

MOVING AND HANDLING PROCEDURE

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AUTHOR:	Manual Handling Lead
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PROCEDURE SUMMARY
The purpose of this Procedure is to ensure that the Trust meets its legal obligations in regard to the manual handling of people and loads and to ensure that staff are aware of their individual obligations in respect of safer manual handling. The importance of promoting the safety and dignity of patients is recognised in this Policy
The Trust monitors the implementation of and compliance with this procedure in the following ways:
Implementation of this procedure will be monitored by the Health, Safety and Security Committee.

SCOPE

Services	Applicable	Comments
Trustwide	✓	
MH & LD		
CHS		

**The Director responsible for monitoring and reviewing this policy is
Executive Director of People & Culture**

MOVING AND HANDLING PROCEDURE

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1.0 INTRODUCTION

- 1.1 The Health & Safety at Work Act 1974 places a general duty on employers to *'ensure, so far as is reasonably practicable, the health, safety and welfare of all employees'*.
- 1.2 The Manual Handling Operations Regulations 1992 as amended, supplements employers and employees' existing responsibilities with specific duties. Based on ergonomic principles, these regulations are designed to reduce the level of occupational injury associated with manual handling.
- 1.3 The Trust places great importance in ensuring that patients are afforded privacy and dignity at all times. Staff must at all times consider privacy and dignity issues when carrying out moving and handling of patients.

2.0 APPROVED TECHNIQUES

- 2.1 A list of approved techniques is attached as Appendix 2. Please note that this list is neither exhaustive nor prescriptive but should be followed wherever possible and following a full risk assessment. The risk of injury to staff and service users must be reduced to the lowest level that is reasonably practicable. All manual handling tasks clinical or non-clinical must start with a risk assessment.

3.0 RISK ASSESSMENTS

- 3.1 All manual handling that cannot be reasonably avoided must start with a risk assessment as laid down by the Manual Handling Operations Regulation 1992 as amended.
- 3.2 Risk assessments need to be conducted to ensure that all day to day activities and other foreseeable eventualities are planned for. This is to ensure safe working practices. The risk assessment should be suitable and sufficient, and take into account the following components.
- 3.3 When selecting an appropriate technique, staff should also consider the Task, the Load (patient or inanimate load), the Individual capability of staff, the Equipment used and the Environment. It would not be appropriate to consider the techniques in isolation. This is also referred to as 'T.I.L.E.E.'

T.I.L.E.E.

- The nature of the task
- The capabilities of the individual(s) involved in the task
- The nature of the load
- The working environment
- Provision, maintenance and suitability of equipment

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3.4 All clinical environments will maintain a Clinical Work base inventory.
(Appendix 1) This is the responsibility of the manager and should be reviewed as indicated by a change in circumstances or annually.

3.5 All services will complete a General Workplace Risk Assessment in line with Risk Management Policy. This must include consideration of manual handling risks and must be reviewed in line with that Policy

If, following the risk assessment, the residual risk is considered to high then further advice must be sort from Risk Management/ manual handling team.

3.6 The Health Safety & Security Sub-Committee will be responsible for review and ensuring that risks identified are reduced to their lowest practicable level and the changes required are implemented accordingly.

4.0 MOVING AND HANDLING PLANS

4.1 A manual handling plan must be completed for inanimate tasks where there is a risk of injury. The generic workplace risk assessment tool is used however refer to Appendix 4 of this procedural guidance

4.2 A Manual Handling Plan must be completed for all service users.

4.3 This must form part of the service user's documentation. The Manual Handling Plan must be signed, dated and a review date stated.

4.4 Community staff may undertake manual handling in a number of environments including schools, residential accommodation and in client's homes. Staff undertaking moving and handling must refer to the moving and handling documentation in place and to raise concerns to their line manager with regard to safe systems of work.

5.0 EQUIPMENT

5.1 It is the responsibility of service leads and managers to ensure that suitable and adequate equipment for all manual handling tasks is provided, both clinical and non-clinical as advised and deemed necessary.

5.2 Purchasing

5.2.1 All requisitions to purchase manual handling equipment will be authorised by approved staff, following consultation with the Manual Handling Team.

5.2.2 Trials of any mechanical lifting equipment must be authorised by the Manual Handling Team.

5.2.3 The Integrated Risk Manager must be informed of any new equipment purchased as per trust policy and added to the Equipment Inventory and subject to planned maintenance.

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5.3 Cleaning

5.3.1 Manual Handling equipment must be cleaned according to infection control standards and manufacturing instructions.

5.4 Maintenance

5.4.1 Mechanical lifting equipment must be entered onto the Trust's Equipment Inventory and will be subject to planned maintenance. It is the responsibility of individual service areas to ensure this is done.

5.4.2 In the event of equipment failure the designated equipment service contractor must be contacted immediately to arrange repairs and/or replacement.

5.5 Inspection and use of Equipment.

The Manual Handling leads will be informed of all relevant Medical Devices Alerts by the Risk Team.

5.5.1 The equipment must be subject to regular checks to ensure that all manual handling equipment is in good working order. A record of these checks must be kept.

5.5.2 All equipment should be checked prior to each use by the handler to ensure that it is in good working order. It is the duty of all staff using the equipment to do this. If there is any doubt, then the aid must be taken out of use and marked clearly.

5.5.3 Manual handling equipment must only be used by staff who have received appropriate training.

6.0 THERAPEUTIC HANDLING OF SERVICE USERS

6.1 There are circumstances where staff are required to undertake manual handling as part of the patient treatment process e.g. a rehabilitation pathway. The techniques used in such circumstances should complement and reflect those set out in the policy and professional guidance (occupational therapists and physiotherapists) documents and have due regard to the principles of safer moving and handling. Staff and service user safety should not be compromised by the use of therapeutic techniques.

7.0 BARIATRIC SERVICE USERS

7.1 This Policy defines a bariatric person as having a Body Mass Index (BMI) of 30+, a weight in excess of 165 Kg/25 stone, or a patient with a lower BMI but whose weight distribution, height, size, height or immobility is a factor in the manual handling risk assessment.

7.2 In the event that a bariatric patient is due to be admitted or has been admitted the manual handling leads must be notified as soon as possible. For further guidance please refer to the Bariatric Policy

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8.0 EMERGENCY SITUATIONS

- 8.1 In the event of the need to move a patient in an emergency the risk must be reduced to the lowest level that is reasonably practicable.
- 8.2 Lowering a service user from a complete/incomplete strangulation situation is high risk for the members of staff removing the person from the ligature point. If the ligature point is high Staff should consider placing a suitable object under the person to act as a platform. If this is not appropriate or the ligature point is too low, support to the person should be given by holding the person thighs and raising the legs slightly to reduce the tension on the ligature. An additional member of staff should support the head as the person is lowered.

9.0 RESUSCITATION

- 9.1 In accordance with the Resuscitation Council (UK) a service user, who is on the floor and requires resuscitation, should receive lifesaving technique on the floor
- 9.2 If the environment itself is hazardous such as water in the proximity, then the service user should be moved to a safe area by using the safest method available
- 9.3 Service users who are sitting in a wheelchair or chair and require resuscitation should be gently slid to the floor prior to the commencement of resuscitation.

10.0 TRAINING

- 10.1 The Trust employs a diverse and flexible training programme to ensure that all staff receive appropriate training in accordance with the Mandatory Training Policy HR21. Training is therefore delivered using various methods including
- face to face training,
 - on-line training and
 - ward/area based training.
- 10.2 Manual Handling also forms part of the Trust's induction and Mandatory/core training programme for all new staff including permanent and bank staff
- 10.3 Training is an essential part of manual handling and is provided to all staff to promote and allow the safer moving and handling of patients and loads.
- 10.4 The Workforce Development and Training Department will ensure that training is available to meet the Trust requirement in line with the Mandatory Training requirements.
- 10.5 Service managers are responsible for checking which training has been undertaken by a member of staff:
- 10.6 Staff who are booked onto mandatory / core practice training and are, for whatever reason, unable to attend, MUST inform their relevant Director or Associate Director/ Head of Service of their reasons.

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- 10.7 Staff who require specific advice on manual handling procedures including the use of equipment should seek the advice of the manual handling leads.
- 10.8 Members of staff designated as Manual Handling Linkworkers will be required to complete a maximum of 5 update days in each year.

11.0 MANUAL HANDLING LINKWORKERS

- 11.1 Manual handling linkworkers act as an additional point of contact between the work area and the manual handling service
- 11.2 Linkworkers must have sufficient knowledge of manual handling tasks carried out in their area.
- 11.3 All wards are required to nominate a manual handling linkworker and support the linkworker in their duties
- 11.4 Linkworkers complete a four day induction. This can include face to face training, meetings in the workplace, video conferencing and on site training.
- 11.5 As identified by the manual handling service: in wards where all aspects of patient manual handling is frequent linkworkers update staff in the *theory and practical techniques* of manual handling relevant to their work area. The manual handling service will provide the required training materials. The completed training record is returned to the manual handling service and the training department.

12.0 SPECIALIST ADVICE

- 12.1 There are a number of places that staff can seek specialist advice (Contact details can be found in the intranet library)
- 12.2 Manual Handling Leads and specialists offer advice on moving and handling including completion of risk assessments, appropriate techniques and equipment and training.
- 12.3 The following staff groups may offer specialist advice on moving and handling
- Occupational Therapy
 - Physiotherapy Services
 - Wheelchair service
 - Social Services
 - Occupational Health
- Manual Handling Link Workers offer may offer general advice on moving and handling including within the level of their competence

13.0 APPENDICES TO THE PROCEDURE

1. Inventory of Equipment Used (Patient Moving and Handling Areas)
2. List of Authorised Practical techniques
3. Manual handling plan for patients
4. Specific patient moving and handling assessment form
5. General moving and handling assessment form
6. Care of the Bariatric/ Plus Size patient
7. Flowchart

END

SAMPLE ONLY