File</b>		<b>Divisional Lead for Risk</b>	
	<b>Risk Management Dept</b>		<b>Employee</b>		<b>Other -</b>	

TAKE ACTION ... AND CHECK THAT IT HAS THE DESIRED EFFECT

The assessment recording screen is found in the Risk and Safety section of the ICPA assessment

**Miss Anne DOVER (1004953) Moving and Handling**

Client: Miss Anne DOVER (1004953)  
 Date/time: 10 September 2008 10:31

*If patient's manual handling needs change please amend details*

**Red - Do not manually handle, refer to Care Plan**   
**Orange - With caution, refer to Care Plan**   
**Green - Independent**

**Part A**

Unit: - None -  
 Named Nurse:   
 Care Co-ordinator: Mr Geoff Billett  
 Is this person totally independent? - None -

**Part B**

Age: 21 Jun 1979 (29)  
 Height: - None -  
 Body build: - None -  
[Record height, weight, and BMI on Height/Weight chart.](#)

Is there a history of falls?  Yes  No  
 Fall Risk assessment completed?  Yes  No  
 Mobility: - None -  
 Consciousness/Co-operation: - None -

**Special risks (tick all that apply)**

Unpredictable behaviour   
 Pain

Save Clear Cancel

The assessment is in 3 parts. Part B and C need to be completed if the client is not totally independent.

Part B records risk factors and Part C records specific transfer and other needs relating to moving and handling. At the end of the assessment there is a link to the Rio care plan.

RiO Clinical Information System - Logon Window

**RiO** CSE Services

ICPA Training Taunton1 TRAIN Log Off

28 Jan 2008, 11:34 to now

Miss Anne DOVER (1004953) **Moving and Handling**

Presenting Problems  
 Personal History/Circumstances  
 Previous Psychiatric/Care History  
 Substance Misuse  
 Risk & Safety  
 Risk Screening  
 Risk Information  
 Risk History  
 Forensic History  
 Fall Risk  
 Moving and Handling  
 Waterlow  
 Physical Health  
 Mental State Examination  
 Carer and Client View  
 Summary of Assessment

ABC  
**Transportation needs**  
 Able to get in/out of a vehicle   
 Need to use a vehicle with tail lift   
 If client needs assistance give details.  
 If a tail lift is required give comprehensive details of equipment/aids used and any associated risks to client or staff.

ABC  
**Other problems/needs identified**

ABC  
[Please add Moving and Handling problems to the Care Plan.](#)

Save Clear Cancel

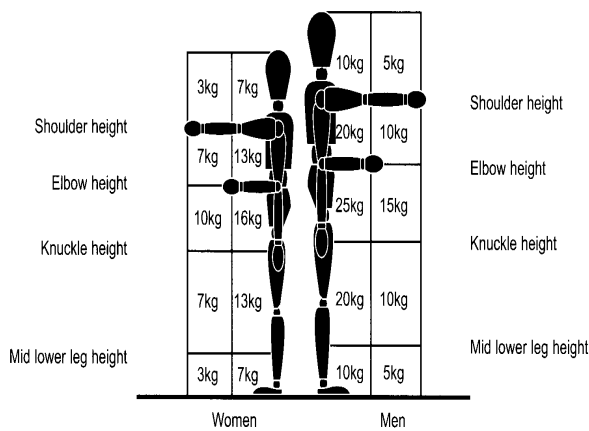


### Guidelines on the Moving and Handling of Loads

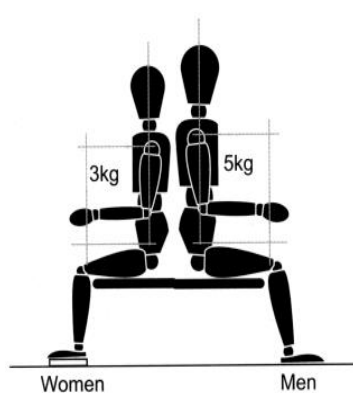
- Where reasonably practicable all hazardous manual handling must be avoided.
- Managers are responsible for ensuring the systematic recorded assessment of all potentially hazardous movement of loads and implementation of safe systems of work.
- Where assessment indicates that the load needs physical assistance to move it, methods that avoid manual lifting must be used, e.g. hoists, standing aids, sliding sheets, trolleys, sack trucks, rollers etc.
- In ideal circumstances, an employee should not be expected to exceed the guideline figures shown. These guidelines should be adjusted when working as a team, and according to an assessment of the nature of the task, individual capability, characteristics of the load and the working environment (L.I.T.E.R.). Exceptionally, where assessment indicates no option but to exceed these guidelines, a more detailed risk assessment must be undertaken and the task carried out by suitably trained staff.

#### Guide Limits for Lifting and Lowering.

These guideline weights should be used when undertaking risk assessments. However, they should not be regarded as safe limits. When seated or standing for any manual-handling task, if hands enter more than one zone during the operation, the lowest weight applies.



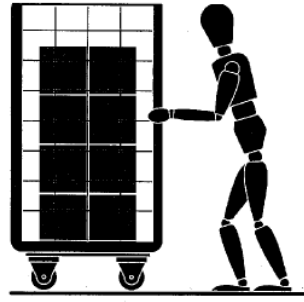
**Lifting and lowering**



**Handling while seated**

For women a force of 16.6 kg is the maximum force that should normally be required to start a load moving. 6.6 kg is the maximum force that should normally be required to keep it moving.

For men the maximum for starting a load moving should normally be 25 kg for keeping it moving, 10 kg.



Manual Handling Operations Regulations 1992 (as amended) Third Edition 2004 -  
Guidance Doc 2011

## Guidelines for the Lifting of Inert Loads



### 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 shoulder width apart with one leg slightly forward to maintain balance (alongside the load if it is on the ground).
- Be prepared to move your 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.

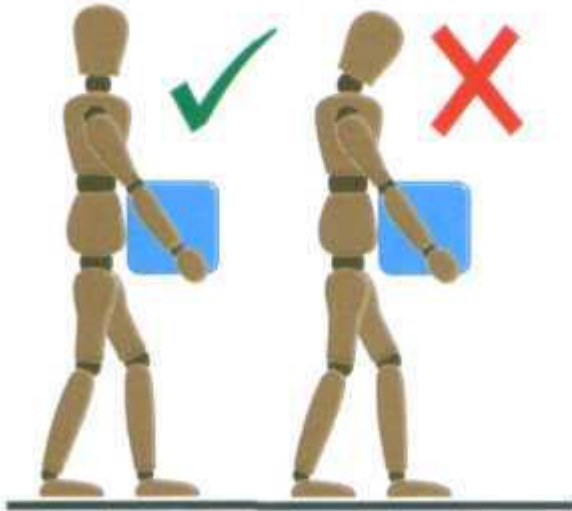
**Moderate flexion (slight bending) of the back, hips and knees at the start of the lift** is preferable to either fully flexing the back (stooping) or fully flexing the hips and knees (full/deep squatting).

### **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.**

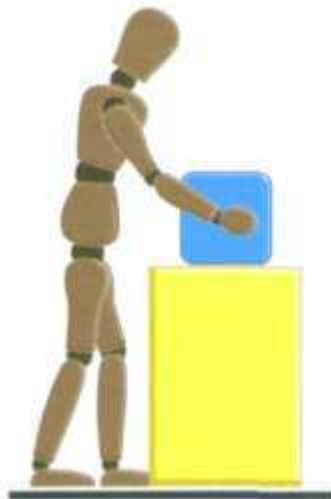
- Look ahead, not down at the load once it is held securely.

**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.



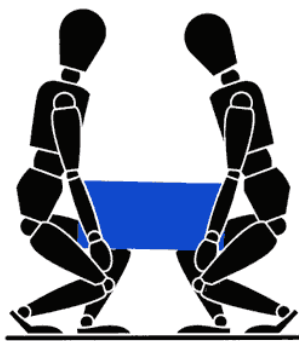
**Put down, and then adjust.**

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

(HSE Guidance on Regulations-Manual Handling Operations Regulations 1992 (as amended 2004))

## Team Handling

If the requirement of a task exceeds the capabilities of 1 person, help will be needed.



Were possible in such instances:

- Think about your partners / teams stature and where possible lift with a person/ persons of similar height and physical capability
- Where the weight of the load is unevenly distributed, the strongest members of the team should take the heavier end / part
- Ensure that there is enough space for all the team members to perform the manoeuvre correctly
- Nominate a leader before initiating the task
- The leader will be responsible for planning and co-coordinating the operation and must provide clear, precise and predetermined commands (e.g. Ready, Steady, Lift)
- The partner or other team members must answer in response to the commands. There must be good communication between team members at all times

Manual Handling Operations Regulations 1992 (as amended) Third Edition 2004 -  
Guidance Doc 2011

**Guidelines for Movement of Wheeled Equipment.**

- 1 Manual handling operations involving pushing and pulling include loads which are slid, rolled, or supported on wheels.
- 2 To avoid unnecessary handling, wheeled equipment should be stored where used if possible.
- 3 Where potentially hazardous wheeled equipment (loaded or unloaded) has to be moved an appropriate risk assessment should be completed to determine the force needed to start and maintain the load's movement (Moving and Handling Risk Assessment).
- 4 Where the movement is potentially hazardous, mechanical means of propulsion should be considered.
- 5 Specific care should be taken when pushing and pulling beds or patient trolleys.  
Recommended guidance:
  - Where possible always use mechanical aids where provided. This is the recommended best practice for all long distance moves, especially with patients above 160kg.
  - If mechanical aids are unavailable, due consideration must be taken to identify the sufficient number of staff required to assist and ensure the forces are kept to a minimum. This must include the weight and clinical condition of the patient where applicable.
  - There must be a **minimum of two staff** to move an empty bed/ patient trolley if mechanical aids are not available, i.e. to push or move a bed along hospital corridors.
  - If available the 'steer' facility on wheeled equipment should be used.
- 6 When pushing and moving wheeled equipment please follow manufactures guidelines for use.

### Guidelines for Moving and Handling Patients

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

1. The manual lifting of patients should be eliminated in all but exceptional circumstances. In the event of an evacuation, or other emergency, where hoists and other handling aids may not be immediately available, the safety of staff and patients must be considered first.
2. All patients who receive handling must be appropriately assessed on the relevant moving and handling patient risk assessment.
3. These assessments should be checked per shift or visit and amended as changes occur.
4. All patients must be moved and handled in line with the “The Guide to the Handling of People 5th Edition”, “The Guide to the Handling of People a systems approach 6<sup>th</sup> Edition” and in accordance with individual professional governing bodies.
5. As described within the Resuscitation Policy, when a patient collapses the urgency of a situation may distract rescuers from using safe handling techniques. Consequently, healthcare professionals may jeopardise their own safety during attempts to maximise the outcome for patients. Before attempting to provide assistance staff must rapidly and correctly assess the risks to both the patient and the rescuer.
6. Guidance for safer handling during resuscitation in hospitals should be used as a reference for handling in resuscitation situations (<http://www.resus.org.uk/pages/safehand.pdf>). Patient handlers will be trained in support of this document as assessed on induction and during area specific update training sessions.
7. In the event of patients refusing to be moved or assisted in a manner which is safe for them or the employee (e.g. refusing aid of mechanical hoists or handling equipment), the person in charge of that patient should be informed.
8. If no mutually acceptable method of movement can be agreed, senior management should be notified with all communications and actions documented in the relevant patient documentation. No attempt to use practices not deemed as safe practice should be used without a full risk assessment and guidance from senior management and competent advice.
9. The use of a hoist to lift patients from the floor is best practice except in an emergency, or situation deemed to be life threatening to the patient. Extreme care should be taken using guidance from the Resuscitation council 2009 document (<http://www.resus.org.uk/pages/safehand.pdf>). Please note these guidelines are deemed best practice for patients who have fallen to the floor and cannot raise themselves up independently.



## **GUIDANCE FOR SAFER HANDLING DURING RESUSCITATION IN HEALTHCARE SETTINGS (Working Group of the Resuscitation Council (UK) November 2004).**

### **Following resuscitation**

The safest method of transfer is to use a hoist with a stretcher attachment that enables direct lifting from the floor because it keeps the patient horizontal. If this is not available, a hoist and sling may be used as long as this enables direct lifting from the floor and the following criteria are met:

- the hoist sling must provide adequate support to the patient's head and trunk;
- the hoist sling is inserted underneath the patient using either a log-roll technique or by using sliding sheets if the patient is too unstable to be rolled;
- during hoisting care is taken to ensure the patient's trunk and head remain as horizontal as possible. A good team approach is vital when managing this transfer to ensure the safety and comfort of the patient;
- if the patient re-arrests whilst in the hoist, either continue the transfer onto the bed or trolley or lower them back to the floor depending on which is the quickest or easiest;
- always use mechanical lifting devices when lifting bariatric patients;
- try to keep the patient horizontal. A head down position increases the risk of regurgitation and makes ventilation more difficult.

### **Extra Caution!**

The use of the stretcher attachment on a hoist may lower the hoists overall safe working load. Always check the safe working load of any attachments and never exceed it.

### **Alternative mechanical floor lifting devices**

If a hoist is not available then the patient can be log rolled onto a solid flat surface (e.g., a scoop stretcher) and raised with a mechanical lifting cushion. The patient must be kept in a horizontal position; therefore sufficient staff must be available to ensure the surface is well balanced on the cushion. Once raised transfer the patient laterally across onto the receiving bed or trolley using a minimum of four handlers.

### **Manual lift from floor**

Manual lifts from the floor (especially those within confined areas) are high risk. A mechanical lift using a hoist is undoubtedly the safest method of lifting a patient from the floor. However, if a hoist transfer cannot be achieved, for example if the patient has collapsed in an area that is inaccessible to a hoist, a manual lifting transfer may be the only alternative.

Determine the safest method: this should take into consideration the varying heights of the rescuers, the environment and the optimal positioning of the trolley. The risks are significantly increased if transferring directly to a bed because a bed is wider than a trolley. This causes the rescuers to hold the patient further away from their trunk, which increases the load on their spine.

**This type of transfer is high risk – consider it only as a last resort. Make all individuals involved aware of the risks associated with this transfer and the physical abilities that will be required of them.**

The following is advised:

- the transfer must be well planned and all rescuers briefed – **in total 8 people will be required** to assist;
- one person co-ordinates the commands and lifting activity; this person is required to support the head;
- ensure that a designated lifting sheet (i.e., a sheet that has been designed for lifting) is available. A scoop stretcher may be used;
- log roll the patient onto the lifting sheet;
- a minimum of three people are positioned on each side of the patient;



REBA score 11]

- an additional person will need to position the trolley under the patient;
- each rescuer faces the patient and drops down into the half-kneeling position (or into a position they feel comfortable in and are able to rise from);
- each rescuer grasps the lifting sheet (or handles if present) with their wrists in a neutral position;
- on the command the rescuers stand lifting the patient to approximately waist height;
- the patient is transferred onto an appropriately positioned height-adjustable trolley.

**If the resuscitation is unsuccessful, and hoist access is available, hoist the patient and transfer onto a trolley, bed or directly onto the mortuary trolley.**

## Guidelines for the use of Patient Moving and Handling Aids and Hoisting Equipment

### Before using any moving and handling equipment:

- You must be familiar with the Manufacturer's operating instructions.
- Have received training in its use by a competent person.
- Be deemed competent to use the equipment.
- Ensure equipment and accessories have been inspected / serviced where appropriate (Lifting Operations Lifting Equipment Regulations 1998) and that a relevant service sticker is visible. Hoists will have a LOLER inspection sticker; patient hoist slings (not disposable) will have a coloured tag outlining LOLER inspection date- changed every 6 months).
- Have assessed the patient's suitability for the equipment and advised them of your Intentions (multidisciplinary approach).
- Risk assessed the task and environment for suitability.
- Prior to use, each sling, slide sheet or other fabric type handling aid must be inspected to identify any of the following defects:
  - ✓ Loose or broken stitching or bias binding
  - ✓ Tears, breaks, fraying or holes in the material
  - ✓ Excessive wear or thinning of the material
  - ✓ Excessive shrinkage (causing risk of skin damage to the patient)
  - ✓ White lines, marks, or cracking on the plastic "key – hole" clips (found on hoist slings)
  - ✓ If a hoist sling has no visible manufactures label explaining sling type/ design and sling details then it is no longer fit to use.

### ***Equipment with any of the listed defects must be immediately condemned and removed from service.***

- All moving and handling equipment should be adequately labeled including patient hoist slings.
- All aids must be individually listed in the Ward/ Department equipment inventory, including identifying serial and/ or asset number.

### Hoist / hoist sling specific guidelines:

- **Please refer to:** HSE hoist guidance – Getting to grips with hoisting people 12/2011 and Appendix 11.1 from The Handling of People, A systems approach, 6th Edition, 2011
- Must have sufficient battery power to complete activity
- Sling **must be compatible** with the hoist to be used and be of the right, style and size (suitable for patients' needs and condition, based on individual assessment).
- The user must be confident in fitting the sling to the patient, hoist and completing the activity.

- Refer to manufactures guidelines for hoist sling checks and compatibility

### **Hill Rom - Liko**

<http://www.hill-rom.co.uk/uk/United-Kingdom/Products/Liko-Slings-and-Lift-Sheets/>

#### ***Care & maintenance***

[http://www.hillrom.co.uk/Documents/en/Lift\\_slings/Slings\\_CareMaintenance\\_EN.pdf](http://www.hillrom.co.uk/Documents/en/Lift_slings/Slings_CareMaintenance_EN.pdf)

### **Guldmann**

<http://www.guldmann.com/Default.aspx?ID=3634&GroupID=GROUP115&ProductID=>

#### ***ABC – sling specification***

[http://www.guldmann.com/Files/Billeder/GuldmannProdukter/Guldmann/Sejlogloftetilbehor/Active%20Micro%20plus/UK/Specifications\\_ABCSlings\\_GB.pdf](http://www.guldmann.com/Files/Billeder/GuldmannProdukter/Guldmann/Sejlogloftetilbehor/Active%20Micro%20plus/UK/Specifications_ABCSlings_GB.pdf)

#### ***Basic high sling***

<http://www.guldmann.com/Default.aspx?ID=3634&ProductID=PROD304>

### **Silvalea**

[http://www.silvalealtd.co.uk/information\\_advice.htm](http://www.silvalealtd.co.uk/information_advice.htm)

***Standard Sling sizing*** - [http://www.silvalealtd.co.uk/files/sling\\_sizing\\_guide.pdf](http://www.silvalealtd.co.uk/files/sling_sizing_guide.pdf)

### **Prism**

<http://www.prismmedical.co.uk/acute-hospital-care>

***Sling information*** - <http://www.prismmedical.co.uk/products/slings>

### **Joerns (previously Oxford)**

<http://www.joerns.co.uk/>

***Oxford slings*** - <http://www.joerns.co.uk/products/oxford-slings>

### **Arjohuntleigh**

[http://www.arjo.com/ukah/ProductCategories.asp?PageNumber=3604&Page\\_ProductCategory\\_Id=11](http://www.arjo.com/ukah/ProductCategories.asp?PageNumber=3604&Page_ProductCategory_Id=11)

***Further guidance can be found in The Handling of People, A systems approach, 6<sup>th</sup> Edition, 2011, Chapter 11 – Core hoisting skills, pages 169 - 192 – ISBN 978-0953052813***

**Core Person Handling Skills Technique List.**

Moving and handling training and updates are delivered by the Trust's certified trainers. Training is either for load or patient handlers and includes the core skills relevant to work roles as outlined in the Mandatory Training Matrix

Assessing a person's ability to stand.

1. Preparing a seated person for standing.
2. Promoting people to reposition themselves independently In a chair/ wheelchair
3. Moving forward in a chair
  - Independently (verbal instruction)
  - 1 handler assisting to the front of the chair
4. Sit to stand transfer
  - Independently (verbal instruction)
  - side assisted transfer e.g. chair to commode
    - One person
      - Two person
  - Standing aid / hoist (local induction and update)
5. Standing to sitting
  - Independently (verbal instruction)
  - With assistance
    - side assisted transfer shoulder support e.g.
      - One person
      - Two person
  - Standing aid / hoist (local induction and update)
6. Moving back in the chair
  - Independently (verbal instruction)
  - 1 handler assisting to the back of the chair
7. Side Lying to edge sitting
  - Independently (verbal instruction)
  - Using a slide sheet
  - Profile bed
  - Bed rails (only on beds where side rails can be used as a handling aid)
  - Hoist and sling
8. Edge sitting to side lying
  - Independently (verbal instruction)
  - Using a slide sheet
  - Profile bed

- Bed rails (only on beds where side rails can be used as a handling aid)
  - Hoist and sling
9. Sitting to sitting transfer using a transfer board
- independently (verbal instruction)
  - with handler guidance
  - with handler guidance and handling belt
10. Walking
- Promoting a person to independently walk (verbal instruction)
  - A mobilising person with the palm to palm grip (safe handhold).
  - A mobilising person – with handling belt
11. Promoting a patient to get up from the floor
- Independently and /or with minimal assistance
12. Controlling a falling patient - Discussion topic
13. Rolling a person onto their side - including supporting a person side lying  
(Can be used to insert a slide sheet/hoist sling or bed sheets etc.)
- Promoting a person to independently roll (verbal instruction)
  - Handler assisted roll
14. Inserting and removing slide sheets
- Use of fabric slide sheets – Health & Safety, Infection control and positioning
  - tubular slide
  - flat slide sheet
    - rolling technique
    - unravel technique
15. Use of a profile bed - Electric Profiling Bed Controls
16. Turning a patient
- Flat slide sheet x 2 technique
  - Tubular x 1
17. Lying to long sitting
- Independently (verbal instruction)
  - Profile bed
  - Bed rope ladder
  - Slide sheet
  - Pillow / handling strap technique
18. Moving up the bed
- To reposition themselves independently (verbal instruction)
  - Bed hand blocks & tubular slide sheet

- Supine slide –flat slide sheets x 2
- hoist and sling

19. Lateral transfer e.g. bed to bed

- Flat slide sheets with handles x 2, transfer straps and a lateral transfer board
- Theatres – local induction
  - HoverMatt
  - roll board

20. Log rolling – specialised areas only

- log rolling a person with spinal injury head (holding not included)

21. Wheelchairs – core principles

- Use and safety checks

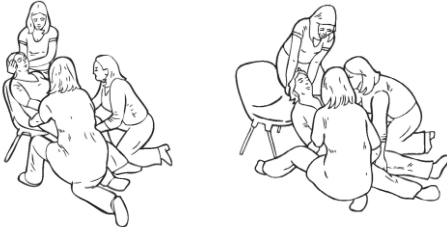
22. Moving persons out of a confined space to an area suitable for hoisting / lifting

- Flat slide sheets x2 and transfer straps



23. Emergency situations

- Person faints/collapse in a chair – 3 person transfer



- Use of emergency lifting sheet from floor



*(Guidance for safer handling during resuscitation in healthcare settings, Working Group of the Resuscitation Council (UK), Nov 2009)*

24. Hoisting skills - core principles

- Passive Hoist
  - Instruction on use
  - Safety checks
  - Hoisting from the floor
  - Hoisting from the bed

(State type of hoists used - hoists outside of these are covered on local induction and updates)

- Slings – core principles
  - Laundering
  - Sling choice /application
  - Instruction on use
  - Safety checks
- Active hoists (Sit to stand)
  - Instruction on use
  - Safety checks
  - Sling choice /application

(Specifics covered on local Induction and updates)

Please refer to HSE hoist guidance – Getting to grips with hoisting people 12/2011 and Appendix 11.1 from The Handling of People, A systems approach, 6th Edition, 2011

Guidance for technique descriptions and application can be found in:

The Handling of People, A systems approach, 6<sup>th</sup> Edition, 2011

ISBN 978-0953052813

The Guide to the Handling of People, 5<sup>th</sup> Edition, 2005

ISBN 0-9530582-9-8.