

Policy Number	SA11
Policy Name	Moving and Handling policy
Policy Type	Service Administration
Accountable Director	Medical Director
Author	Moving and handling Lead
Approving Committee	Executive Committee
Date Originally Approved	October 2014
Next Review Date	October 2017

This document is a valid document, however due to organisation change some references to organisations, organisational structures and roles have now been superseded. The table below provides a list of the terminology used in this document and what it has been replaced with. When reading this document please take account of the terminology changes on this front cover

Terminology used in this Document	New terminology when reading this Document
Mersey Care NHS Trust	Mersey Care NHS Foundation Trust

FOR OFFICE USE ONLY (Work Stream submission check)

This document is compliant with current best practice guidance X

This document is compliant with legislation required in relation to its content X

What change has this document undergone in the policy alignment process relating to the South Sefton Transaction?

None Minor Major This is a new document

This document has been reviewed and is no longer required

The updated policy includes specific information for LCH staff, namely equipment ordering details and risk assessment documentation

Does this document impact on any other policy documents?

Yes , if yes, which policies are effected? [Click here to enter text.](#)

No

Signed:

Date:

SUPPORTING STATEMENTS – this document should be read in conjunction with the following statements:

SAFEGUARDING IS EVERYBODY'S BUSINESS

All Mersey Care NHS Foundation Trust employees have a statutory duty to safeguard and promote the welfare of children and vulnerable adults, including:

- being alert to the possibility of child/vulnerable adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child/vulnerable adult;
- knowing how to deal with a disclosure or allegation of child/adult abuse;
- undertaking training as appropriate for their role and keeping themselves updated;
- being aware of and following the local policies and procedures they need to follow if they have a child/vulnerable adult concern;
- ensuring appropriate advice and support is accessed either from managers, *Safeguarding Ambassadors* or the trust's safeguarding team;
- participating in multi-agency working to safeguard the child or vulnerable adult (if appropriate to your role);
- ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to Mersey Care NHS Foundation Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation;
- ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session

EQUALITY AND HUMAN RIGHTS

Mersey Care NHS Foundation Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the *protected characteristics* of age, disability, gender, race, religion or belief, sexual orientation and transgender. The Equality Act also requires regard to socio-economic factors including pregnancy /maternity and marriage/civil partnership.

The trust is committed to equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as a major employer. The trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Mersey Care NHS Foundation Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Mersey Care NHS Foundation Trust is committed to carrying out its functions and service delivery in line the with a Human Rights based approach and the FREDA principles of **F**airness, **R**espect, **E**quality **D**ignity, and **A**utonomy

MOVING AND HANDLING POLICY

POLICY NO	SA11
RATIFYING COMMITTEE	Executive Committee
DATE RATIFIED	October 2014
NEXT REVIEW DATE	October 2017

POLICY STATEMENT: Mersey Care NHS Trust, as an employer, is committed to satisfying, by the provisions under this policy, an effective approach to the statutory requirements necessary to meet the Manual Handling Operations Regulations 1992 (as amended in 2002).

ACCOUNTABLE DIRECTOR: Medical Director

POLICY AUTHOR: Moving and Handling Lead

KEY POLICY ISSUES

- Statutory and non-statutory requirements in safer moving and handling
- Practical application of the legislation relating to managerial and employee requirements
- The importance of risk assessment
- Roles and responsibilities

This policy and procedure can be made available in a range of languages and formats on request to the policy author.

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1 INTRODUCTION

This document explains:

- Why this policy is necessary (rationale)
- To whom it applies and where and when it should be applied (scope)
- The underlying beliefs upon which the policy is based (principles)
- The standards to be achieved (policy)
- How the policy standards will be met through working practices (procedure).

1.1 Rationale (why)

Statutory law places responsibilities on both employers and employees with regard to the moving and handling of people and inanimate objects. Judge-made decisions in civil law cases add to and expand those responsibilities.

The current legislation with regard to safer moving and handling is the Manual Handling Operations Regulations 1992 (as amended in 2002). The Regulations are made under the Health and Safety at Work etc Act 1974 and are underpinned by a statutory requirement to carry out an assessment of risk to the health and safety of employees and others at work as required by the Management of Health & Safety at Work Regulations 1992 (amended 1999).

The Regulations set out two objectives to employers and employees under Regulation 2(1):

to prevent injury not only to the back but to any other part of the body
to take account of any external physical properties of loads which might affect grip or cause direct injury, for example slipperiness, roughness, sharp edges, extremes of temperature.

Other statutory instrument which has an effect on the application of safer moving and handling are:

The Management of Health and Safety at Work Regulations 1999

The Workplace (Health, Safety and Welfare) Regulations 1992

The Provision and use of Work Equipment Regulations (PUWER) 1998

The Lifting Operations Lifting Equipment Regulations (LOLER) 1998

The Personal Protective Equipment at Work Regulations 1992

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995

The Human Rights Act 1998.

The Equality Act 2010

1.2 Scope (who and what)

Mersey Care NHS Foundation Trust(The Trust) will appoint at all times, a Director, who will be accountable for the application of the Trust's Policy.

This policy applies to all moving and handling tasks, whether involving service users or inanimate loads.

The purpose of this policy is to prevent injury, not only to the back, but any part of the body. It requires managers and staff to take into account the whole handling operation including the external physical properties of loads which might affect grip or cause injury.

As well as the potential risk to staff, moving and handling incidents can pose risk to the safety and wellbeing of service users. The Trust is committed to adopting an ergonomic approach in designing safe systems of working so as to avoid, as far as is reasonably practicable, the need for staff to undertake moving and handling activities that pose a risk of injury.

The following activities should be considered as a risk:

Any activity that involves transporting or supporting of a load including the lifting, putting down, pushing, pulling, carrying or moving thereof by hand or bodily force.

Any activity that could lead to a musculo-skeletal strain or injury e.g. activities; that include potential long periods of static position, regular stooping, twisting, bending or other poor posture.

This policy will apply to all workplaces which will be deemed to include:

All Trust premises

All premises where Trust staff (including bank staff) and contractors are required to work, which are the management responsibility and/or are in the ownership of other organizations or individuals (shared premises).

The Trust recognises that there will always be elements of work that require some moving and handling. Where it is not possible to eliminate such handling, the aim is to make it as safe as is reasonably practicable to reduce the risk of injury.

1.3 Principles (Beliefs)

Mersey Care NHS Foundation Trust believes that all people have the right to be treated with dignity and respect. The trust is committed to the elimination of unfair and unlawful discriminatory practices by working towards the FREDAs principles; Fairness, Respect, Equality, Dignity and Autonomy.

This policy is written in order to confirm the principle that in the scope of moving and handling of people or inanimate objects, the Trust proffers:

- A pro-active response to ensuring the maximum safety of all employees covered under this policy, to promote positive health and defy the unsafe workplace
- The implementation of working procedures to achieve the standards needed by all Managers and Employees to attain this principle

“Everyone has the right to respect for his or her physical and mental integrity” – Article 3(1)

“Everyone has the right to respect for his or her private and family life, home and communications” – Article 7

“Everyone is equal before the law” – Article 20.

The beliefs are bound in the overriding principle that moving and handling is a part of everyday life and in some operations cause hazards. The NHS has one of the largest numbers of incidents leading to injury and ill health from moving and handling.

The Trust recognises this and aims to:

- Reduce risks
- Reduce amount of hazardous Moving and Handling
- Supports the principle of staff as a precious resource
- Support the Legal framework that sets minimum standards on which we should aim to build
- Promote a Risk Management approach to identify, assess and control risk
- Build on sound risk management as a cost effective way of improving services to Service Users and Carers.

2 POLICY (what)

Observation and compliance with MHOR will form the key to the Trust’s Moving and Handling Policy in any event.

Moving and Handling is the business of everyone in Mersey Care NHS Trust. The legislation places specific requirements through statutory law, as outlined in 1.1, on both employer and employee. Employees for this includes the directly employed, Agency Staff, Sub contractors, Volunteers, other workers with business on Mersey Care NHS Foundation Trust premises, Service Users and visitors.

3 THE CORPORATE PROCEDURE (how)

3.1 Preamble.

accepts that there is no 100% safe moving and handling solution of either people or inanimate objects.

By the very nature of using bodily force to move and handle both inanimate objects, and people, there is an inherent risk that at times injuries may happen

Much work has taken place in reducing the risk of injuries in Moving and Handling by:

- Avoidance of moving and handling
- Introduction of Lifting and Lowering guidelines
- Risk Assessment filters
- Raising awareness of high risk or controversial moving and handling techniques e.g. The Drag Lift when manually handling service users with a level of dependency.

As a root from standard Health, Safety and Welfare principles, the Mersey Care NHS Trust's Policy No SA07 deals with the management of risk factors to staff as well as the clear commitment of the Trust to management principles and actions of the highest level. This policy will underpin the qualitative measures required in the moving and handling of people or inanimate objects.

3.2 Specialist Advice

Should it be required, advice should be sought from; the Moving and Handling of People Lead, in relation to service users and the Trust Safety Adviser in relation to the moving and handling of inanimate objects.

Occupational Health Department will provide access to advice and treatment from its specialist musculoskeletal physiotherapists.

If it is required the Trust will commission additional specialist advice as required. This will be co-ordinated by the moving and handling of people lead or trust safety adviser in conjunction with the Head of Safety and Security.

4 Duties and Responsibilities:

4.1 Employer

Mersey Care NHS Foundation Trust recognises Regulation 4 of Manual Handling Operations Regulations which deals with the employers duty to ensure appropriate risk assessments are undertaken. This refers to the 4 stages of assessing risk which may be summarised as follows:

- Avoid any Manual Handling activity where there is a foreseeable risk of injury to the employee ...
- Assess (by a suitable and sufficient Risk Assessment), all such manual handling operations
- Reduce, by taking appropriate steps to reduce the risk of injury to employees, arising out of their undertaking such manual handling operations, to the lowest level reasonably practicable.
- Review the risk assessment if there is reason to suspect that the assessment is no longer valid or there has been a significant change in manual handling operations at work to which the assessment relates.

In addition to these four areas there is information required to be communicated about the nature and weight of the load.

The HSE publication Manual Handling: Manual Handling Operations Regulations 1992: Guidance on Regulations on how to carry out the assessment and reduction processes, issues factors that will need to be observed, and is included in Appendix 1 of this Policy.

Breaches of Regulations by the employer have now been extended to include accountable managers who do not apply set policy

4.2 Medical Director

- To ensure the Trust is adequately resourced to fulfil the requirements of this policy
- Report compliance issues to Trust Board

4.3 Managerial Responsibilities.

Employers have a duty under the Health and Safety at Work etc Act 1974 to provide and maintain a safe system of work and is generally delegated to accountable Managers. To this end the following expands on the managerial responsibility.

Managers are required to follow this set policy and procedure, establishing a working practice based in accordance with current standards agreed within their local code of practice.

It is a manager's responsibility to ensure that all newly appointed staff are inducted appropriately. Staff are trained prior to undertaking manual handling operations and then periodically as defined within the mandatory programme.

Carry out a manual handling risk assessment where there is a foreseeable risk of injury in the work activity or workplace, including workplaces that are the service users' home environment, using the forms included in the Appendices of this Policy.

Departmental providers will also have trained risk assessors able to evaluate tasks and therefore be able to identify employees at risk.

Refer to the Occupational Health Department any individuals employed by the Trust who are specifically at risk in the workplace, The employees at risk are defined as anyone: -

- with a current or previous back injury or other musculo-skeletal condition which restricts their ability to carry out all required duties,
- who returns to work following abdominal or pelvic surgery, or the complications thereafter (e.g. incisional hernia) with a specific reference as to whether the employee carries out, in relation to moving and handling duties, light duties (e.g. Receptionists, Escorts) or medium to heavy duties (e.g. Porters, Workshop staff, Nurses and Care staff in work areas with physically dependant service users),
- who is under 18 years of age.

- Assess, as a work based management responsibility, increased risks for members of staff, who fall into the following category:
 - who is a female employee and is, or, who has recently been pregnant
 - who has any illness or condition, whereby the onset of fatigue is likely to increase the risk of physical injury, and includes such conditions as:
 - anaemia particularly from the effects of blood volume loss in gynaecological conditions
 - illnesses where sleep patterns are disrupted
 - neurological conditions
 - occasional conditions such as hay fever or migraine

Report any sickness or absence due to musculo-skeletal problem or injury; via the sickness reporting system, which will identify the level of risk involved and the status of risk assessment for the incident.

Ensure that all incidents leading to injury are reported and documented as per the Adverse Incident Policy and Procedure. This is particularly relevant where back injury occurs because of the moving and handling of people or inanimate objects operations. This reporting should also include the gradual onset of back pain.

Employees returning to work following a back injury or other musculo-skeletal condition should be assessed at the point of their return to the workplace. A graded return to work is a positive consideration to promote the employees wellbeing and has a benefit in recurring sickness and absence.

Investigate each incident to identify causes and corrective action; ensuring measures are put in place to prevent recurrence.

Depending on the nature of injury, reasonable adjustments may have to be taken to allow that person to continue in their role. This can also include staff with an existing limitation or disability; further guidance can be sought in policy HR27 Supporting Disabled Employees

Ensure that clothing or uniform worn at work is comfortable and functional for the moving and handling operations involved, which may need to include safety clothing and personal protective wear.

To use this policy, and when necessary send it, to all outside contractors, agency services or voluntary services, whose employees perform manual handling/people moving and handling operations on behalf of or in conjunction with Mersey Care NHS Foundation Trust employees.

Make available mechanical or powered handling systems for use in areas where moving and handling operations are shown to put employees and service users at a foreseeable risk of injury.

Be conversant with safe use of moving and handling equipment and ensure that the necessary maintenance and use of the equipment complies with the Provision and Use of Work Equipment Regulations (PUWER) 1998 and the Lifting Operations Lifting Equipment Regulations (LOLER) 1998.

Put in place a robust monitoring system to ensure that all completed manual handling/people moving and handling documents, in the workplace, are reviewed and that the review is recorded, at the prescribed time, to satisfy the requirements of this policy statement.

4.4 **Employees Duties:**

The Trust requires employees to follow Regulation 5 of MHOR which specifies duties as:

- The regulations firstly require employees to follow the safe system of work provided for their use, by their employer, to promote safety during the handling of loads.
- The regulations further provide for not precluding well-intentioned improvisation in an emergency, for example during efforts to rescue a casualty, fight a fire or contain a dangerous spillage.

In addition, the Management of Health and Safety at Work Regulations 1999, Regulation 12, requires employees to generally make use of appropriate equipment provided for them, in accordance with their training and the instructions their employer has given them.

Duties apply from the Health and Safety at Work etc Act 1974, Section 7, whereby employees must co-operate with the employer to enable them to comply with their health and safety duties and to take reasonable care for the health, safety and welfare of themselves and others who may be affected by their acts or their omissions.

Employees have a duty under the Health and Safety at Work etc Act 1974 to ensure that any problem involving manual handling/people moving and handling, will not present a risk to the health and safety of themselves or others.

Report to their Line Manager/Supervisor and take, where possible, appropriate action over any potential health and safety hazard, which may affect moving and handling of people or inanimate object tasks, for example, damaged floors, slippery floors, uneven floors, lack of space, overcrowding, broken equipment etc.

Where a potential risk has been identified following a risk assessment an action plan must be developed. The assessment and associated action plan must be recorded and for inanimate objects indicate the level of risk, using a low, medium to high subjective scale, paying attention to the factors previously mentioned, and referring to Appendix 1 of this policy.

For moving and handling of inanimate objects the recording of the assessment is to be carried out using a risk assessment checklist, which is taken from the HSE's recommended list of actions and is included at Appendix 2.

For the recording of moving and handling of people assessment the form in Appendix 3 should be used.

Staff must always seek advice in situations where there are unresolved issues following a Manual Handling Risk Assessment. You should contact the following in order:

- Nominated risk assessor
 - Immediate manager or supervisor
 - Trust's safety adviser in relation to inanimate objects
- OR
- Trust's moving and handling of people lead.

All action plans will be reviewed at an agreed interval which will be determined by the nominated risk assessor. As a minimum all manual handling risk assessments, and action plans, for the moving and handling of inanimate objects, will be reviewed annually. For moving and handling of people the assessment and action plan must be reviewed whenever there are changes to the service users needs. Where the action plan has wider organizational implications the Trusts Manual Handling Lead will be informed who will monitor via the Health & Safety Committee.

Report to their Manager and record on the Adverse Incident Report Form immediately, all accidents/incidents/near misses, resulting from the preparation for, or actual, moving and handling operations.

Ensure that they are fit and well when performing manual handling operations. Any changes in an employee's health status which may have an effect on their ability to undertake manual handling operations, should be reported to the Line Manager forthwith.

All employees involved in manual handling operations as part of their daily work must be appropriately clothed in either uniform, if provided, or clothing which facilitates the principles of safer handling.

Under the Health and Safety at Work etc Act 1974 employees are required to cooperate with their employer in order for them to comply with their statutory duties. Organised training is an essential part of this statutory duty and employees will undertake the set training.

All employees have a responsibility to identify and report the need for further assessment when it becomes clear that existing controls in place are no longer sufficient.

4.5 Moving and Handling of People Lead is responsible for;

- Ensuring that the Trust has a policy and strategy that meets all statutory requirements including NHS and Department of Health Guidelines
- Update the corporate policy in line with legislative changes
- Monitor claims both locally and nationally and advise the Health & Safety Committee of any action that is required
- Ensure there is an effective training programme for all Trust staff
- Monitor attendance at training and assist managers with their duties to ensure all staff receive training at appropriate intervals
- Reporting compliance with this policy and training requirements to the Health & Safety Committee
- Assisting the clinical divisions with specific moving and handling issues including the management of bariatric patients
- Implement and develop initiatives and best practice relating to the movement of patients and inanimate loads
- Provide training where required to assist with the implementation of Trust Policy

4.6 Head of Safety & Security

- Ensure the Moving and handling Lead is adequately qualified
- All training delivered is accredited by an approved body
- Ensure there are sufficient numbers of accredited trainers across the organization
- Ensure timely reports are provided to various Trust Committees including the Health & Safety Committee and Trust Board
- Deal with concerns or problems arising from training delivered
- Assist the Manual Handling Lead with specific problems with the implementation of trust policy in departments/divisions

4.7 Trust Safety Advisor (i.e. for Health and Safety)

- Will assist the Manual Handling Lead in the roll out of training for undertaking manual handling risk assessments
- Provide training where required to assist with the implementation of Trust Policy
- Ensure that the trust has a policy and strategy that meets all statutory requirements including the NHS and Department of Health Guidelines.
- Update the corporate policy in line with legislative changes
- Monitor claims both locally and nationally and advise the Health and Safety Committee of any action that is required
- Ensure there is an effective training programme for all trust staff.

- Monitor attendance at training and assist managers with their duties to ensure all staff receive training at appropriate intervals.
- Reporting compliance with this policy and training requirements to the Health and Safety Committee.
- Implement and develop initiatives and best practice relating to the moving and handling of inanimate loads.

4.8 Safety Representatives: & Employee Representatives

Familiarise themselves with this policy, actively supporting and reinforcing safe handling practices in the workplace

Advise employees of the existence of support services available for staff frequently involved with lifting and handling, or those who may have a back problem.

4.9 Contractual Services.

All contractual services, agencies and voluntary services are required to meet their statutory obligations in respect of their status as an employer. However, their employees have the duty to cooperate with Mersey Care NHS Foundation Trust to meet the requirements of this policy.

5 ACCEPTABLE RISK

- 5.1** Moving and handling of people or inanimate objects, in keeping with all other Health and Safety and Management or risk principles, carries increased risks under some circumstances.

SA02 Risk Management Policy and Strategy states:

“Every employee within Mersey Care NHS Foundation Trust has a responsibility for risk management. They have a duty to act in a safe and effective manner, which will reduce or eliminate harm to themselves, other employees, service users, visitors and the organisation itself”.

When working with Service Users a clinical decision should only be made when the likelihood and possible outcomes, good or bad, of a decision are systematically assessed and the factors considered to reach the decision, are fully documented in the service users records.

This policy on Moving and Handling supports that statement but should be taken only when a full consideration of the effective management of the risk has been taken

5.2 Risk Assessment

Guideline figures for loads are provided in the Manual Handling Operations Regulations 1992 (as amended) Guidance on Regulations (HSE 2004). These figures are provided as guidance only.

A detailed risk assessment should be carried out either when the weight exceeds the guidance figures given, or where doubt regarding the task, individual, or environment remains, Inappropriate manual handling practices are likely to result in musculo – skeletal injuries. An injury can occur as a result of one single incident of poor or inappropriate handling, but they are more commonly caused by repetitive poor handling techniques. This could include inappropriate or poor posture and positioning. Injuries to the back can also occur where there is no load being handled but solely due to poor posture.

Staff must follow this policy to ensure the Trusts compliance with Regulation 4 of the Manual Handling Operations Regulations 1992 (as amended) which requires employers to:

AVOID the need for staff to perform hazardous manual handling as far as reasonably practicable

ASSESS the risk of injury from any manual handling operation or task that can not be avoided

REDUCE the risk of injury from hazardous manual handling as far as reasonably practicable for all
Concerned

REVIEW the risk assessments at regular intervals and as and when any changes occur.

To enable all employees of the Trust to adopt a positive approach to safer handling techniques, the carrying out of risk assessments and by making suitable equipment available to staff to promote safe practice.

To ensure standardized documentation across the Trust for risk assessment relating to both patient and non patient manual handling activities

To outline guidance for staff on movement of extremely bariatric (extremely heavy) patients

To ensure compliance with NPSA guidance on safe and appropriate use of bedrails

To ensure that any risks identified with regard to handling of people and/or loads are elevated appropriately as per Quality Assurance Committee, Clinical

Division risks will be recorded and monitored via the relevant Clinical Division risk register. Any risks that are rated 15 or above i.e. a 'red' status, will be elevated to the Executive Director so that the overall corporate risk can be determined.

Following any risk assessment an action plan must be developed by the person undertaking the risk assessment and any relevant clinical staff including ward and OT staff. This process may involve specialist advice including the Trust's Health & Safety Advisor and/or Manual Handling Lead. This action plan should be kept with the risk assessment and the author will ensure it is communicated to all those that need to be aware.

Where appropriate, clinical division or organisational action plans must be included on the Trust risk register, which is maintained by the Trust Head of Quality & Risk and monitored by the Health & Safety Committee and, if appropriate, the Quality Assurance Committee.

6 Safer Moving and Handling Techniques

It is not possible to be prescriptive and staff should follow advice given during training, with particular reference to the techniques demonstrated. In general terms this is outlined below.

6.1 Movement and handling of service users

Service users should be encouraged to assist themselves as much as they possibly can at all times

The manual lifting of service users should be avoided, so far as reasonably practicable. When service users moving and handling needs are assessed **ALL** considerations must be made as to how to meet the service user's needs and the safety of staff. The decision must be a balanced one.

Exceptional manual handling may be required for example:

- When there is mechanical failure of the usual hoisting equipment
- In an obvious 999 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.

An initial moving and handling risk assessment must be completed by nursing staff on admission of a service user, if this indicates that the person is fully independent for all tasks then no further assessment is required. If, however the service user is identified as having difficulty in completing listed tasks, then a more detailed assessment must be completed in partnership with nursing staff, the moving and handling of people lead and service user.

The assessment should be a balance of safe systems of work to manage the risk/s and the wishes and concerns of the service user, so that their Human Rights are protected, but also that we support them to be as independent as possible.

The risk assessment must be available for staff to view and the safe systems of work recommended in the assessment must also be added to the service users care plan.

The risk assessment must be reviewed on a regular basis, but it must be reviewed immediately whenever the condition of the service user or circumstances concerning the moving and handling task change. Only by completing and reviewing a risk assessment can a safe system of work be put in place and maintained.

All Trust staff must use the techniques they have been taught during training as outlined below, unless specific alternative techniques have been discussed by unit staff in conjunction with moving and handling of people lead. The interventions must take into account Article 3 of the Human Rights Act “Everyone has the right to respect for his or her physical and mental integrity” When using the techniques listed below or those agreed to meet the individual needs of the service user, staff have to ensure that the protected characteristics as stated in The Equality Act 2010 are being met e.g. sex or religion and belief

Staff must always encourage patients to remain as independent as possible and use the following agreed techniques for manual handling of patients:

- Sit to stand transfer – one / two staff with or without the use of a handling belt or other equipment
- Assisted walking – one / two staff with or without the use of a handling belt
- Sitting to sitting transfer - one / two staff with or without a transfer board, handling belt, rota-stand, stand aid or mobile hoist
- Lying to sitting – use of a profiling bed should be considered if appropriate. Two staff with or without a slide sheet
- Repositioning in bed – two staff using a slide sheet or hoist. The slide sheet or sling is to be fitted using techniques delivered in training or on advice from Moving and Handling of people Lead.
- Lateral transfer from bed to stretcher trolley – a **minimum** of 4 staff and the use of a hard transfer board (Pat Slide) and two slide sheets must be used
- Emergency handling (Falling Person) – where the service user falls towards the staff they should support the patient and lower them to the floor
- Assisting from the floor – staff must encourage the patient to get up by using the backward chaining method if they are capable and there

is no clinical reason for staff to assist. If assistance is required, equipment must be used, either hoisting or emergency lifting cushion.

- Transfer with standing and raising aid (standing hoist)
- Transfer or repositioning with mobile hoist including the fitting and removing of a sling when person is lying or sitting.

Staff **must not** use the following transfer techniques which are considered unsafe both to the staff and the service user, unless in an emergency situation and all other approaches have been considered and only after a dynamic risk assessment has been completed by staff involved in the incident.

- Drag Lift (underarm lift)
- Orthodox Lift (Cradle lift)
- Through Arm Lift
- Australian Lift (Shoulder lift)
- Front Assisted Stand and Pivot transfer

6.2 Movement and handling of objects

Staff must follow the advice and guidance for the handling of loads or objects:

- Loads must be handled at waist height and as close to the body wherever possible
- Use of equipment must be considered to assist with the transporting of loads, such as “sack” trolleys
- Staff must keep their head upright, spine in line (no twisting) and bend at their hips and knees when lifting a load to maintain a correct posture
- Staff must ensure they have a safe, secure grip when handling a load
- Staff must not handle loads where they have uncertainty concerning their ability.
- Staff must complete a risk assessment for manual handling of loads/objects (see Appendix 3 of this policy) where hazardous handling cannot be avoided.
- All moving and handling activities that do not involve patient care should be recorded on this form
- This should identify the hazards and allow for an action plan to be formulated helping reduce the risk of injury.
- It should identify a safe system of work that staff should follow
- Once completed the form should be returned to the service manager for appropriate action
- Risk assessment documentation and safe systems of work should be available for all staff to see
- Risk assessments should be reviewed and updated on a regular basis and especially when circumstances change.

7 PROCEDURE FOR ORDERING PEOPLE MOVING AND HANDLING EQUIPMENT.

7.1 Standard Equipment.

Inpatient areas within clinical divisions where this equipment is used frequently and regularly have an inventory of selected equipment, purchased by the Trust, for that area's use.

These include older adult services, learning difficulties and brain injury rehabilitation service.

Community Services and the multi-agency management of Service Users in their own homes can have requests for equipment, to be ordered, made through separate Home Loans Services for Liverpool or Sefton, as required.

The assessment for this equipment in complex cases should be directed through the Moving and handling of people Lead for the Trust, in order to access the most appropriate, available equipment.

Inpatient Services where this equipment is not provided, but is required for a specific Service User during their stay, an attempt should be made to loan from any surplus equipment held in the Services under 1 above.

If this were not feasible the equipment would need to be rented from suppliers with an NHS purchase and supply agreement (PASA), using a non-stock Requisition and an Order Number from Procurement.

Equipment for community services should continue to be ordered through appropriate community loans service.

7.2 Bariatric Equipment.

Bariatric, by definition, is an expression applied to equipment where the weight of the Service User is greater than the standard Safe Working Load (SWL) of equipment. The following are guidelines applied to standard hospital equipment and their SWL's:

Standard Kings Fund Hospital Bed 25 stone (160kg)

Hoists and slings 20 – 33 stones (127 – 230kg)

Chairs, commodes and wheelchairs 17 stone (108kg).

Generally there will be few instances where it will be necessary to use such equipment. Where it is possible equipment should be shared between the clinical divisions. Details of the location of the equipment are available from the moving and handling of people lead.

If weighing the Service User is unachievable then the following formula can be used to make an estimate of body weight (**eW**):

$$\text{eW} = 0.036 \times \text{Loose waist measurement} \times \text{height} .$$

(Kg) (inches) (inches)

This equipment will be ordered during weekday working hours in consultation with the Moving and handling of people lead Handling Lead/ Modern Matron for the relevant areas within the clinical division.

Outside of normal working hours the person in charge of the service area should make the risk assessment including an accurate measurement of body weight, before contacting the preferred supplier directly. The person in charge of the service area is required to let the site or clinical division “on-call” know that equipment has been ordered. The Matron or Service Manager should be informed of the order at the earliest opportunity.

7.3 Suggested Suppliers

They are many companies who supply moving and handling of people equipment. The companies mentioned below have been approved and frame worked by the trusts procurements department.

Nightingale Care Beds Ltd,	ArjoHunleigh
Unit 20, Abenbury Way,	St Catherine Street
Wrexham Industrial Estate,	Gloucester
Wrexham	GL1 2SL
LL13 9 UZ	Tel: 0845 114 114
Tel: 01978 661699	

The above companies have Specialist Advisers who will be able to provide Managers with necessary advice and at delivery time arrange for key training in the use of the equipment. If in doubt about this equipment then contact the Manual Handling Lead to the Trust who will be able to assist in selection. If clinical areas wish to use another supplier the advice should be sought from the moving and handling of people lead and procurements department. Preferred suppliers within community services should continue to be used.

Liverpool Community Equipment Service
Units 4-7, Graylaws Industrial Estate, Waring Rd Liverpool L9 4AU
Contact No. 0151 295 9800
Fax No. 0151 282 5180

Sefton Community Equipment Service
Unit 2c, Beechers Drive, Aintree Racecourse Retail and Business Park
Liverpool L9 5AY
Contact No.
0151 531 0969

8

MONITORING

Standards for Safer Moving and Handling will be outlined within Safety Partnership Agreements (SPA's).

Safety Partnership agreements are developed by the relevant clinical division and section of corporate division to ensure that the clinical division is meeting its corporate and legal requirements.

Each division is responsible for achieving standards contained within the SPA's.

Monitoring of the standards for safer moving and handling will be achieved through the operational management teams within each division.

Monitoring action plans will be the responsibility of the author of the assessment and the Manual Handling of People Lead or The Trust Safety Adviser. They will be reviewed on a regular basis, to be agreed at the time of writing, by the local teams and local Health & Safety Group. Any issues or significant risks may be escalated to the Trust Health & Safety Committee.

The Manual Handling of People Lead or Trust Safety Adviser is responsible for providing assurance reports regarding compliance with action plans.

Issues raised in the operational management teams will be relayed to the Manual Handling Lead for the Trust, for investigation, and action through the Health and Safety Groups.

Staff will follow the policy outlined for safer moving and handling in conjunction with the policies for health and safety and the effective management of risk.

Compliance with the effectiveness of this policy will be monitored by the Manual Handling Lead and a report presented to the Health & Safety Committee on an annual basis. Details of compliance with training requirements will be presented twice yearly.

9. TRAINING.

For details of training arrangements, reference should be made to the Induction and Mandatory Training Policy (HR28).
The training plan for staff in former LCH areas is included in appendix.

10. DEVELOPMENT AND CONSULTATION PROCESS.

This policy has been developed with the current and previous policies that have been in place for Mersey Care NHS Foundation Trust and its predecessors, by the Manual Handling Lead to the Trust, the Head of Safety & Security, the Trust's Safety Advisor and appropriate Safety Representatives.

Consultation in the final drafting of this policy has included Service Managers and risk management leads of Governance Forums and members of the Health & Safety Committee.

11 REFERENCE DOCUMENTS.

SA01 Development, ratification, distribution and review of policies and procedures

SA02 Risk Management policy and strategy

SA03 Reporting, Management and review of adverse incidents

SA07 Health, Safety and Welfare

HR27 Supporting Disabled Employees

12. BIBLIOGRAPHY.

Manual Handling: Manual Handling Operations Regulations 1992: Guidance on the Regulations. HSE Books L23 Health and Safety Executive
Second Edition 1998, Reprinted 2000 ISBN 0 7176 2415 3

Principles of Health and Safety at Work by Allan St John Holt: IOSH Services
The Institute of Occupational Safety and Health, Fifth Edition (revised) Oct 2000
ISBN 0 9013 5724 3

The Guide to the Handling of Patients: Introducing a Safer Handling Policy
National Back Pain Association (NBPA) aka *Backcare: A Registered Charity* in collaboration with the Royal College of Nursing (Rcn): (6th Edition) ISBN 0 9530 582 5 5

13. GLOSSARY.

No glossary terms

14. APPENDICES.

Appendix 1 Schedule 1 – Factors to which the employer must have regard and questions he must consider when making an assessment of manual handling operations

Appendix 2 Manual Handling of Loads: Assessment checklist: HSE Publications

Appendix 3 Moving and Handling of People Assessment

The following appendices relate to risk assessment documentation currently used by colleagues from LCH

Appendix 4 Advice and Guidance for the completion of manual handling risk assessment of inanimate objects (including referral form for complex manual handling)

Appendix 5 Advice and guidance for the completion of people handling risk assessment (including referral form)

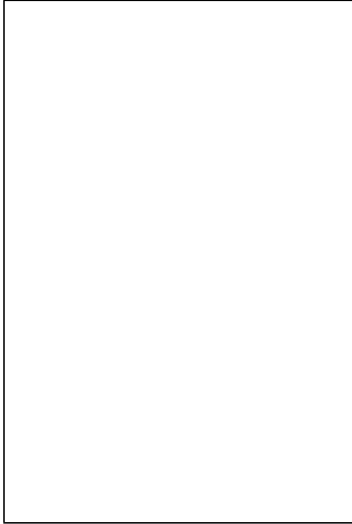
Appendix 1

Schedule 1

Factors to which the employer must have regard and questions he must consider when making an assessment of manual handling operations.

Schedule	Regulations 4(1)(b)(i)	
	Column 1	Column 1
	Factors	Questions
	1. The tasks	Do they involve: Holding or manipulating loads at distance from trunk? Unsatisfactory bodily movement or posture, especially: Twisting the trunk? Stooping? Reaching upwards? Excessive movement of loads, especially: Excessive lifting or lowering distances? Excessive pushing or pulling of loads? Risk of sudden movement of loads? Frequent or prolonged physical effort? Insufficient rest or recovery periods? A rate of work imposed by a process?
	2. The loads	Are they: Heavy? Bulky or unwieldy? Difficult to grasp? Unstable, or with contents likely to shift? Sharp, hot or otherwise potentially damaging?
	3. The working environment	Are there: Space constraints preventing good posture? Uneven, slippery or unstable floors? Variations in level of floors or work surfaces? Extremes of temperature or humidity? Conditions causing ventilation problems or gust of winds?

Moving and Handling Policy



4. Individual capability

Poor lighting conditions?

Does the job:

Require unusual strength, height, etc?

Create a hazard to those who might reasonably be considered to be pregnant or to have a health problem?

Require special information or training for its safe performance?

5. Other factors

Is movement or posture hindered by personal protective equipment or by clothing

Moving and Handling Policy

Appendix 2

Manual Handling of Loads: Assessment checklist

Section A – Preliminary:

* Circle as appropriate

Job description Factors beyond the limits of the guidelines?	Is an assessment needed? (ie is there a potential risk for injury, and are the factors beyond the limits of the guidelines?) Yes/No*
---	--

If 'yes' continue. If 'No' the assessment need go no further.

Operations covered by this assessment (detailed description): Locations: Personnel involved: Date of assessment	Diagrams (other information):
---	-------------------------------

Section B - See over for detailed analysis

Section C – Overall assessment of the risk of injury? Low/Med/High*

Section D – Remedial action to be taken:

Remedial steps that should be taken, in order of priority: 1 2 3 4 5 6 7 8	
Date by which action should be taken:	
Date for reassessment	
Assessor's name:	Signature:

TAKEN ACTION.... AND CHECK THAT IT HADHE DESIRED EFFECT

Moving and Handling Policy

Section B – more detailed assessment, where necessary:					
Questions to consider:	If yes, tick appropriate level of risk			Problems occurring from the task (Make rough notes in this column in preparation for the possible remedial action to	Possible remedial action (Possible changes to be made to system/task, load, workplace/space, environment, communication that is needed)
	Low	Med	High		
The tasks- do they involve: <ul style="list-style-type: none"> • Holding loads away from 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? 					
The loads- are they: <ul style="list-style-type: none"> • Heavy? • Bulky/unwieldy? • Difficult to grasp? • Unstable/unpredictable? • Intrinsically harmful (eg sharp/hot)? 					
The working environment – are there: <ul style="list-style-type: none"> • Constraints on posture? • Poor floors? • Variations in levels? • Hot/cold/humid conditions? • Strong air movements? • Poor lighting conditions? 					
Individual capability – does the job: <ul style="list-style-type: none"> • Require unusual capability? • Hazard those with a health problem? • Hazard those who are pregnant? • Call for special information/training 					
Other Factors: Is movement or posture hindered by clothing or personal protective equipment?	Yes/No				

Notes to accompany assessment checklist

Section A: Describe the job. There is space available for diagram to be drawn up summarise the job in a picture, as well as for a written description.

Section B: Tick the level of risk you believe to be associated with each of the items on the list. Space is provided for noting the precise nature of the problem and for suggestions about the remedial action that may be taken. It may also be useful to write down the names of the relevant people or groups in your organization who you will wish to consult about implementing the remedial steps, for example managers, workforce trainers, maintenance personnel or engineers.

Some tasks may involve more than one operator, each with a different level of risk, depending on the exact nature of their duties. If you wish to use the same checklist for all of the operators involved, you can allocate a number (or other identifying mark) to each and use that against each tick (eg $\sqrt{1}$; $\sqrt{1/2}$; $\sqrt{1/2/3}$;etc) or comment on the checklist form that relates to each particular operator.

Section C: Decide whether the overall risk of injury is low, medium or high. This section will help to prioritize remedial action if you have a large number of risk assessments to carry out.

Section D: Summarise the remedial steps that should be taken, in order of priority. You may also wish to write in (I), (M) or (L) alongside each entry to denote whether the action can be taken (I), (M) or (L) alongside each entry to denote whether the action can be taken (I) immediately or is a more (M)edium-term or (L)ong-term objective. The assessor's name and the date by which the agreed actions should be carried out should be recorded. It may also be useful to enter the target date for reassessment if this is appropriate.

When all the manual handling tasks have been assessed, the completed checklists can be compared to help prioritise the most urgent actions. However, there are likely to be several ways to reduce the risks identified and some will be more effective than others. Action on those that can be implemented easily and quickly should not be delayed simply because they may be less effective than others.

A check should be carried out at a later date to ensure that the remedial action to remove or reduce the risk of injury has been effective.

Manual Handling: Manual Handling Operations Regulations 1992: Guidance on the Regulations HSE Books L23, gives an example of a completed checklist. This can be downloaded from the internet or contact the Manual Handling Lead for a copy, if needed.

The purpose of the checklist is to help bring out a range of ideas on how the risk identified can be avoided or reduced by making modifications to the load, the task, and the working environment. There are a number of people who may be able to help with suggestions, for example safety representatives, the quality management team within the organization, and relevant trade associations. There is also a great deal of published information about risk reduction methods. "Solutions you can handle" and "A pain in your workplace", both published by HSE, give examples that are relevant to situations across many sectors of industry. Trade journals, too, often contain information about products that can be used to help reduce the risk of injury from the manual handling of loads

Appendix 3

**Moving and Handling of People
Risk Assessment**

Name:

Number:

Physical Hazards	Yes	No	Comments
Could the service user's height cause a problem?			
Could the service user's weight cause a problem?			
Does the Service User have swollen/fixed/flaccid limbs?			
Are there any orthopaedic considerations?			
Does the service user have a poor state of feet?			
Is skin condition poor?			
Is the client difficult to hold?			
Is the client in pain when moving?			
Is the service user's hearing impaired?			
Is the service user's sight impaired?			
Is the service user's speech impaired?			
Does the service user experience seizures/involuntary movements?			
Is the service user unstable/uncoordinated?			
Are there attachments to consider e.g. IV Lines, catheters, oxygen cylinders etc.?			
Is the service user wearing appropriate footwear?			
Psychological Hazards			
Does the service user have difficulty in following instruction?			
Is the service user unpredictable?			
Is the service user anxious?			
Is the service user uncooperative?			
Does the service user experience mood swings?			
Does the service user display challenging behaviour?			
Environmental Hazards			
Is space restricted?			
Is the lighting adequate?			
Is the temperature appropriate?			
Is Ventilation adequate?			
Are there constraints on posture?			

Task	Identified Problem	Action
Changing position in bed		

**Appendix 4 Manual Handling Risk Assessment
(Objects) (2 pages)**

	Level of Risk			Comments
	Low - Green	Med- Amber	High - Red	
The Task – do they involve				
Holding loads away from the trunk?	Green	Amber	Red	
Twisting?	Green	Amber	Red	
Stooping?	Green	Amber	Red	
Reaching Upwards?	Green	Amber	Red	
Large Vertical Movements?	Green	Amber	Red	
Long carrying distances?	Green	Amber	Red	
Strenuous pushing and pulling?	Green	Amber	Red	
Unpredictable movements of loads?	Green	Amber	Red	
Repetitive Handling?	Green	Amber	Red	
Insufficient rest periods?	Green	Amber	Red	
A work rate imposed by a process?	Green	Amber	Red	
The Load - are they:-				
Heavy? Indicate weight in kg	Green	Amber	Red	
Bulky/Unwieldy?	Green	Amber	Red	
Unstable/unpredictable?	Green	Amber	Red	
Intrinsically harmful? (hot/sharp)	Green	Amber	Red	
The Working Environment – are there:-				
Constraints on posture?	Green	Amber	Red	
Poor condition of floors?	Green	Amber	Red	
Variations of levels?	Green	Amber	Red	
Hot/cold/humid conditions?	Green	Amber	Red	
Strong air movements?	Green	Amber	Red	
Poor lighting conditions?	Green	Amber	Red	
Individual Capability –does the job:-				
Require unusual capabilities?	Green	Amber	Red	
Present a higher risk of injury to those with a health problem?	Green	Amber	Red	
Present a higher risk of injury to those who are pregnant?	Green	Amber	Red	
Call for special training or information?	Green	Amber	Red	
Other factors				
Is movement hindered by clothing or personal protective equipment?	Green	Amber	Red	

If Amber or Red columns are scored then an action plan to reduce risks to the lowest level reasonably practicable needs to be completed, this will lead to the formation of a safer system of work

Manual Handling (Objects) Action Plan

Activity	Level of Risk	Control Measures	Remaining Risks	Person Responsible
Place of assessment			Date of Assessment	
Name of assessor			Signature of Assessor	
Job Title			Further advice Required – Yes ▲ No ▲	

If further action is required please fax referral form to the Manual Handling Collaborative Fax this form on 0151 296 7749 or post to Manual Handling Collaborative, Lifehouse, Units 4& 5 Dempster Buildings, Summers Road, Brunswick Business Park, Liverpool L3 4BE

This form should be stored in the Central Risk Assessment file within your workplace

Advice and Guidance for the Completion of Manual Handling Risk Assessment (Objects)

	Level of Risk		
	Low - Green	Medium - Amber	High - Red
The Task – do they involve			
Holding loads away from the trunk?	Load within zone close to body within base of support	Load moved in zone furthest from body	Load moved outside base of support
Twisting?	Up to 45°	45°-90°	Greater than 90°
Stooping?	Slightly	To knee level	To floor level
Reaching Upwards?	Shoulder Height	Head height	Above head height
Large Vertical Movements?	Less than 1 Metre	1-2 metres	More than 2 metres
Long carrying distances?	Up to 10 metres	10-20 metres	More than 20 metres
Strenuous pushing and pulling?	<25kg starting force – 10kg maintenance force	25-50kg starting force – 20kg maintenance force	>50kg starting force – 20kg maintenance force
Unpredictable movements of loads?	Rarely shifts when moved	Will shift often	Always shifts
Repetitive Handling?	1-4 operations	5-10 operations	More than 10 operations
Insufficient rest periods?	Rarely	Occasionally	Always
A work rate imposed by a process?	Rarely	Occasionally	Always
The Loads – are they:-			
Heavy? Indicate weight in kg	Up to Policy figures	Sometimes in excess of Policy figures	Always in excess of Policies
Bulky/Unwieldy?	Grip is easily maintained	Awkward to handle	Great difficulty in maintaining grip
Unstable/unpredictable?	Rarely	Occasionally	Always
Intrinsically harmful? (hot/sharp)	Exposure to harmful characteristics generally avoidable	Exposure not easily avoidable	Exposure unavoidable
The working environment – are there:-			
Constraints on posture?	Minimal interference with normal body movements	Moderate interference	Significant interference
Poor condition of floors?	Minimal or no unevenness or obstruction	Moderate unevenness, low grip or noteworthy obstruction	Dangerous uneven floor, very low grip and/or obstructed
Variations of levels? Version 5	Load moved <1 metre vertically	Load moved 1-2 metre vertically	Load moved more than 2 metres vertically
Hot/cold/humid conditions?	Rarely	Occasionally	Always
Strong air movements?	Rarely	Occasionally	Always
Poor lighting conditions?	Rarely	Occasionally	Always
Individual Capability – does the job require:-			
Require unusual capabilities?	Most people can carry out the operation	Only certain people can carry out the operation	A minority of people can carry out the operation
Present a higher risk of injury to those with a health problem?	Possibly	Likely	Certainly
Present a higher risk of injury to those who are pregnant?	Possibly	Likely	Certainly
Call for special training or information?	Would be beneficial but not essential	Considered necessary	Essential to carry out operation
Other factors			
Is movement hindered by clothing or personal protective equipment?	Rarely	Occasionally	Certainly

Referral for Complex Manual Handling Advice/Assessment (Objects) (1 page)

Name of Referrer	Phone Number		
Job Title	Address		
Date of referral			
Workplace details <i>where manual handling problem is situated</i>			
Reason for referral – <i>please clarify the manual handling issue if possible</i>			
Initial assessment of urgency by referrer	Low/Medium/High/Very High		
Who is at risk?	Staff <input type="checkbox"/> Other <input type="checkbox"/> please state		
Has any action been taken already? If so what?			
Any other information?			
Signed		Date	
Please ensure all sections are completed as incomplete referrals will lead to delay			
For MH Service only Referral accepted - Yes/ No (if No Why not?)			
Pending - further information required?			

Fax this form to Manual Handling Collaborative on 0151 296 7764
or email to manual.handling@liverpoolch.nhs.uk

**Appendix 5 (2 Pages)
Manual Handling Risk Assessment Form (People Handling)**

Clients Name		DOB	
Address			
Phone		Postcode	
Date of Assessment		NHS number	
Persons present at assessment			
Physical Assessment			
Body weight		Height	Tall/Medium/Short
Sitting balance		Build	Large/Medium/Slim/Thin
Standing Balance		Pain	
Skin Condition		History of falls	Yes / No
Activity	Independent	Minimal Assistance Required	A lot of assistance required
Sit to stand			
Stand to sit			
Standing			
Walking			
Getting into bed			
Getting out of bed			
Turning in bed			
Lying to sitting			
Moving wheelchair			
Moving hoist			
Lifting limbs			
Equipment in use		Equipment Required	
Constraints on Posture/Movements of staff			
Choices and opinions of Assessed Person or their advocate			

Environmental concerns

Safer Manual Handling Plan

Activity	Equipment Required	No of Handlers	Technique to be used

Assessment summary

Does the manual handling pose a hazard to staff identified as 'at risk'	Yes / No
Has the risks been reduced to the lowest level reasonably practicable?	Yes / No
Is there a need for further assessment to reduce the risks?	Yes /No
Have staff attended Mandatory Manual Handling Training in last 12 months?	Yes / No
Do staff need any specialist knowledge or information?	Yes /No

You are reminded that **'high risk'** techniques such as 'Drag Lift' 'Underarm Hook Lift' 'Cradle Lift' 'Australian Lift' 'Pivot Turn' are not acceptable techniques to use, as they are not in accordance with current accepted good practice.

Signed		Date	
Name of Assessor		Job Title	

Further Advice/Assessment Required?

Please complete referral form for Complex Manual Handling Assessment and fax to Manual Handling Collaborative on 296 7764 or email to manual.handling@liverpoolch.nhs.uk

Advice and Guidance for the Completion of Manual Handling Risk Assessment (People Moving)

	Level of Risk
	Human Factors
The Task – do they involve	
Holding loads away from the trunk?	Supporting a person's limb during dressing of wound
Twisting?	Performing a medical intervention whilst sat on side of bed
Stooping?	Supporting a small adult or child in walking Bed or chair at fixed height
Reaching Upwards?	Lifting a small child off a treatment couch
Large Vertical Movements?	Attempting to lift a fallen person from the floor
Long carrying distances?	Carrying a child from treatment area to toilet
Strenuous pushing and pulling?	Pushing a hoist/wheelchair or other equipment
Unpredictable movements of loads?	Assisting a person with balance problems or unpredictable / uncontrolled movements
Repetitive Handling?	Complex wound dressings
Insufficient rest periods?	Assisting a number of people with the same tasks e.g. Leg ulcer clinics
A work rate imposed by a process?	Busy clinics
The Load - are they:-	
Heavy? Indicate weight in kg	How much help does the person require to move? How much of the person's body weight is taken during assistance? Is equipment needed? Do you know what equipment is available? Do you know the benefits and dangers of using equipment?
Clients wishes or expectations	Does the client have requests or wishes that will affect the moving and handling? Have these been discussed with the client?
Unstable/ unpredictable ?	Involuntary movements/ is the person always the same or are there times when they are better than others? Do they easily tire? Does the variance mean more than one action plan is required?
Able to weight bear?	Can the person stand and do so without assistance or support? Does the person rely on standing to accomplish a transfer Does the state of the person's feet affect their ability to stand?
Does the chosen method of transfer encourage independence	In the longer term, will the method chosen encourage the person to maintain or regain as much independence as possible? Are there Physiotherapist or Occupational Therapists involved? Does the handling plan need to be integrated with a therapy plan?
Tissue Viability	Does the person need any special consideration related to their skin?
Communication	Can the person explain their situation to you and follow instructions?
Behaviour	Is the person likely to be aggressive/ anxious/passive/have inappropriate responses Are there any triggers to behaviour?
Cultural Issues	Possible differing expectations regarding gender of worker different method of managing personal hygiene
Physical abilities	Sitting and standing balance Muscle weakness? Muscle tone/rigidity
Comfort	Is the method used comfortable for the client and the staff member? Are there any areas of pressure/friction on skin?
Body shape	Does the person need specialist equipment due to their body shape? Such as specially made slings
Falls	Does the person have a history of falls? Is there a falls risk assessment completed?

The Working Environment – are there:-	
Constraints on posture?	Extra equipment required which will take up space Family home/furniture layout
Poor condition of floors?	Steps/Thresholds/carpeted flooring/trailing electric cable from equipment
Variations of levels?	Is the person required to negotiate steps or work on 2 floors?
Hot/cold/humid conditions?	What temperatures are required for client comfort and does this conflict with the needs of the people caring for them?
Equipment	Can the equipment assigned such as hoists' wheelchairs be easily used in the space provided? Has equipment been serviced? Is it fit for purpose?
Poor lighting conditions?	Can the person see sufficiently to do the job
Individual Capability –does the job:-	
Require unusual capabilities?	Is there an expectation that the tallest/strongest staff members perform particular tasks? I.e. lifting from the floor Matching staff to clients
Present a higher risk of injury to those with a health problem?	Is there a greater risk to people with existing health problems
Present a higher risk of injury to those who are pregnant?	Is there a greater risk to people that are pregnant
Call for special training or information?	Does the person have sufficient knowledge and skills to continue safely? Has there been a consideration of the skill level required?
Other factors	
Is movement hindered by clothing or personal protective equipment?	Gloves/gowns etc.
Does the clothing affect the task	Has jewellery been removed? Are suitable shoes being worn?
Have the views of the person being handled been taken into consideration?	Does the person have views or concerns about the task or the way it is carried out? Have there been negative experiences in the past which will affect co-operation?
Are there legal issues that need to be considered?	Does the moving and handling task infringe on the person's human rights? Could it be considered discriminatory? Have the person's values been taken into account?
Does the Handler undertake regular manual handling training?	People involved in the manual handling of people need to have annual update of manual handling training?

Liverpool Community Health Manual Handling Referral Form (People)

Fax – 0151 296 7749 Email - manual.handling@liverpoolch.nhs.uk

All sections marked * MUST be Completed in sufficient detail or the form will be returned

Client Name*		DOB*	
Client Address*		Postcode*	
Is the client a war veteran? *	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
GP name and address*		NHS number	
Client Telephone Number*		Alternate contact number & name*	
Has client given consent for referral*	Yes	No	Best Interest
Height of patient*		Weight of patient*	
Locality (where known)*	North South Central Sefton (North & South)	Please specify who provides the care for this patient; Family, care agency (please state), other *	
What is the medical history or presenting condition/s *	<i>Give details</i>		
Are there any pressure ulcers? **	<i>Position and grade if present*</i> <i>Tick here if none present</i>		
Why do you want this assessment?*	Please describe the risks or difficulties - give as much information as possible		
Describe the specific Manual Handling activities that you are concerned about - these MUST be situations when 1 or more person/s is physically assisting another person to move			
What advice have you given to reduce risk already? *			
Referrers Signature*	Date*		

Client Name		DOB	
--------------------	--	------------	--

What equipment is in situ and is it safe to use? * If no give details	Equipment & asset (barcode) number	Safe to use
		Yes / No
		Yes / No
		Yes / No
		Yes / No

Is a Joint visit required? *	Yes / No – who with? Please include full contact details*
-------------------------------------	---

<p>Is this situation - stable / deteriorating slowly / deteriorating rapidly / Improving <i>Give details</i></p> <p>Has anyone been hurt as a result of manual handling recently? Give details *</p>
--

Are there any issues present that a lone worker would feel vulnerable or their safety could be at risk? *	Give details
---	---------------------

Is there any other information you feel would be useful for the team to have

Is an interpreter required if yes – which language?
--

Referrers Signature*	Date*
-----------------------------	--------------

Referrers Details – MUST be completed in all cases

Name of client		DOB	
Name*		Organisation*	
Job title*		Address*	
Telephone*		Mobile no	
Fax no		Email*	
Signature*		Date*	

Ethnicity of client*

Black or Black British

- African
- Caribbean
- Any other Black background

Dual Heritage

- Asian and White
- Black African and White
- Black Caribbean and White
- Chinese and White
- Any other dual heritage background

White

- British
- Irish
- Any other ethnicity (please describe)** _____

- Do not want to disclose**

Chinese or Chinese British

- Chinese

Asian or Asian British

- Bangladeshi
- Indian
- Pakistani
- Any other Asian background