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Recording of Minor Amendments

Record of Amendments to: Safer Moving and Handling Policy				
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Section number	Amendment	Deletion	Addition	Reason

This policy takes into consideration the legal requirements of:

- (a) The Health & Safety at Work Act 1974
- (b) Management of Health & Safety at Work Regulations 1999
- (c) The Manual Handling Operations Regulations 1992 (as amended)
- (d) Lifting Operations and Lifting Equipment Regulations 1998 (LOLER)
- (e) Provision and Use of Work Equipment Regulations 1998 (PUWER)
- (f) The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
- (g) Human Rights Act 1998
- (h) Equality Act 2010

NHSE Core Skills Training Guidance (England) (2021)

Associated documentation:

Trust Health & Safety Policy,
Trust Risk Management Strategy/Policy
Learning, Development and Study Leave Policy.
Mandatory Training Policy
Management of Corporate and Local Induction Policy

Available on ShropCom Staff zone Intranet – please note that the Intranet version of this document is the only version that is maintained.

Any printed copies should therefore be viewed as ‘uncontrolled’ and as such, may not necessarily contain the latest updates and amendments.

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1. PURPOSE

This policy provides guidance to staff to minimise risk associated with moving and handling of inanimate loads and people. It defines arrangements by which the Trust discharges its duties under the Manual Handling Operations Regulations 1992 (as amended) and related Health and Safety legislation and associated guidelines.

2. SCOPE

This policy applies to all employees and addresses work involving both inanimate loads and people handling in the course of their duties within the Trust. It also applies to all non-employees under the Trust managerial control, whilst engaged in Trust activities.

This policy defines the organisational arrangements through which Shropshire Healthcare NHS Trust will eliminate or reduce risk to staff and/or patients when carrying out all manual handling operations.

3. POLICY OBJECTIVES

- To ensure that the Trust and its staff abide by the Manual Handling Operations Regulations 1992 (as amended) by adopting an ergonomic approach to manual handling tasks.
- To ensure that all hazardous manual handling tasks are avoided where possible.
- To ensure that all hazardous manual handling tasks that cannot be avoided are assessed in accordance with the Manual Handling Operations Regulations 1992 (as amended) and where appropriate, consideration is given to mechanising or automating tasks.
- To ensure that all manual handling related risks are reduced to their lowest level reasonably practicable using an ergonomic approach.
- To ensure that line managers, link trainers and staff receive appropriate training to carry out manual handling risk assessments and make appropriate changes as required in their workplace.
- To define how staff receive training in the moving and handling of inanimate loads and patients appropriate to their needs.
- To ensure that moving and handling equipment and aids are fit for purpose and available to staff when required.

Note: Generic protocols based on best practice may be used when taking into account local risk assessment.

4. DEFINITIONS

These definitions are drawn from HSE's guidance to the Manual Handling Regulations 1992 (as amended).

Manual Handling is any transportation or supporting of a load, (including the lifting, putting down, pushing, pulling, carrying, or moving thereof) by hand or bodily force. This is often referred to as a manual handling operation.

Moving and Handling includes manual handling, but also moving a load with mechanical assistance or mechanical means.

Load is a discrete animate or inanimate object which can be moved by hand or bodily force and includes people.

Patient Handling is the movement of patients by hand or mechanical device in a safe and controlled manner. A patient within the context of the Trust can be an in or outpatient, deceased patient, service user or client.

Reasonably Practicable is when the level of risk is balanced against any potential resource input that is required to remove or reduce the risk.

Ergonomics is designing the task, workplace, and equipment to fit the individual.

Safe Working Load (SWL) is the maximum load that equipment or accessories can safely support or lift.

5. RESPONSIBILITIES

The Trust Health and Safety Policy outlines the main responsibilities held by the Trust Board, the Chief Executive, Executive and Clinical Directors, Senior and line Managers and staff, and those responsibilities that apply to this policy. In addition, line managers and staff have specific duties under this policy, which are outlined below.

5.1 Line Managers

- To ensure that manual handling tasks are eliminated, wherever possible, in their area of responsibility, and that all hazardous manual handling tasks that remain are subject to an ergonomic risk assessment. Any assessments must be documented and maintained in accordance with the Trust's Health and Safety Policy.
- All risk assessments must adequately address hazards arising from both patient and inanimate load handling activities.
- Must ensure that adequate control measures are devised, implemented, and monitored for all manual handling practices and procedures, and that they are designed to reduce the risk of injury to the lowest practicable level if they cannot be eliminated.
- Must ensure that all manual handling assessments are reviewed when they are suspected to be no longer valid and updated appropriately. As a matter of good practice this should be no less than annually.
- Managers must ensure that all staff work in accordance with any safe systems of work concerning manual handling operations which are in place both locally and Trust-wide. All instances of non-compliance with those systems must be investigated and corrective action taken as appropriate.
- Must consider the necessity for individual risk assessments to safeguard staff members, in relation to their duties, where their capabilities may have changed or be compromised due to ill health, injury, or are a new or expectant mother or any other factors. Advice from the Occupational Health Advisor, Health and Safety Team and/or Moving and Handling Trainers may be sought where there is any doubt as to whether this is necessary.
- Must ensure that information, instruction, and training is given to all staff on safe manual handling, relevant to the tasks they undertake at work, and before such tasks are undertaken, in particular when new or transferred staff join the department/ward.

This is partially achieved by means of the Core Clinical Skills Programme on recruitment or significant change of role from non-patient to patient handling, and updated thereafter by means of Mandatory training programmes. Managers may identify the need for further training specific to their own area, and they are responsible for ensuring that such training is provided, often supported by the Moving and Handling Trainers and/or Link Trainer locally.

- Managers must ensure that locally commissioned or delivered training is appropriately recorded onto the Electronic Staff Record (ESR), noting that records of Core Clinical Skills and Statutory / mandatory Training sessions are maintained by the Moving and Handling Trainers (concerning course delivery and deviations from lesson plans) and the Training and development Team (concerning individual staff member's attendance). Managers must ensure the accuracy of training records by checking the monthly training datasets.
- Must ensure that each department or ward has a suitably trained Moving & Handling Link who will assist them in their responsibilities regarding manual handling. Managers must grant them the necessary time away from their normal duties to enable them to attend training and undertake tasks/duties required of them by the Moving and Handling Trainers.
- Must ensure that appropriate moving and handling equipment is available and that they are competent in its use by means of suitable information, instruction, and training.
- Managers of inpatient services must ensure they consult with the Estates department to arrange a suitable programme of inspection and testing in accordance with the Lifting Operations and Lifting Equipment Regulations 1998, and/or of planned preventative maintenance in accordance with the Provision and Use of Work Equipment Regulations 1998 when purchasing lifting or mechanical handling equipment. To ensure that the equipment is fit for purpose, managers should consult with the Moving and Handling Trainers or relevant specialist practitioners/manufacturers prior to purchase.
- Must ensure that any incidents or work-related injuries relating to manual handling are properly reported via the Trust's incident reporting system (primarily via Datix), investigated and remedial action taken in order to prevent further occurrence. If the incident concerns a RIDDOR reportable injury or staff sickness absence of over 7 days, the investigation will be instigated by the Health and Safety Team and managers must cooperate fully with the investigating advisor.

5.2 Staff

To include Shropshire Community NHS Trust employees, volunteers, agency staff and students.

All members of staff must actively cooperate with their line managers by ensuring that they are aware of the risk assessments relevant to their own work activities (including individual patient risk assessments and the resulting handling strategies), and that they adhere to any safe systems of work or other protocols developed for reasons of safety, health or welfare.

Staff must also raise concerns about manual handling issues in their workplace with their line manager, a designated health and safety representative or the Moving and Handling Trainers.

Specifically, staff must ensure that:

- They take reasonable care of their own health and safety and that of others that may be affected by their acts or omissions when involved in any manual handling operations whether concerning patients or inanimate loads.

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- They use safe methods of moving and handling, whether concerning patients or inanimate loads, in accordance with their instruction and training and as outlined in The Guide to the Handling of People (HOP7) (7th edition) 2023. This includes use of equipment, awareness of unsafe moving and handling practices and awareness of their own limitations and capabilities.
- They must report immediately to their manager any shortcoming in their training, knowledge, skill, competency, or experience, which compromises their safe working practice relative to manual handling, working postures and documented risk assessments.
- They must report promptly to their line manager any manual handling or work-related injury, ill health, pregnancy, or other matters which may affect their ability to handle loads or patients safely in accordance with Trust incident reporting procedures, usually via the Datix electronic incident reporting system.
- They cooperate with the Trust by attending Corporate Induction, Core Clinical Skills Statutory and Mandatory, and any other manual handling-related training when asked to do so by their manager.
- They ensure all mechanical and smaller handling aids are inspected prior to every use.
- They must report to their manager any faulty lifting equipment and/or handling aids and remove them from use while awaiting inspection or repair.

5.3 Moving and Handling Trainers (MHT)

The MHT will provide competent advice on moving and handling issues including complex risk assessments, selection of equipment and at the planning stage of any new build or refurbishment within the Trust and provide a training service to meet the needs of the Core Clinical skills programme and the Statutory and Mandatory Training Programme.

Specifically, the MHT will be responsible for:

- developing manual handling policies, procedures, guidelines, and other relevant documentation in accordance with legislative requirements and evidence-based practice.
- conducting an annual training needs analysis for Trust staff addressing manual handling issues.
- the design, delivery, and evaluation of generic and bespoke practical handling training programmes, in partnership with the Clinical Education Team (CET).
- maintaining a library of current information on moving and handling equipment and procedures to inform safer manual handling practices.
- providing the Clinical Education Team with moving and handling training records so that they can be entered on the Trusts Electronic Staff Record (ESR) System.
- developing and supporting a network of Moving and Handling Link Trainers.
- undertaking a programme of inspections, audits, and observation of practice in all aspects of the management of safer moving and handling within the Trust.
- assisting managers and staff in the investigation of manual handling-related incidents and work-related injuries, with the aim of preventing a recurrence.
- maintaining pages on the Trust's intranet, including recommendations and operating instructions of manual handling equipment.

- liaising with the Trust Health and Safety Team regarding relevant issues.

5.4 Moving and Handling Link Trainers

The manager of each department, ward or community team will, with the agreement of the member of staff, nominate a suitable Link Trainer whose role is essential to assist managers in their responsibilities under this policy.

In co-operation with line managers and the Moving and Handling Trainers the Link Trainer will ensure that:

- they assist Managers and/or give advice within moving and handling risk assessments including identification and implementation of appropriate risk reducing measures.
- best practice is promoted in their workplace including adopting safe postures, use of safe handling techniques, avoidance of unsafe practice and correct use of equipment.
- within their level of competency, provide specific work based training and appropriate advice to colleagues regarding manual handling as agreed by their manager and consulting with the Moving and Handling Trainers as necessary.
- accurate records of any department or ward-based training are kept and copies forwarded to the Moving and Handling Trainers and the CET for entry onto ESR.
- routinely checking manual handling equipment within their area, and report any discrepancies to their manager and highlight, following consultation with the MHT, the need for new or specific handling equipment.
- they attend updates and workshops arranged by the Moving and Handling Trainers as identified by the Trust's training needs analysis for manual handling.
- Link Trainer's must attend periodic refresher training developed and delivered by the Moving and Handling Trainers in order to be effective in their role.

5.5 Students (Nursing, Physiotherapy, Occupational Therapy and Radiography)

- It is the responsibility of the named University to ensure that all students have attended an initial moving and handling training course followed by an annual update until their professional course is completed.
- They should be made aware of, understand the contents, and comply with the Trust's Safer Moving and Handling Policy.

5.6 Occupational Health Advisors

The Occupational Health advisor will carry out health screening to assess all new prospective staff for their suitability to undertake moving and handling tasks according to the Job Description and Person Specification in accordance with HR Policy on recruitment and selection.

Following management referral, line managers are advised on work-related risk factors which may have the potential to compromise musculoskeletal health of staff.

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5.7 Community Equipment Stores

The Community Equipment Stores will ensure that:

- Lifting equipment is regularly maintained according to the manufacturer's instructions and in accordance with the Lifting Operating and Lifting Equipment Regulations 1998 and will ensure that wards and departments are provided with current test certificates as requested.
- Any lifting or handling equipment awaiting repair is rendered unsafe and taken out of action until a repair/replacement has been completed, and that following any repair or service, users are provided with notification that equipment is ready for use.
- The advice of the Adult Specialist Equipment Panel is sought as required for the purchase of any bespoke moving and handling equipment.
- The Moving and Handling Trainers are consulted, and advice taken on orders for manual handling equipment prior to the purchase to confirm its suitability. This may also include any equipment that supports or carries patients, such as beds, shower chairs, chairs, and commodes. at the planning stage of new buildings design, or refurbishment of existing buildings, to ensure that consideration is given to manual handling tasks and space for manual handling equipment (for example, ensuring that bathrooms and toilets are large enough and designed appropriately to accommodate the use of lifting equipment and allow for safe handling practice to be used).

5.8 Procurement

The Procurement Team will ensure that:

- Any manual handling equipment purchased will be of a suitable standard and comply with the Provision and Use of Work Equipment Regulations 1998.
- Appropriate information including test certificates, instructions and maintenance manuals accompany any manual handling equipment supplied to the Trust and that lifting equipment complies with the Lifting Operations and Lifting Equipment Regulations 1998.

6. TRAINING

The Mandatory Training, and Corporate and Local Induction Policies give detail on the management of training, including manual handling training. In addition to these policies the following points will apply, which are specific to handling:

- Moving and handling training is mandatory and is included in the mandatory training needs analysis. The training needs analysis details the individual training needed for each staff group/role.
- On a risk assessed basis training will be targeted at higher risk job profiles. This will include clinical patient handling staff and non-clinical staff who have specific moving and handling risks identified.
- The frequency of mandatory and refresher training will be delivered in line with guidance detailed in the **NHSE Core Skills Training Guidance (England) (2021)**
- Staff who are new patient handlers or new to the Trust will attend a 1-day patient handling course as part of their induction process.

- Moving and handling training will be delivered via a blended learning approach. The theoretical component of training will be delivered online and where applicable practical training will be delivered face to face in an appropriate training environment.
- Where staff do not attend training, including persistently not attending training, they will be managed according to the Mandatory Training Policy
- Content of moving and handling training will follow the advice from the “The Guide to the Handling of People” Edition 7 (HOP7) (Back Care 2023) and meet the key learning outcomes identified within the **NHSE Core Skills Training Guidance (England) (2021)**

7. ACCIDENTS AND INJURIES

Any moving and handling related accidents, incidents, injuries or near misses must be reported using the Trust Untoward Incident Reporting System (DATIX). They must be properly investigated, in accordance with the Trust Policy on Accident and Incident Reporting, to identify any patterns of occurrence, and remedial action is taken in order to prevent further occurrences. If appropriate they are reported to the Health and Safety Executive (HSE). A moving and handling risk assessment may be generated as a result of a DATIX report.

Any occurrence of musculoskeletal disorder/injury or other ailments possibly associated with manual handling or poor working postures should be reported and investigated by the manager of the department/ward, possibly in liaison with Occupational Health Advisor and a Moving and Handling Trainer.

8. MANUAL HANDLING RISK ASSESSMENTS

For all hazardous load handling and generic patient handling tasks which cannot be eliminated, managers must ensure manual handling risk assessments are undertaken using the appropriate risk assessment tool, and all necessary control measures are introduced and monitored.

The Trust has two types of risk assessment relating to manual handling activities as follows:

8.1 Generic Risk Assessment for Handling of Loads

The manual handling risk assessment tool for load handling or generic risk assessments, suited to lifting/carrying and pushing/pulling tasks, identifies the hazards and risks associated with the moving and handling of inanimate loads and the control measures required to reduce the risk to its lowest acceptable level. See Appendices A and B to this policy.

This process will include:

- Examination of the current manual handling operations being undertaken, taking into account the Task, Individual, Load and Environment, Equipment, Other. (TILEEO). The local risk assessor should adopt an ergonomic approach to problem solving.
- The completed assessment shall highlight any likely risks of injury that may be present.
- Measures necessary to reduce the risk to the lowest practicable level shall be identified, with subsequent recommendations made regarding implementation within an action plan.
- Where specific training is required for implementation of the assessment, the Manual Handling Trainer, in conjunction with the manager, shall draw up a plan of action to be followed by all affected staff.

- The generic risk assessment will be reviewed whenever there is a significant change in process or equipment, or following an incident or work-related injury, and not less than annually. The local risk assessor will be responsible for taking this action.

(Note that Appendix F to this policy reproduces the HSE's risk filters for handling tasks, which may be used to help risk assessors decide whether a manual handling task is hazardous or not. However, the overriding principle must be that where there is doubt as to whether a task is hazardous or not, a risk assessment must be conducted).

The management of all risks will be in accordance with the Risk Scoring Matrix and Risk Management Strategy.

More complex risk assessments may use other tools such as the HSE's MAC or upper limb disorder risk filter and assessment tool, or ergonomic tools such as REBA or RULA, and in such cases expert assistance should be sought from the Moving and Handling Trainers or Health & Safety Team.

A follow-up of all assigned medium to high risks and the subsequent action plans and/or control measures relating to manual handling will be undertaken by Moving and Handling Trainers.

Where risks cannot be adequately controlled at department level, they should be escalated through the Trust management structure, as specified in the Trust's Risk Management Strategy.

Appendix A: Manual Handling Risk Assessment Tool for Lifting and Carrying

Appendix B: Manual Handling Risk Assessment Tool for Pushing and Pulling

Appendix C: Guidance Sheet for completing Manual Handling Risk Assessments

Appendix D: Manual Handling Flowchart for Inanimate Loads

8.2 Risk Assessments for Handling of Patients (Patient Handling Plan)

For patient handling tasks, individual assessments are undertaken and reviewed on each patient in accordance with current multidisciplinary professional practice within the Trust and in consultation with the patient and/or family and carers wherever possible. Such assessments are included in the Trust's standard patient assessment documentation and associated treatment planning records.

These risk assessments must ensure that specific patient handling strategies, and appropriate handling equipment is identified and available, for the use by all staff when handling individual patients.

Clinical and professional judgement must be used, and the following should apply in this regard:

- Staff must abide by the patient's individual handling strategy/plan when delivering care, including the correct use of patient handling equipment and aids where appropriate. Staff must inform patients and family/carers that hazardous lifting activities will be avoided and must take care to explain the need for certain handling techniques and equipment which may be used as part of their care.
- The prevailing principle must be that patients are encouraged to move independently to the best of their ability, consistent with their clinical needs and their own safety, but agree to be moved with aids or by mechanical means such as hoists in the interest of their own safety and that of Trust staff.
- If a patient refuses to be moved in accordance with their treatment plan, in particular by means of hoisting, and the staff member is unable to persuade the patient otherwise, the risk assessment for the patient must be reviewed and appropriate control measures to reduce the risk to the lowest level reasonably practicable must be applied. This may include all care being delivered while the patient remains in bed.

- Equipment should be readily available, and all staff must make the correct use of patient handling equipment in accordance with operating instructions and training undertaken.
- Patient handling risk assessment/handling strategies must be reviewed in accordance with current multidisciplinary professional practice, but no less than weekly, or with any change of circumstances or patient condition and in consultation with the patient and/or family/carers wherever possible.
- Any changes to patient handling strategies must be documented and signed and communicated to all relevant healthcare staff. The patient handling strategy must be kept with and accompany the patient at all times so that they are available for all staff to refer to.
- Staff carrying out inappropriate or unsafe techniques and/or exposing them and others to risk of injury, will be referred for further training and may be subject to disciplinary action in line with the Trust Disciplinary policy.

It will not be necessary to complete a risk assessment for individual patients attending clinics, outpatient settings or Day Case Surgery who clearly do not require manual handling. However, patients deemed to be 'high risk' because of their weight, condition or behaviour should be fully risk assessed and these units should have safe systems of work in place for dealing with reasonably foreseeable manual handling needs that may arise such as collapse or hoisting.

The Community Children's Nursing, Palliative and Respite Care Teams conduct child specific risk assessments and competency assessments of the tasks that staff undertake with children in their care. These children have complex health care needs, mandatory training for staff in these teams is bespoke and requires staff to consider the specific needs of children in their care. Particular attention is paid to ensuring that risk assessments and training, pay due regard to the physical condition of each individual child including the possibility that because of their immobility they may have poor tissue viability and osteoporosis. Risk assessments pay due regard to the conducting of manual handling tasks in patients' homes and risk assessments for complex tasks or patients are therefore conducted by staff, at the patient's home and with the involvement of the patient and where appropriate their carers.

Appendix E: Patient Risk Assessment and Handling Strategy Tool

Appendix F: Flowchart for Patient Handling

It is vitally important that staff handling patients are informed of the outcome of assessment. The assessments should be contained within the patient record. Where there are rapidly changing circumstances changes in assessment will need to be communicated in other ways, e.g., SBAR handover.

Where the assessment has been carried out in other environments, e.g., patients homes and care homes it is important that the outcome is shared with all stakeholders e.g., relatives, carers and employees of other organisations involved in the patients care.

All patient assessments must be reviewed regularly. The timescale for review will vary according to the individual patients condition and needs. The timescale for review must be recorded on the assessment.

The significant findings of all risk assessments conducted must be recorded and be retrievable, legible, and accessible as required. Where risk assessments for either load or patient handling identify control measures in order to reduce a risk which cannot be eliminated, the measure identified must be implemented and due consideration must be given to mechanical handling or automation wherever possible.

9. ACCESS TO SPECIALIST ADVICE

Specialist advice on moving and handling can be sought from the manual handling trainers i.e., for advice on risk assessment, compliance with legal requirements and policy, handling techniques and aids. The Community Equipment Service Clinical Adviser for advice on selection and use of equipment.

Specialist advice for patient related assessments can be sought from other specialists in the field of moving and handling, e.g., Physiotherapists and Occupational therapists.

The advisers will provide either, telephone advice, arrange site visits or recommend further contacts from external sources should this be necessary, social service advisers, manufactures, suppliers etc...

Where advice is needed urgently out of hours the on-call manager should be contacted.

The Moving and Handling Trainers can be contacted by email to the CE Team: -

- Email: shropcom.clinicaleducationteam@nhs.net
- Or contact your local moving and handling link trainer, via your ward or department manager.

10. TECHNIQUES TO BE USED IN THE MOVING AND HANDLING OF PATIENTS AND OBJECTS

Patient handling manoeuvres approved in the Trust are detailed in The Guide to the Handling of People 7th Edition (HOP7). This publication is held in each Community Hospital and in the hospital library. Patient handling guidance and details of manoeuvre's are also available via www.clinicalskills.net. Guidance videos for Moving & Handling Procedures & Techniques are located in the clinical education page on the staff intranet site. These moving and handling techniques are also taught as part of the moving and handling training programme for clinical staff.

10.1. THERAPUTIC HANDLING

Taken from the Guidance on Manual Handling in Physiotherapy

Therapists owe a duty of care to their patients, colleagues, and employers. This includes treatment involving manual handling, delegation of treatment, and the provision of manual handling guidance, advice, and education.

When treatment programmes are devised that involve manual handling, therapists must assess that part of their work which is potentially hazardous and reduce the risks so far is reasonably practicable. This must be documented within the patients records.

The risk assessment for therapeutic handling must consider the utility of the act (the potential benefit of the treatment handling intervention) with the reasonable practicability of avoidance.

10.2 EQUIPMENT

As part of the assessment process Managers and the Moving and Handling Trainers may identify the need for mechanical aids and other manual handling and postural devices in order to eliminate or reduce the risk of injury from manual handling or stressful working postures.

- Any equipment purchased will be of a suitable standard and comply with British Standards and the Provision and Use of Work Equipment Regulations (1998).
- Responsibility for the purchase of such equipment will rest with the individual Departments. Managers should seek advice from the Community Equipment Stores prior to the purchase of new or replacement equipment. This will help to ensure safety, suitability, quality, efficiency, and cost-effectiveness as well as provide a consistent approach across the Trust.
- Appropriate information including test certificates, instructions and maintenance manuals will accompany any equipment supplied and that lifting equipment (hoists, passive-standers, and their attachments such as slings, etc) fully complies with the Lifting Operations and Lifting Equipment Regulations (1998). Staff will have access to and have read all operating instructions and be fully conversant in the safe use of all equipment in their area and should carry out a visual inspection of equipment prior to, during and after use and report any defects. Any defective equipment must be immediately withdrawn from use until they are serviceable again or replaced.
- All equipment will be kept clean and in a good working order and appropriate decontamination protocols used to avoid cross-infection. It will be subject to statutory safety and maintenance checks. These are overseen by the Community Equipment Stores for Community Equipment and MPFT Estates and Facilities Dept for all Community Hospital Equipment.

11. HANDLING OF BARIATRIC (EXTREMELY HEAVY) PATIENTS

Due to the increasing degree of obesity within the general population there will be increased need to have suitable equipment provided for people with greater load bearing capabilities. Risk assessments will need to take into account the needs of the person, the equipment necessary and available space in the environment and the number of staff available to give the required safe care. All clinical areas will need to have access to appropriate patient weighing devices that will weigh up to 200 kgs (32 stone). Devices able to weigh up to 300 kg (47 stone) are available at the Shrewsbury and Telford Hospitals Trust. Any shortfalls in equipment must be reported to the line manager. Areas will need to have procedures in place for the purchasing or hiring of suitable equipment at short notice should this be needed.

Managers and staff need to be aware of the Safe Working Load capacity of all equipment. This will include all equipment, beds, couches, and commodes, walking aids, hoists, chairs and also office chairs.

See Appendix G: Guidelines for Handling Bariatric (Heavy) Patients
See Appendix H: Bariatric (Heavy) Patient Handling Flowchart

12. RISK ASSESSMENT FILTERS

See Appendix I: Risk Assessment Filters

13. UNSAFE HANDLING TECHNIQUES

As identified by authoritative bodies such as the National Back Exchange, Royal College of Nursing, Back care, or the Chartered Society of Physiotherapy, certain patient handling techniques are identified as unsafe and on no account must these practices be used in the Trust. Use of such methods renders patients and staff liable to serious injury, and staff should be aware that their use may lead to disciplinary action.

Details of the current unsafe techniques are provided during moving and handling training sessions and discussed in The Guide to the Handling of People 7th edition. Information also available on the trust intranet/staff zone.

14. EMERGENCIES

Emergencies (unforeseen circumstance or occurrence that calls for immediate action) in which unsafe handling practices may be unavoidable are extremely rare and are generally excluded from the manual handling operations regulations.

These include situations in the following circumstances:

- Area on fire – filling with smoke,
- In water – imminent danger of drowning
- Electrocution
- In danger of collapsing structure
- In danger from bomb / bullet

Where genuinely unforeseen emergency situations do occur, safety should be maintained as far as possible on a dynamic risk assessment basis.

All foreseeable situations must be planned for, and appropriate risk assessments undertaken.

Managers and staff must complete a Datix incident report as part of the review and de-briefing process following such an incident and a review of the relevant risk assessment(s) must be conducted.

15. RECORDS

Anyone undertaking a formal risk assessment must record the significant findings, recommendations, and any related written procedure / protocols / Standard Operating Procedure (SOP) in accordance with this policy.

All documents relating to manual handling (including lesson plans and training materials) will be retained for reference purposes by the Moving and Handling Trainers.

Retention of records will be, in general, in accordance with the Trust Policy and procedures, but as a guide the following should be considered:

- Keep new risk assessments and the previous risk assessment (to which the new one replaces); however, if someone was injured during the period when the old risk assessment was operational and live, then that assessment must be kept for at least 5 years from the date of injury.
- Individual staff training records should be kept on ESR for the period the member of staff was employed by the Trust plus 5 years.
- Training course plans, etc. should be kept for 5 years. Staff health records should be kept for 40 years.

16. MONITORING

See Appendix G: Monitoring of Moving and Handling
Appendix H: Monitoring of Moving and Handling Training

17. REVIEW

This Policy will be reviewed in 2 years or earlier depending on: -

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- Significant changes to practice which require a change in the policy.
- If it is deemed appropriate by the author (i.e., After changes to legislation)
- If a significant incident, or a series of incidents, concerning the operation of the policy occurs.
- Highlighted concerns from the enforcement authority – the Health and Safety Executive
- Organisational or significant legislative changes
- Consideration of accident / incident trend analysis, by reviewing the efficacy of this policy and associated appendices / manual handling risk assessment tools.
- If significant findings of assessments of risk indicate that this policy is not effective.

In order that this document remains current, any of the appendices to the policy can be amended and approved during the lifetime of the document without the document strategy having to return to the ratifying committee.

18. EQUALITY IMPACT ASSESSMENT (EQIA)

This document has been subject to an Equality Impact Assessment and is not anticipated to have an adverse impact on any group.

19. REFERENCES AND BIBLIOGRAPHY

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The Health and Safety at Work etc Act 1974. HMSO

Manual Handling Risk Assessment Tool for Lifting and Carrying

Directorate:		Date of assessment:	
Ward/Department:		Ward/Department Manager:	
Description of manual handling task, including the weight of the load:			
Equipment used:			
Who might be harmed?			

TASK: Does it involve:	If "yes," tick appropriate level of risk			Comments (including remedial action)
	Low	Med	High	
Holding the load away from you				
Twisting				
Stooping				
Reaching				
Lifting above shoulder height or from the floor				
Long carrying distances (>10m)				
Team handling				
Unpredictable movement of loads				
Repetitive handling				
Insufficient rest or recovery				
Work rate imposed by a process (e.g., time)				
Holding a static/awkward posture for a long time				
Handling whilst seated				
INDIVIDUAL CAPABILITIES:	Low	Med	High	
Does the task require unusual capability (e.g., strength / height)				
Does the task endanger anyone with a health problem or physical and / or mental disability or who is pregnant or a young worker				
Does the task call for special information / training				
LOAD: Is it:	Low	Med	High	
Heavy				
Bulky / unwieldy				
Difficult to grasp				
Unstable / unpredictable (contents likely to shift)				
Intrinsically harmful (e.g., sharp / hot)				
WORKING ENVIRONMENT:	Low	Med	High	
Poor housekeeping, untidy, cluttered				
Constraints on posture (e.g., limited access)				
Steps, slopes, or changes in level or working surfaces				
Hot / cold / humid – extremes of temperature				
Work heights that could present risk (e.g., up ladder)				
Uneven, slippery, or unstable floor				
Strong air movements				
Poor lighting conditions				
WORK ORGANISATION	Low	Med	High	
Has the work been appropriately planned, and consideration given to scheduling of tasks / rest breaks				
Do staff feel that there is a poor communication between users of equipment and others (e.g., managers, purchasers etc.)				
Are there sudden changes in workload, or seasonal changes in volume				
Do staff feel they have not been given enough training and information to carry out the task successfully				
OTHER:	Low	Med	High	
Is movement / posture hindered by clothing or personal protective equipment				
Is the weight of the load, and its heaviest side if the centre of gravity is not positioned centrally, visibly marked				
Any other relevant factors				

Existing risk control measures:			
Can the risk be eliminated	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Can the task be mechanised or automated	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Current risk rating score (1-25) (refer to Trust Risk Matrix to generate score)			
Current risk rating category:	Low <input type="checkbox"/>	Medium <input type="checkbox"/>	High <input type="checkbox"/>

Action Required	By Whom	Date for Completion	Date Completed

Evaluation of risk with control measures in place	Low <input type="checkbox"/>	Medium <input type="checkbox"/>	High <input type="checkbox"/>
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Review date (not more than 12 months)			
Assessor's name		Post title	
Signature		Date	

Follow Up					
Date:		Action taken:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
To what extent has the risk been reduced?		From	Low <input type="checkbox"/>	Medium <input type="checkbox"/>	High <input type="checkbox"/>
		To	Low <input type="checkbox"/>	Medium <input type="checkbox"/>	High <input type="checkbox"/>
Has the action been completed?		Yes <input type="checkbox"/> No <input type="checkbox"/>			
Is there any action outstanding?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please give details:			
Are there any added problems?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please complete a new risk assessment:			
Assessor's name			Job Title		
Signature			Date		

Manual Handling Risk Assessment Tool for Pushing and Pulling

Directorate:		Date of assessment:	
Ward/Department:		Ward/Department Manager:	
Description of manual handling task, including the weight of the load and starting/ stopping forces:			
Equipment used:			
Who might be harmed?			

TASK: Does it involve:	If "yes," tick appropriate level of risk			Comments (including remedial action)
	Low	Med	High	
High initial forces to get the load moving				
High forces to keep the load in motion				
Sudden movements to start, stop or manoeuvre load				
Twisting/ manoeuvring load into position or round obstacles				
One-handed operations				
Hands below waist or above shoulder height				
Movement at high speed				
Movement over long distances (>20m)				
Repetitive pulling/ pushing				
INDIVIDUAL CAPABILITIES: does the job	Low	Med	High	
Require unusual capability				
Hazard for those with a health problem, or disability				
Hazard for those who are pregnant, or who are young workers				
Call for special information or training				
LOAD:	Low	Med	High	
Does it lack good handholds				
Is it unstable/ unpredictable				
Is vision over/ around it restricted				
If the load is on wheels or castors, are they:	Low	Med	High	
Unsuitable for the type of load				
Unsuitable for the floor surface/ work environment				
Difficult to steer				
Easily damaged or defective				
Without brakes, or difficult to stop				
With brakes, but brakes are poor/ ineffective				
Without a planned inspection and maintenance regime based on a frequency that keeps them in working order				
WORKING ENVIRONMENT:	Low	Med	High	
Constraints on body posture/ positioning				
Confined spaces/ narrow doorways				
Surfaces or edges to cause cuts/ abrasions/ burns to hands or body				
Rutted/ damaged/ slippery floors				
Ramps/ slopes/ uneven surfaces				
Trapping or tripping hazards				
Poor lighting conditions				
Hot/ cold/ humid conditions				
Strong air movements				
EQUIPMENT:	Low	Med	High	
Is movement or posture hindered by clothing or PPE				
Is there an absence of the correct PPE being worn				
Are trolleys/ floor surfaces poorly maintained/ cleaned/ repaired				
Is there a lack of regular maintenance procedures for the equipment				
WORK ORGANISATION	Low	Med	High	
Do staff report a lack of consideration given to planning and scheduling of tasks or rest breaks				
Do staff report that there is poor communication between users of equipment and managers/ purchasers etc.				
Are there sudden changes in workload or seasonal changes in volume without mechanisms for dealing with the change				

Do workers feel they have not been given enough training and information to carry out the tasks successfully				
--	--	--	--	--

B - 1

Existing risk control measures:			
Can the task be eliminated?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Can the task be mechanised or automated?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Current risk rating score (1-25): <i>(please refer to Trust Risk Matrix to generate score)</i>			
Current risk rating category:	Low <input type="checkbox"/>	Medium <input type="checkbox"/>	High <input type="checkbox"/>

Action Required	By Whom	Date for Completion	Date Completed

Evaluation of risk with control measures in place	Low <input type="checkbox"/>	Medium <input type="checkbox"/>	High <input type="checkbox"/>
---	------------------------------	---------------------------------	-------------------------------

Review date (not more than 12 months)			
Assessor's name		Post title	
Signature		Date	

Follow Up			
Date:		Action taken: Yes <input type="checkbox"/> No <input type="checkbox"/>	
To what extent has the risk been reduced?	From	Low <input type="checkbox"/>	Medium <input type="checkbox"/> High <input type="checkbox"/>
	To	Low <input type="checkbox"/>	Medium <input type="checkbox"/> High <input type="checkbox"/>
Has the action been completed?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is there any action outstanding?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please give details:	
Are there any added problems?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please complete a new risk assessment	
Assessor's name		Job Title	
Signature		Date	

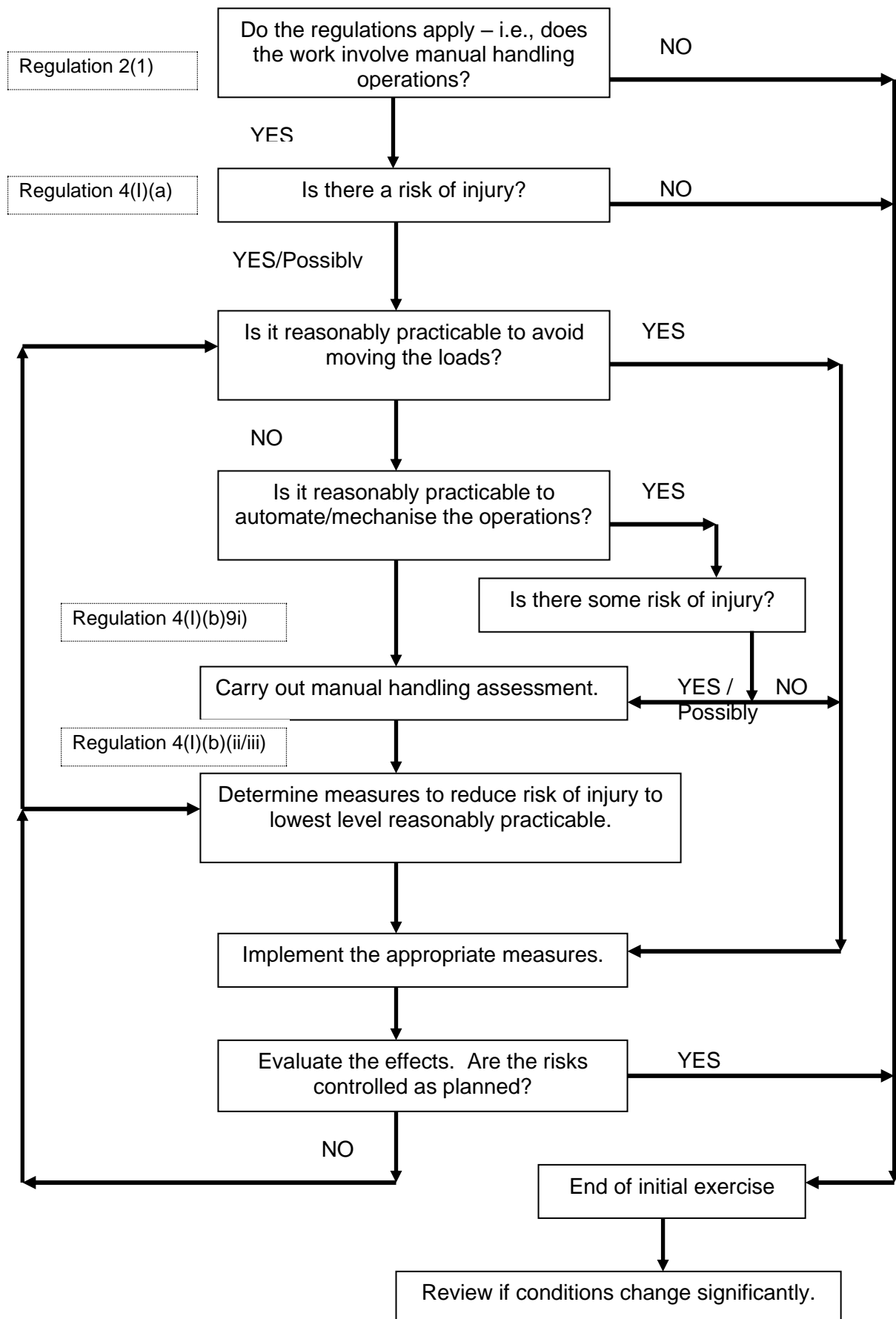
GUIDANCE SHEET FOR THE COMPLETION OF MANUAL HANDLING RISK ASSESSMENT (INANIMATE LOADS)

THE TASK: Does it involve:	LOW - YELLOW	MEDIUM - AMBER	HIGH - RED
Holding the load away from the trunk?	Load within zone close to body within base of support	Load moved in zone furthest from body	Load moved outside zone of support
Twisting?	Up to 45 degrees	45 – 90 degrees	Greater than 90 degrees
Stooping?	Slightly	To knee level	To floor level
Reaching?	Shoulder height	Head Height	Above head height
Lifting above shoulder height or from the floor?	Less than 1m in height	1-2metres	More than 2 metres
Large carrying distances?	Up to 10m	10-20metres	More than 20 metres
Team handling?	1-2 persons	2-3 persons	3 or more persons
Handling whilst seated?	Chair adjusted for individual	Chair too high or low	Chair non-adjustable
Work rate imposed by a process?	Rarely	Occasionally	Always
Holding a static/awkward posture for a long time?	<5mins	5-10mins	More than 10 mins
Repetition or prolonged activity?	1-4 operations	5-10 operations	More than 10 operations
Insufficient rest or recovery?	Rarely	Occasionally	Always
INDIVIDUAL CAPABILITIES: Does the task:	LOW - YELLOW	MEDIUM - AMBER	HIGH - RED
Require unusual capability (strength / height)?	Most people can carry out the task	Certain people can carry out the task	Minority of people can carry out task
Endanger those with a health problem?	Possibly	Likely	Certainly
Endanger New or Expectant mothers?	Possibly	Likely	Certainly
Call for special information / training?	Beneficial but not essential	Considered necessary	Essential to carry out task
LOAD: Is it:	LOW - YELLOW	MEDIUM - AMBER	HIGH - RED
Heavy? Indicate weight in kg	Up to guideline figures	Sometimes in excess of guideline figs	Always in excess of guidelines
Bulky / unwieldy?	Grip is easily maintained	Awkward to handle	Great difficulty in maintaining grip
Difficult to grasp	Rarely	Occasionally	Always
Unstable / unpredictable? (Contents likely to shift)	Rarely shifts when moved	Will shift often	Always shifts
Intrinsically harmful? (e.g., sharp / hot)	Exposure to harm generally avoidable	Exposure not easily avoidable	Exposure unavoidable
WORKING ENVIRONMENT: Is there:	LOW - YELLOW	MEDIUM - AMBER	HIGH - RED
Poor housekeeping, untidy, cluttered	Rarely	Occasionally	Always
Limited access or space prevents good posture	Minimal interference with body movements	Moderate interference	Significant interference
Variations of levels? steps, slopes, or work surfaces	Load moved <1meter vertically	Load moved 1-2 meter vertically	Load moved more than 2 m vertically
Work at heights? (e.g., up a ladder)	Load moved <1meter vertically	Load moved 1-2 meter vertically	Load moved more than 2 m vertically
Uneven, slippery, or unstable floor	Minimal or no unevenness or obstruction	Moderate unevenness, low grip, or noteworthy obstruction	Dangerous uneven floor, very low grip and/or obstructed
Hot / cold / humid – extremes of temperature?	Rarely	Occasionally	Always
Poor lighting conditions?	Rarely	Occasionally	Always
OTHER: Is any:	LOW - YELLOW	MEDIUM - AMBER	HIGH - RED

Movement / posture hindered by clothing / PPE?	Rarely	Occasionally	Certainly
Special Equipment available for the task? Hoist/Sling	Always available	Sometimes available	Never available

C – 1

Moving and Handling Flowchart for Inanimate Loads



Patient Moving & Handling Risk Assessment

Affix Addressograph Label

Name:

Hospital No:

Weight: Kg *

Height:

BMI: Waist circumference.....

* Patients in excess of 160kg (25 stone) require Bariatric Risk Assessment from Bariatric File

Assessment Date					
Risk Assessment	Handling Factors	Waterlow Score			
		Unpredictable behaviour			
		No Co-operation			
		No Comprehension			
		Pain			
		Skin problems affecting mobility and handling			
		Infusions/attachment to equipment/splints/traction			
		For rehabilitation / History of falls			
	Mobility Factors	I = Independent S = Supervise A = Assistance required			
		Moving in bed			
Transfer from bed/chair					
Walking					
Risk Level – High/Medium/Low					

Circle Equipment Required: **Bed** : Electric Profiling/Low **Chair**: Standard/Other
Hoist : Passive Mobile/Standing/OHT **Sling**: S/M/L/XL **Slide Sheets**: 2/+

Handling Strategy	Up Bed	Independent/Supervise			
		Seated slide with slide sheet (--) persons			
		Sheet slide with slide sheet (--) persons			
		Hoist			
		Other (state)			
	Turning	Independent/Supervise			
		30° tilt with (--) persons			
		Sheet slide with slide sheets (--) persons			
	Bed/Chair	Independent/Supervise			
		Assisted stepping with (--) persons			
		Hoist with (2+) persons			
		Other (state)			
	Mobilising	Independent/Supervise			
		Walks with (--) persons			
		Walking Aid: Stick/crutches/frame			
		Wheelchair			
		Other (state)			
	Toileting	Independent/Supervise/Assisted walk to toilet			
		Standing transfer with (--) to commode			
		Hoist to commode (2+) persons			
		Roll to bedpan with (--) persons			
		Hoist to bedpan			
	Bathing	Independent/Supervise : Shower / Bath			
		Bed Bath			
Wash at hand basin					
Other					
Signature of Assessor					
Time of Assessment					

A (green) B (yellow) C (red)

Patient risk assessment must be reviewed on conditional change or at least weekly.

CAT.	RISK LEVEL	EXPLANATION	NO. STAFF
A green	Low	Patient self-sufficient with respect to handling	0-1
B yellow	Medium	Patient may need assistance to alter position and transfer. Handling equipment/mobility aids where appropriate	1-2
C red	High	Patient needs significant assistance to alter position and/or weight bear. Handling equipment required. Profiling bed recommended	2+

[illegible]

A = Assistance required

I - Independent		C - Supervise		A - Assistance Required		

Rope Ladder: Y/N

[illegible]

PATIENT HANDLING RISK ASSESSMENT

Patient Identity Label

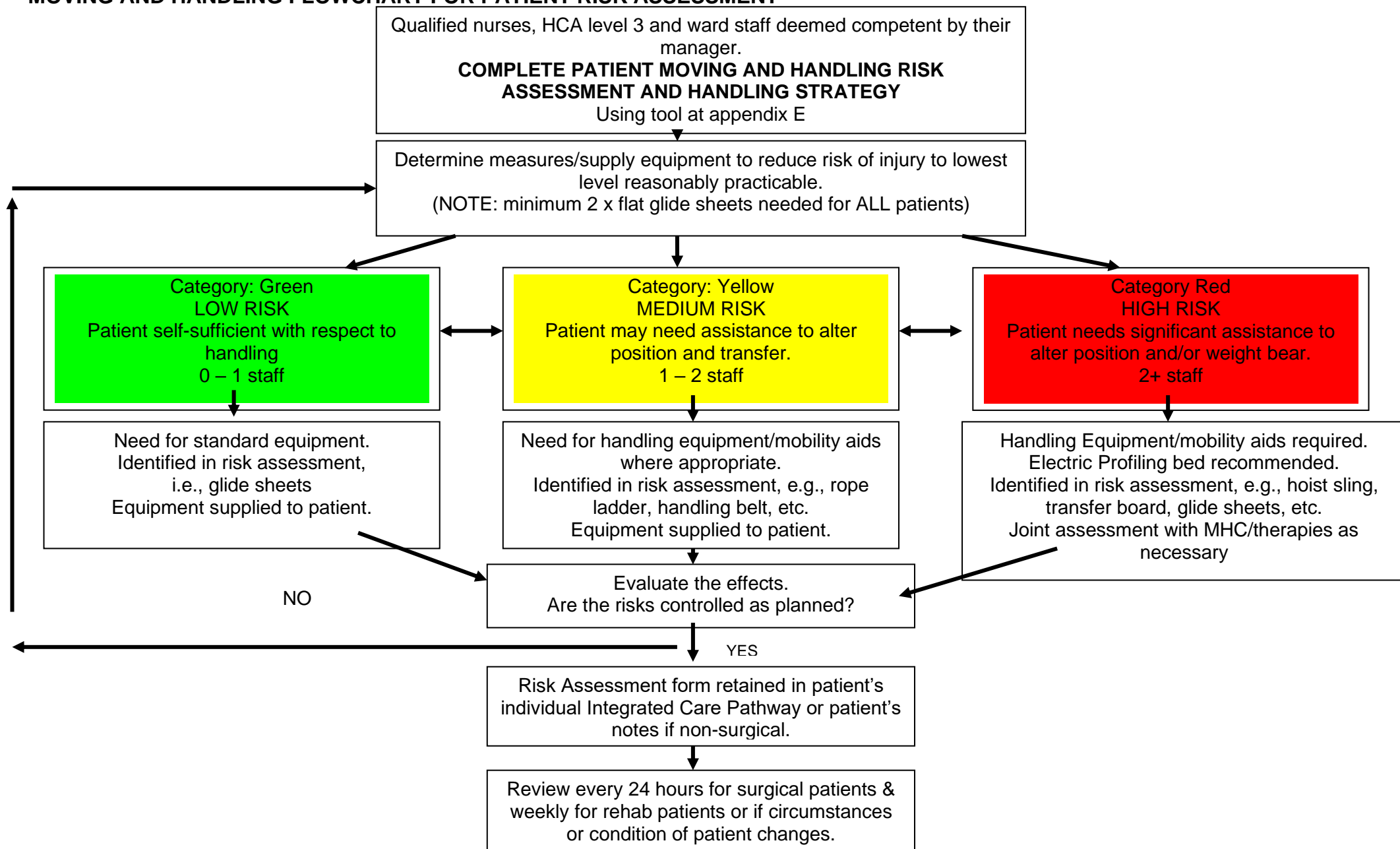
Level of injury	CAT.	RISK LEVEL	EXPLANATION	NO. STAFF
Height	A green	Low	Patient self sufficient with respect to handling	0-1
Weight	B yellow	Medium	Patient may need assistance to alter position and transfer Handling equipment/mobility aids where appropriate	1-2
	C red	High	Patient needs significant assistance to alter position and/or weight bear. Handling equipment required. Electric Profiling bed necessary	2+

Risk Assessment	Handling Factors	Date/....../....	Date/....../....	Date/....../....	Date/....../....
	Waterlow Score				
	Unpredictable behaviour				
	No Co-operation				
	No Comprehension				
	Pain				
	Skin problems				
	Attachment to equipment				
	For rehab / History of falls				
	I = Independent S = Supervise A = Assistance required				
Mobility Factors	Moving in bed				
	Transfer from bed/chair				
	Walking				
	Risk Level – L / M / H				

Key	Describe below how each task is to be undertaken, including the equipment required				
	NA = Not Applicable	-/+ 2 = No. of Persons	E/SL = Easi Slide	H = Hoist	SB = Sliding Board

Handling Strategy	Transfers				
	Bed ↔ Bed / Trolley				
	Bed ↔ W/Chair				
	Bed ↔ Shower Chair				
	W/Chair ↔ Toilet				
	Floor ↔ Chair				
	Chair Mobility				
	Reposition in Chair				
	Pressure Relief				
	Bed Mobility				
	Turning - Side ↔ Side				
	Lying ↔ Sitting				
	Head Hold				
	Standing				
	Sit ↔ Standing				
	Walking				
	Sling Size (S/M/L/XL)				
	Other				
	Signature of Assessor				
	Time of Assessment				

MOVING AND HANDLING FLOWCHART FOR PATIENT RISK ASSESSMENT



GUIDELINES FOR THE SAFER HANDLING OF BARIATRIC (PLUS SIZE) PATIENTS

G.1 INTRODUCTION

The Handling of plus size patients constitutes a risk to healthcare staff.

This risk is best managed by proactive planning, which provides options of a number of risks reducing measures.

These guidelines form an appendix to the existing Safer Handling Policy. 'Bariatric' is a term used to describe the field of medicine that focuses on the causes, prevention, treatment and management of obesity and its associated diseases (Mosby's Medical Dictionary 2006).

G.2 AIMS

The aims of the guidelines are: -

- (a) To minimise the risk of moving and handling injuries to employees involved in the care of plus size patients, and
- (b) To ensure a safe environment for these patients whilst they are receiving care from Trust staff/services by ensuring that specialised equipment and advice is available as soon as is reasonably practicable.

G.3 DEFINITION

Bariatric Patient – any patient known to be in excess of 159kg (25 stones) (Fazel,1997).

Extremely Heavy Patients - any patient in excess of 114.5kg (18 stone)

The Trust will also consider any patient whose size, weight or body dynamics exceed the safe working loads or capacity of the existing equipment or care capabilities, and whose size, weight or body dynamics may also require exceptional staffing, equipment, and environmental considerations.

G.4 PROCEDURE

- G.4.1 For planned admission protocol is to be initiated by the clinical site manager, admitting ward or community department as part of the Pre-assessment service.
- G 4.2 The Locality Manager, Ward Manager or Team Leader as appropriate, should be informed at the earliest opportunity if an extremely heavy or bariatric patient is admitted to the Trust or is attending as an out-patient.

In the case of a planned community/out-patient appointment, the department receiving the patient should assess what equipment is required and, if needed, ensure that the bed and bed space is available to use for the appointment. If a suitable location is not available, arrangements should be made for the patient to be seen on an alternative date or be seen in an alternative location of the trust. This should be co-ordinated with the team leader/Department Manager.

If more than one plus-size in-patient requires the use of a bariatric bed, additional resources will need to be sourced.
- G 4.3 If patient is admitted, all departments likely to be involved in the care of the patient e.g., Physiotherapy, Occupational Therapy, Porters must be informed immediately after admission and the safe working load of the equipment considered.
- G 4.4 An individual Patient Handling Risk Assessment and handling strategy must be completed and documented at the point of admission in compliance with the Safe Moving and Handling Policy.

The completed risk assessment must accompany the patient at all times and information regarding handling activities must be communicated to all healthcare staff involved.

The risk assessment ***must be reviewed*** on any conditional change of the patient and must always accompany the patient.

This should identify:

- The patient's actual weight, height, and Body Mass Index (BMI).
- The patient's degree of independent mobility and capability.
- All predicted and predictable handling activities which require guidance and/or assistance – general mobility and bed mobility.
- The minimum number of staff required for each handling tasks. To obtain extra nursing staff the Risk Assessment form must be completed and then staffing agreed with the Ward Manager/Team Leader for the appropriate department.
- Handling devices/other equipment to be used for each specific handling task.
- The preventative measures to be in place to ensure the patient is secure and safe, for example in the event of a fall and how to handle the patient in exceptional circumstances (an emergency situation) or raising the patient from the floor.
- If hazardous handling is identified, the level of risk of injury to the staff or the patient.

Therapeutic Handling

If required, the procedures/methods adopted will be assessed based on individual needs by the therapy services team and referral to the Therapeutic Handling Guidelines will be applicable.

G.5 BEDS AND MATTRESSES

These will be sourced via an external company. The details of which can be obtained/hired via the Ward Manger or Community Equipment Stores.

G.6 HOISTS

If a patient is more than 227kgs (35½ stone) (or the safe working load of the ward/dept hoist, if that is lower) and requires hoisting, then this should be sourced as detailed in G.5

G.7 SLINGS

Compatibility and LOLER testing of the patient's own sling and the Trusts hoists must be ascertained before the patient's own sling may be used.

All slings must be thoroughly checked before, during and after use. The sling size and type must be recorded in the patient's moving and handling plan.

G.8 CHAIRS/COMMODOES/WHEELCHAIRS

The Trusts standard chairs have a SWL of 125kg (20 stone). Chairs for Bariatric patients will be sourced via an external company. The details of which can be obtained/hired via the Ward Manger or Community Equipment Stores.

A standard 'portering' type wheelchair has a SWL of 180kg (28 stone). If any patient requires a chair/riser recliner or wheelchair that exceeds these SWL limits appropriate equipment must be sourced.

G.9 OTHER DEVICES

Crutches and walking frames have a safe weight limit and therapy staff should verify that the patient falls within this limit before the device is used.

Standard sized slide sheets (140cm x 200cm) are suitable for plus-size patients.

G.10 WEIGHING PATIENTS

The majority of Arjo Maximove hoists have integral weighing scales. Patients should be nursed in a bed which has an integral weighing facility if possible.

G.11 DISCHARGE INTO THE COMMUNITY

Consideration should be given prior to discharge into the community that sufficient arrangements have been made for moving and handling the patient in the community. This will include informing appropriate community services (i.e., community nurse, occupational therapist, physiotherapist, and tissue viability service) of the planned discharge.

The ambulance/transport service should be notified in advance to arrange suitable transport, resources, and equipment.

G.12 INDIVIDUAL DEPARTMENTAL PROCEDURE

All departments will develop their own procedures for dealing with plus-size patients. This will include risk assessments of the stability/limitation of equipment (to include beds, trolleys, tables etc).

G.13 EQUIPMENT HIRE

For hire of equipment consult the Departmental Guidelines for telephone numbers of appropriate companies or consult the Ward/Dept manager OR Central Equipment stores.

G.14 PATIENT FALLS

Uninjured patients may be verbally assisted and physically guided from the floor independently.

A passive mobile hoist and appropriate sling can used always ensuring that the SWL is not being exceeded.

All major injured patients must be immobilised appropriately prior to emergency services being contacted and a joint risk assessment being undertaken to ensure they are safely lifted and transported to an acute setting for assessment and treatment.

A mechanical lifting device should always be used wherever possible. When it is not possible then a bariatric emergency lifting sheet should have been included and made available in the emergency plan for that individual patient.

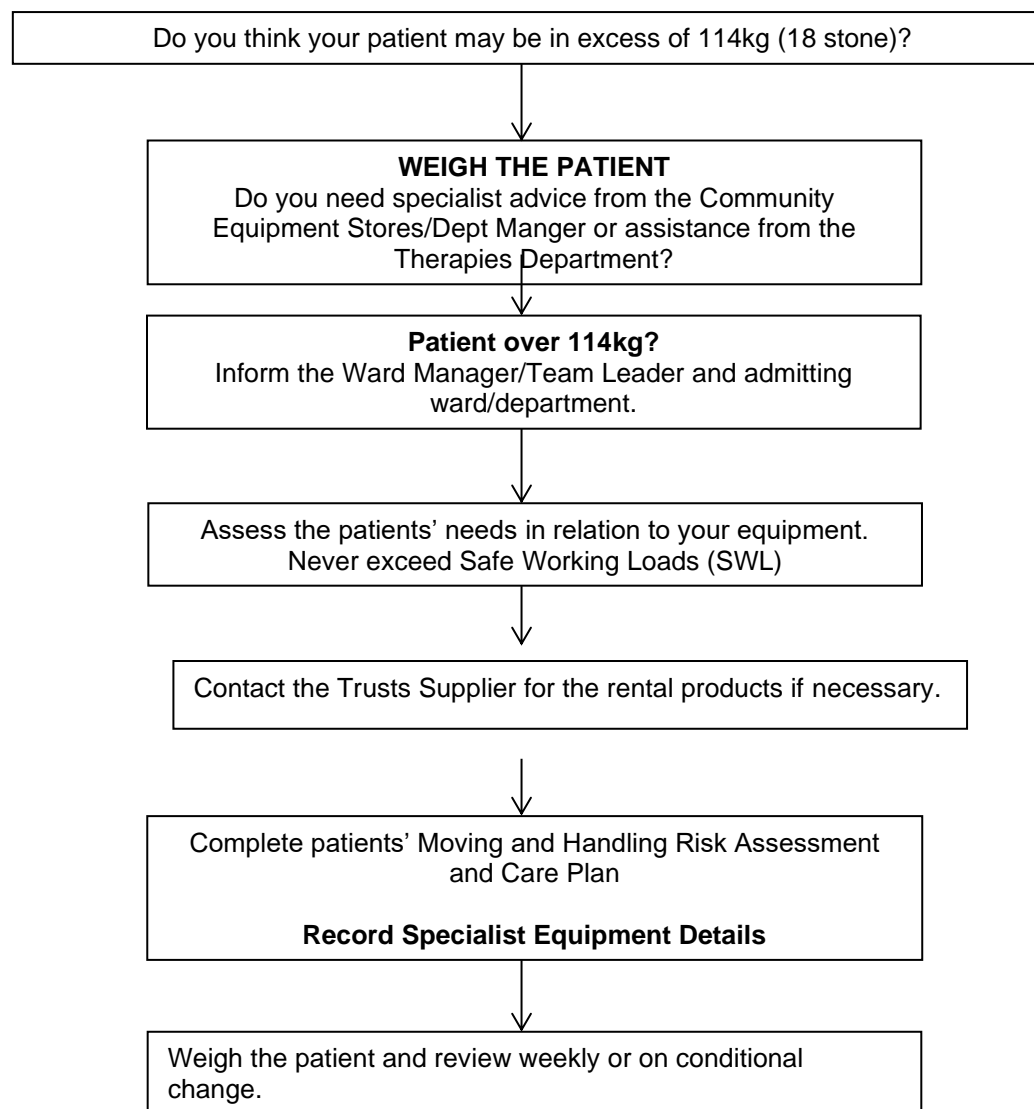
G.15 RESUSCITATION

Resuscitation Council (UK) guidelines apply. Additional guidance should be considered to provide safer handling and effective CPR when a bariatric patient has a cardiac arrest, together with different scenarios, guidance can be obtained from the Resuscitation Council (UK) Document 'Guidance for safer handling during resuscitation in healthcare settings' (June 2020).

G.16 IN THE EVENT OF DEATH

Inform porters/undertakers of patient's weight and shoulder span to enable them to facilitate timely removal of the deceased from the clinical area on the mortuary trolley if safe to do so. If it not possible to store the deceased in the mortuary, they should remain on the bed in the mortuary until removal by the undertakers. Enquiries should be made as to how the funeral directors intend moving and transporting the deceased in order that this can be achieved safely, whilst maintaining the individual's dignity and respect. Trust equipment and staff should be offered to the funeral directors to assist them in safe moving and handling of the patient to a pre-agreed dispatch point on the premises. The handling risk assessment form must accompany the deceased.

GUIDELINES FOR THE CARE OF BARIATRIC AND HEAVY PATIENTS



RISK ASSESSMENT FILTERS

I.1 RISK ASSESSMENT FILTERS FOR MANUAL HANDLING TASKS

The risk assessment filters in this appendix are reproduced from the HSE's Guidance to the Manual Handling Operations Regulations 1992 (as amended)

The risk filters are intended to help risk assessors decide whether a manual handling activity is likely to be hazardous or not.

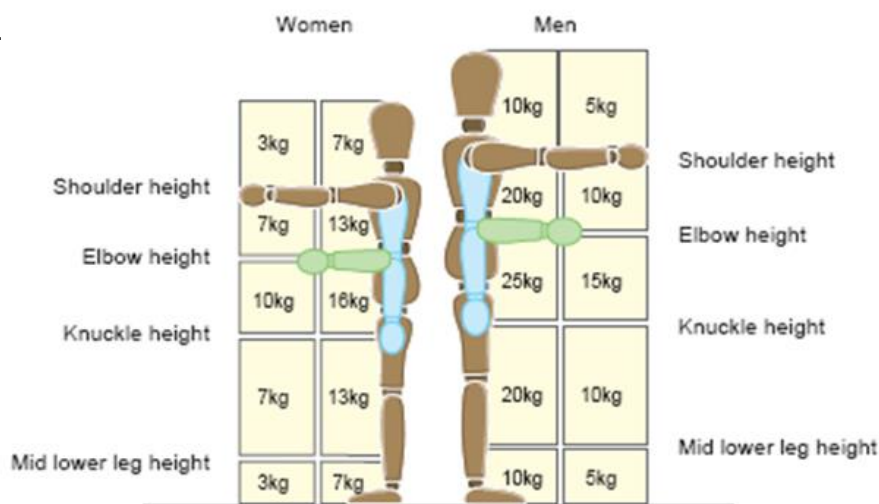
You will need to conduct a proper risk assessment if:

- The filter shows that the guidelines are exceeded.
- The activities do not fall within the guideline descriptions or assumptions.
- other factors lead you to consider the task hazardous.
- the task cannot be assessed quickly against the risk filter.

If there is doubt, a full assessment should be conducted.

I.2 RISK ASSESSMENT FILTER FOR LIFTING AND CARRYING

Figure 1.



Note that this filter assumes that the load is easy to grasp with both hands, the working conditions are reasonable, that the handler is in a stable body position, and that the operation is repeated no more than once every two minutes.

In particular, if the task involves carrying over distances of more than about 10 metres without resting and the load is not held against the body, or is held below knuckle or above elbow height, then this filter is not valid, and a full risk assessment is required.

If the lifting operation is repeated more quickly, the following reductions apply:

- if operation repeated once or twice a minute, reduce figures by 30%.
- if operation repeated five to eight times per minute, reduce figures by 50%; and
- if operation repeated more than 12 times per minute, reduce figures by 80%.

If the operator twists while handling, the following reductions apply:

- if handler twists through 45 degrees from front, reduce figures by 10%; and
- if handler twists through 90% from front, reduce figures by 20%

I.3 RISK ASSESSMENT FILTER FOR PUSHING AND PULLING

For pushing and pulling loads, the following filters should be applied.

- The guideline figure for stopping or starting a load is 20kg (or 200N) for men and 15 kg (or 150N) for women.
- The guideline figure keeping a load in motion is 10 kg (or 100N) for men and 7 kg (or 70 N) for women.

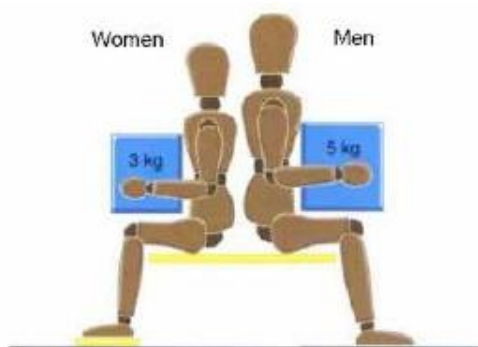
This assumes that the load is pushed for no more than about 20 metres, and that the load is pushed with the hands held somewhere between knuckle and elbow height. It also assumes that the device being used is well-maintained (for example, the wheels move freely) and that floors are firm, stable, and even, that the operator is not working in a confined space, and that there are no trapping hazards.

If the load is being moved up or down a slope, then the assessor must take account of the gradient as follows:

- If slope gradient is 1 degree, push force increase per 100 kg of laden trolley weight is 2 kg.
- If slope gradient is 3 degrees, push force increase per 100 kg of laden trolley weight is 5 kg.
- If slope gradient is 5 degrees, push force increase per 100 kg of laden trolley weight is 9 kg.
- If slope gradient is 7 degrees, push force increase per 100 kg of laden trolley weight is 12 kg.
- If slope gradient is 10 degrees, push force increase per 100 kg of laden trolley weight is 17.5 kg.

I.4 RISK ASSESSMENT FILTER FOR SEATED HANDLING

The basis risk filter for seated handling is reproduced at figure 2 below.



This assumes that the hands within the box zone – if this is not true, a more detailed assessment is required.

I.5 ADVICE AND ASSISTANCE

Risk assessors may seek advice from the Moving and Handling Trainers or Health and Safety Team on the application of these risk filters, and on any assessment resulting from a task exceeding any of the filters or guidelines in this appendix.

Monitoring of Moving and Handling

Appendix J

Element to be monitored	Lead	Tool	Frequency	Reporting Arrangements	Acting on recommendations & Lead(s)	Change in practice and lessons to be shared
Duties (As per section 6)	To be addresses through the monitoring below					
Review practices and techniques to be used in the moving and handling of inanimate loads and patients, including the use of appropriate equipment. (As per section 13)	Moving and Handling Trainers	Review of reported incidents and findings of investigations.	Minimum 10 times per year	Health and Safety Committee	Managers will complete actions identified and record.	A lead member of the Health and Safety Committee will be identified to take each change forward where appropriate.
		Audit of risk assessments, peer reviews and periodic audit of MH equipment	Minimum four times per year	Senior Nurse and Allied Healthcare Professionals Meetings	Results to inform training needs analysis for MH training	
Arrangements for access to appropriate specialist advice (As per section 16)		Review the number and types of requests for advice to be included in Health and Safety Report for Manual Handling	Once per year when new training schedule is published and thereafter as required	Health and Safety Committee		
Requirement to undertake appropriate risk assessments for the moving and handling of patients and objects. (As per section 13)	Moving & Handling Trainers and Risk Officer	Audit of generic load and patient risk assessments.	Minimum 10 times per year			
		MHT programme of observation of practice at ward level	As per training needs analysis			
Arrangements for ensuring that action is taken as a result of risk assessments. (As per section 13)		H&S Officer/MHT periodic reports on trends in incidents with specific reference to incident investigations	Minimum four times per year			Lessons will be shared with all the relevant stakeholders.

Monitoring of Moving & Handling Training

Element to be monitored	Lead	Tool	Frequency	Reporting Arrangements	Acting on recommendations and Lead(s)	Change in practice and lessons to be shared
Duties						
Process for checking all permanent staff groups, as identified in the training needs analysis, complete relevant moving and handling training	CET	Ongoing monitoring summarised in the training report	Minimum 10 times per year	CET will submit report to the Health & Safety Committee (HSC) who will read and interrogate the report to identify deficiencies in the system and act upon them. This should be documented in any meeting minutes	Required actions will be identified by CET and ward/departmental managers will act upon and complete the actions in a specified time limit	Any required changes in the provision for manual handling training will be identified and actioned by the CET within a specified time frame. Another lead member may be identified to take each change forward where appropriate. Lessons will be shared via Clinical Link Trainers
Process for following up those who fail to attend relevant moving and handling training	CET	Ongoing monitoring summarised in ward/department datasets and training report	Minimum 10 times per year	CET will submit a dataset report to all ward/department managers highlighting next training due date who will report back to the CET any actions that are undertaken.	Ward/department Managers will read and interrogate their dataset to identify deficiencies and will act upon and complete the actions in a specified timeframe.	CET will send an email to the manager of any member of staff who failed to attend their manual handling training. This will be actioned by the ward/department manager within a specified time frame. Lessons will be shared via Managers and Clinical Link Trainers