

# Moving and Handling Policy

**Version No: 08**

**Document Summary:**

This policy details the provision made by Mersey and West Lancashire Teaching Hospital NHS Trust to minimise the risks from manual handling activities conducted by its employees and all other staff working on its sites and to comply with relevant legislation. Section 6.1 + appendices 1,2 and 3 detail specific information in relation to Patient Moving and Handling

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<b>Document number</b>	MWL0016
<b>Approving body</b>	Risk Management Council
<b>Date approved</b>	June 2018
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<b>Next review date</b>	May 2021
<b>Accountable director</b>	Director of Estates and Facilities
<b>Policy author</b>	Head of Non Clinical Risk Management (Patient Moving and Handling Coordinator re Section 6.1 & Appendices 1,2, and 3)
<b>Applies to</b>	All Trust staff, Contractors and Sub-Contractors

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## Quick Reference Guide

Version	Date Approved	Brief Summary of Changes	Author (Title)
8	June 2018	3 yearly review of policy New format Change of policy name Patient moving and handling now contained in Section 6.1 + appendices 1,2,and 3 References updated to reflect current legislation Titles of Trust personnel + committee amended More detail included re specialist to be contacted/timeframe	Head of Non Clinical Risk Management (Patient Moving and Handling Coordinator re Section 6.2 + appendices 1, 2 and 3)
7 with amendments		Review of supporting documents	Head of Non Clinical Risk Management/Patient Moving and Handling Coordinator
7	July 2015	Policy review	Head of Non Clinical Risk Management/Patient Moving and Handling Coordinator

## Document Control

<b>Document Number:</b>	MWL0016	<b>Title:</b>	Moving and Handling Policy
<b>Equality analysis completed?</b>	Yes	<b>Sent for 2 week consultation on Trust intranet and to relevant staff:</b>	Yes
<b>Approving Body:</b>	Risk Management Council	<b>Date of Approval:</b>	June 2018
<b>Author:</b>	Head of Non Clinical Risk Management (Patient Moving and Handling Coordinator re Section 6.1 + appendices re patient aspects)	<b>Status:</b>	Policy
<b>Brief Description of Amendments (if applicable):</b>			
3 yearly review of policy New format Change of policy name Patient moving and handling combined in Section 6.1 + appendices 1,2 and 3 References updated to reflect current legislation Titles of Trust personnel + committee amended More detail included re specialist to be contacted/timeframe			
<b>Does the document follow the Trust agreed format?</b>			Yes
<b>Are all mandatory headings completed?</b>			Yes
<b>Does the document outline clearly the monitoring compliance and performance management?</b>			Yes
<b>Approved?</b>			
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<b>Policy Author Signature:</b>			<b>Date:</b>
<b>Chair of Approving Body</b>	<b>Name / Title:</b>		<b>Date:</b>
	<b>Signature:</b>		
		<b>Review Date:</b>	

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## 1. Scope

This policy provides advice and guidance to the staff of Mersey and West Lancashire Teaching Hospitals NHS Trust (including bank, agency, volunteers, contractors and sub-contractors) to ensure the safety of patients and staff in compliance with relevant Health and Safety Legislation e.g. Manual Handling, Operations Regulations 1992, as amended by the Health and Safety (Miscellaneous Amendments) Regulations 2002. This policy extends to cover all areas and locations where the Trust owes a statutory duty of care and responsibility to employees, patients, visitors, contractors and the general public.

## 2. Introduction - this policy aims to:

Promote effective manual handling and reduce the incidents of injury, the Manual Handling Operations Regulation 1992 (as amended) were introduced to ensure that employers took steps to:

- Avoid the need for hazardous manual handling
- Assess those tasks that cannot be avoided
- Reduce the level of risk associated with manual handling tasks that cannot be avoided to the lowest level reasonably practicable
- Review manual handling policies and procedures on a regular basis

Mersey and West Lancashire Teaching Hospitals NHS Trust is committed to applying a safe system of work to all manual handling situations as defined in the Manual Handling Operations Regulation 1992 (as amended), that is; “any transporting or supporting of a load, (including lifting, putting down, pushing pulling, carrying or moving thereof) by hand or by bodily force”. A load may be a person, or inanimate object.

Mersey and West Lancashire Teaching Hospitals NHS Trust recognises and accepts its statutory responsibilities as an employer to avoid hazardous manual handling so far as is reasonably practicable. Mersey and West Lancashire Teaching Hospitals NHS Trust is committed to providing a safe working environment for all of its employees. The Trust will provide safe management systems, equipment and information, training and supervision necessary enabling employees to carry out their duties in a safe manner. Mersey and West Lancashire Teaching Hospitals NHS Trust recognises that hazards may exist related to manual handling involving patients and inanimate loads.

This policy applies to all manual handling tasks, whether involving patients or inanimate loads, performed by the use of human efforts. This involves the lifting, putting down, pushing, pulling, carrying or moving of a load by bodily force and the supporting of loads in a static posture Manual Handling Operations Regulations 1992 as amended by the Health and Safety (Miscellaneous Amendments) Regulations 2002. Compliance with this policy does not guarantee that injury will be avoided; however it will significantly reduce the likelihood of injuries so far as it is reasonably practicable.

The Trust is required to undertake appropriate risk assessments for the moving and handling of patients and objects to identify all foreseeable moving and handling hazards to patients and staff, and subsequently reduce the risk of injury to patients and staff.

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### 3. Statement of Intent

The purpose of this policy is to:

- implement a co-ordinated and uniform approach to moving and handling throughout the Trust, ensuring that accidents, incidents are reported and investigated promptly + actioned accordingly
- reduce risks through appropriate risk assessment and effective management, thus preventing moving and handling injuries to staff and patient so far as it is reasonably practicable
- promote comprehensive and consistent application of safe moving and handling principles and ensure the correct use of appropriate moving and handling equipment

### 4. Definitions

For the purpose of this Policy, the following definitions have been agreed for use within the Trust:

#### **Manual Handling**

Any transporting or supporting of a load (including the lifting, putting down, pushing, pulling, carrying or moving thereof) by hand or by bodily force

#### **Load**

Refers to something that is moved, an object or a person

#### **Non-Patient Handling**

The moving or supporting of any inanimate load

#### **Patient Handling**

The moving of, or assisting to move, a patient from "A to B."; the supporting of a patient, as in the whole body or part of (i.e. a limb) and the transporting of a patient in a chair, bed, trolley or hoist

#### **Reasonably practicable**

Where the risk is balanced against the sacrifice in money, time and trouble needed to avert it. Only if there is a gross disproportion between them and the risk is insignificant, in relation to the sacrifice, can the precautions be considered not to be reasonably practicable

#### **Ergonomics**

Designing the task, workplace and equipment to fit the individual and reduce the risk of strain and injuries

#### **Risk Assessment**

Risk assessment, in the context of safety, refers to the identification of potential hazards in the workplace as well as the likelihood that they will occur. By extension, risk assessment should also involve the implementation of measures to reduce or mitigate those hazards (HSE) i.e. a careful examination of what, in your work, could cause harm to people, so that you can weigh up whether you have taken enough precautions or should do more to prevent harm

#### **Therapeutic Moving and Handling**

Therapeutic moving and handling has been defined by the Trust as 'moving and handling manoeuvres and transfers that need to be performed by therapists and registered nurses to assist in the patient's rehabilitation following illness or injury'

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## Specialist Patients

Specialist patients are patients that may pose additional problems if the safe working loads are exceeded and/or are unsuitable for standard equipment.

## 5. Duties, Accountabilities and Responsibilities

### Chief Executive

The Chief Executive Officer is responsible for ensuring the organisation complies with all relevant Health and Safety legislation, including manual handling. They will be responsible for ensuring that individual staff are identified and given responsibility for the development, implementation and subsequent monitoring of comprehensive operating procedures to ensure that this policy is complied with. The Chief Executive Officer will ensure that sufficient resources are provided to enable the policy to be implemented and to remain effective.

### Director of Estates and Facilities

The Director of Estates and Facilities is accountable to the Trust Board for providing assurance of compliance with this policy and ensuring that the policy is reviewed within the agreed timeframe

**Directors, Assistant Directors, Ward/Departmental Managers** are responsible for:

- Manual handling activities which present a risk of injury are identified and assessed and are avoided, so far as is reasonably practicable, by eliminating the need for the load to be moved or by the introduction of automation or mechanisation - consider the effects of repetitive handling tasks and those requiring prolonged static posture
- Review risk assessments, where there has been significant change in the matter to which they relate or they are believed to be no longer valid, whichever is soonest + ensure that actions identified are addressed and reviewed as to their effectiveness
- Ensure risk assessments are kept at local level, with a copy being sent to Non-Clinical Risk Management
- Ensuring adequate staffing levels for safe working practices
- Ensure all staff are aware and comply with all aspects of this policy
- The use of suitable and sufficient handling aids and equipment are identified from the information in the risk assessment and these are available and maintained in good working order
- All near misses, accidents or incidents which result in injury to staff or patients are reported via the Datix system and fully investigated + risk assessments and system of work to which the incident relates reviewed
- Ensuring the correct use of manual handling aids and equipment to reduce the risk of injury to staff, and patients or service users, during moving and handling activities which are also not contrary to the rehabilitation of the individual
- Ensure suitable information training and supervision is provided for all employees engaged in manual handling tasks and that training is recorded, monitored, evaluated and reviewed
- Where Bank or Agency staff are used, the managers must ensure that these staff are up to date with their manual handling training appropriate for the area of work
- Ensure that appropriate consultations on moving and handling issues occurs before giving instructions or approval for design, refurbishment or purchase of buildings, furniture and equipment
- Ensure, where reasonably practicable, that safe systems of work and appropriate resources are available as required

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- Ensure all staff selected to be Patient Moving and Handling Key Trainers are suitably trained for these roles and are given the necessary time to attend and deliver moving and handling training

**All staff must:-**

- Take reasonable care of their own health and safety and that of others (including patients), who may be affected by their acts or omissions
- Prior to commencing any manual handling activity, refer to the manual handling risk assessment and follow the appropriate risk avoidance with the task. If it is clear that a risk assessment has not been carried out, or that the assessment is out of date, undertake a dynamic (visual/real time) risk assessment seeking assistance from colleagues as appropriate using Task, Individual, Load, Environment, Others (TILEO) headings. On completion of the task a more detailed manual handling risk assessment must be completed and documented as soon as possible
- Apply handling techniques demonstrated during patient handling training
- Not undertake controversial techniques unless detailed risk assessments have been undertaken and patient care plans demonstrate there is no other reasonably practicable method of moving the patient; or they are in a life threatening situation
- Ensure faulty equipment is taken out of service, isolated, clearly marked that is not to be used and report to the Line Manager.
- Ensure all untoward incidents resulting from manual handling incidents are reported via the Datix system
- Ensure that moving and handling training is completed in line with Trust policy + that bank, locum and agency staff also receive appropriate training prior to undertaking moving and handling tasks
- Use all moving and handling equipment provided in accordance with their training and instruction – do not use equipment for which you have not been trained
- Notify their Line Manager/Supervisor and the Health Work and Wellbeing Department of any health or associated problems which may affect their moving and handling ability

**Head of Non Clinical Risk Management (assisted by the Health and Safety Advisor)**

- Work with managers to provide advice on the actions necessary to comply with current legislation and best practice guidelines
- Provide staff with expert advice and assistance with all moving and handling + associated activities, inclusive of risk assessments
- Liaise with Health and Safety Training Co-ordinator with regard to moving and handling training
- Monitor moving and handling working practices within the Trust and report actions to the Health, Safety, Security and Fire Committee
- Appraise the Trust of the implications of new or amended legislation relating to moving and handling
- Advise on issues arising from moving and handling risk assessments and support managers in the investigation of moving and handling incidents

**Patient Moving and Handling Coordinator**

- Provide advice and guidance in relation to patient moving and handling
- Investigate patient moving and handling issues
- Advise on patient moving and handling equipment
- Develop clinical key patient moving and handling trainers in all clinical areas + provide refresher training

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### Health and Safety Training Co-ordinator

- Co-ordinate moving and handling training + review annually
- Monitor and evaluate effectiveness and compliance of moving and handling training, reporting areas of non-compliance to the relevant manager
- Ensure that accidents/incidents in relation to moving and handling training and moving and handling of patients are notified via the incident reporting system, investigated and actioned – informing the Head of Non-clinical Risk Management and Health and Safety Advisor of the outcomes/recommendations

### Clinical Key Trainers for Patient Moving and Handling

- Provide advice in relation to patient moving and handling issues within their area of work
- Support the delivery of patient moving and handling training
- Maintain a local record of all staff who have attended patient moving and handling training
- Act as a local resource in relation to patient moving and handling
- Complete the patient moving and handling key trainer programme before undertaking this role
- Attend annual update patient moving and handling training
- Ensure staff training is documented and recorded on ESR

### Health, Work and Wellbeing Service

Provide advice to managers and staff regarding return to work programmes where moving and handling issues are concerned

### Health, Safety, Security and Fire Committee will:-

Receive reports re all moving and handling concerns, incidents and accidents + review continued compliance with relevant action plans

## 6. Management of Non-Patient Moving and Handling

### Risk Management Process

Local workplace inspections are undertaken to identify workplace hazards in every department, to assess the risk associated with these hazards and implement measures to manage/mitigate the risks

Guidance on carrying out risk assessments is available in the Trust's Risk Assessment Guidance and from the Trust's Head of Non Clinical Risk Management and Health and Safety Advisor. Avoidance of the risk or reducing the severity of the risk by use of equipment e.g. trolleys, hoists etc. are the overriding principles of best practice in relation to risk management.

The risk assessments + associated action plan must be recorded and retained on the ward/department and staff advised of the outcome. It must be updated whenever there are changes in working practices, location, etc. which have a bearing on safety, and at not more than 2 yearly intervals. A copy of the risk assessment is to be forwarded to the Head of Non-Clinical Risk Management and Health and Safety Advisor. Sample moving and handling risk assessments (case notes, beds and laundry, equipment and trolleys, stock supplies and deliveries) are available from the Health & Safety advisor – extension 1258.

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The Head of Non Clinical Risk Management will identify and action strategic risks identified via local risk assessments. Moving and handling reports will be provided to the Trust Health, Safety, Security and Fire Committee by relevant personnel.

In line with the guidance issued in the Manual Handling Operations Regulations 1992 the manual moving of any object must be avoided as far as it is practical to do so. If the task is unavoidable then the risk is to be assessed and the task only carried out when any risks have been reduced to the lowest possible level, were possible handling aids such as trolleys should be used.

In doing the assessment the following is to be considered:

- Task
- Load
- Environment
- Individual
- Equipment

In performing a basic lifting operation some important points must be taken into account:

- Stop and think
- Place the feet
- Adopt a good posture
- Get a firm grip
- Don't jerk
- Move the feet
- Keep the load close
- Put the load down, and **then** adjust

In considering all of the above reference should be made to the training notes for the handling of inanimate loads. See appendix 4 re risks associated with moving and handling of loads and appendix 5 for the generic risk assessment in relation to movement of objects or loads.

## 6.1 Management of Patient Moving and Handling

### Management of patient who's expected stay in hospital is no longer than 24 hours

The staff member responsible for the admission process will complete the moving and handling section of the informal risk assessment form No further action is necessary unless the patient's condition changes or the admission exceeds 24 hours

If the patient's condition changes the second section of the informal risk assessment form can be used to carry out a further informal risk assessment (e.g. post operatively). If the patients length of stay exceeds or is expected to exceed 24 hours (even if initially no risk has been identified) then the process detailed in section 6.2 must be followed

If at any time a potential moving and handling risk is identified then a formal risk assessment must be undertaken using the Patienttrack. If risks are identified then a Patient Moving and Handling Care Plan must be completed

There must be a record of all of the risk assessment and care plans completed

All staff involved in the care of the patient must be aware of the patients moving and handling risk and the contents of any subsequent Moving and Handling Care Plan

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**Management of patient whose expected to stay in hospital for more than 24 hours - excludes maternity patients**

For all patients on admission whose length of stay is expected to be greater than 24 hours regardless of anticipated risk the Patienttrack must be completed

If risks are identified then a Patient Moving and Handling Care Plan must be completed

All staff involved in the care of that patient must be aware of the contents of the Patienttrack and care plan

The assessment must be reviewed under the following circumstances:

Change in medical or physical condition

This review must be undertaken by a registered health professional

**Patient handling process**

Lifting of patients must be eliminated in all but exceptional or life threatening situations i.e. fire, bomb, violence, building failure or in the case of an unpredictable critical incident or drowning. It is acceptable to give some support and assistance but only if it does not involve lifting all or the majority of the patient's weight

If a patient becomes unsteady and starts to fall then far as reasonably practicable they should be guided to a fall or a chair this should not involve the taking of the full body weight of the person

Avoid hazardous patient handling tasks wherever possible and use approved mechanical lifting equipment and patient handling aids that are on wards and departments, for patient handling tasks; except when manual lifting is absolutely necessary (for example, in a medical emergency)

Patients should be encouraged to mobilise and assist in their own transfers whenever it is safe to do so

Use appropriate handling aid/equipment to reduce the risks of injury to staff and patients

Seek co-operation, understanding and verbal consent off the patient prior to moving and handling

Ensure the environment is safe to carry out the task by removing obstructions from the area

Report to their manager and complete a Datix where there is –

- Faulty or poorly maintained equipment
- Lack of appropriate moving and handling equipment
- Lack of adequate assistance from other staff members
- Problems encountered in the working environment relating to moving and handling
- Lack of training with the appropriate equipment
- Any other issues which in their view contravenes this policy

If the patient needs specialist equipment contact equipment pool and refer to Appendix 2 flowchart

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Follow approved patient handling techniques, Appendix 1

Ensure that the refusal of a patient to use moving and handling equipment is documented in the patient's health records and explore alternative methods such as using beds which do not involve taking the full body weight of the patient or exposing the staff to greater risk

**The following tasks that Generic Patient Moving and Handling Assessments may be applied to include, but are not limited to:**

- Assisting patients to toilet bathing and showering
- Assisting someone who has fallen on the floor
- Caring for patients in bed
- Supporting the patients weight when carrying out a procedure
- Transfer of patients from one ward to another
- Use of mechanical and non-mechanical patient handling equipment
- Bathing babies
- Lateral transfer of patient from bed or trolley to theatre table

Sample copies of the above are available from the Patient Moving and Handling Coordinator

Original completed risk assessment documentation is to be retained and easily accessible to staff within the ward or department

**Mobility**

If a patient is fully mobile then no assistance is needed with mobility. Patients who requires minimal assistance may need some help such as the use of a walking aid, assistance to stand or moving themselves up and down the bed

Do not practice unsafe lifting techniques i.e. the drag lift, Australian lift.

This list is not exhaustive and therefore only techniques demonstrated during patient handling training sessions are authorised for use within the Trust

**Therapeutic Moving and Handling Patients Process**

Therapeutic moving and handling will, in the main, only be performed by Physiotherapists, Occupational Therapists and trained Therapy Assistants. There may however be times during a patient's hospital stay when Registered Nurses and carers may be involved with this activity

Therefore all staff must adhere to the process detailed below before undertaking any moving and handling activity and in particular therapeutic moving and handling

- Therapeutic moving and handling must only be carried out where a clear need has been identified by a member of the clinical team responsible for the patient's care and documented in the patient's health record
- Once identified as possibly benefiting from therapeutic moving and handling all patients must be referred to therapy services for a full therapy assessment
- This assessment must be undertaken by a Physiotherapist, Occupational Therapists and Therapy Assistants who will identify a plan for therapeutic moving and handling as appropriate

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- This will be documented in each individual patient records and communicated to relevant clinical staff
- All therapeutic moving and handling must only be performed by Therapists or Registered Nurses who have undertaken their moving and handling training, together with an additional period of training that is specific to therapeutic moving and handling ratified by the Trust

### **Specialist Patients Moving and Handling Process**

Specialist patients may pose additional problems as standard equipment may fail if the safe working loads are exceeded. If possible there must be arrangements in place before the patient arrives on the ward, (contact key trainer) and a patient handling risk assessment must be carried out on the patient's initial appointment

However, there may be circumstances when this may not be possible, for example on an emergency admission. If possible the equipment pool/key trainer or the appropriate line manager or bed manager can be notified for unplanned admissions for specialist patients so that specialist equipment can be ordered

Please contact Patient Moving and Handling Coordinator (extension 5987) as soon as possible

### **Accessing Moving and Handling Equipment**

All equipment associated with patient moving and handling activity will be co-ordinated by the Equipment Pool on a central database

Any shortfalls in equipment identified through the inventory or risk assessment must be brought to the attention of the Patient Moving and Handling Coordinator and the Line Manager for that area

All moving and handling equipment within the Trust must be maintained in line with the Lifting Operations Lifting Equipment Regulations (1998) (Ref 5)

The location of all moving and handling equipment will be co-ordinated by key trainers, Patient Moving and Handling Coordinator and the staff in the Equipment Pool

### **Arrangements for Access to Specialist Patient Moving and Handling Advice**

Contact Patient Moving and Handling Coordinator for specialist advice

Each care group have patient moving and handling key trainers who are available for specialist advice or contact via the key trainers per department list on the intranet , Education Hub, education and training, Clinical education, key trainers webpage

Contact Health and Safety Training Co-ordinator for training issues

Contact equipment pool for details of specialist equipment

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## 7. Training

### Moving and Handling Training

For details of those staff who require training for inanimate loads or patients please refer to the Trust Induction Mandatory Risk Management Policy (No 2.) Clinical staff will complete a Clinical skill form for moving and handling dependent on risk assessment and area of work.

All current forms will be on the intranet –[hyperlink: moving and handling key trainers](#)

#### Existing permanent staff

Competency based patient handling

Various departments will have a designated key trainer who will have responsibility for the delivery of patient handling training to the relevant staff in their area

Where an area does not have a key trainer this function will be provided by the Health and Safety Training Co-ordinator or by an educational lead

The individual staff member is responsible for liaising with their departmental key trainer to ensure they are appropriately trained in line with Trust Induction Mandatory Training Policy

Both the key trainer and staff member sign and date the Record of Clinical Skills Moving and Handling Training' form (including the competency assessment form if appropriate)

For all non-medical staff, a copy of the 'Record of Clinical Skills Moving and Handling Training' form is kept in a blue moving and handling training folder or a scanned copy of forms on a computer system in the individual area of practice

For training grade doctors the Record of Clinical Skills Moving and Handling Training' form is kept by the Clinical Education Administrator in a blue moving and handling training folder

For career grade doctors the Record of Clinical Skills Moving and Handling Training' form is kept by the nominated secretary in their area of practice and kept in a blue moving and handling training folder

The Key Trainer or Health and Safety Training Co-ordinator will forward an electronic confirmation of satisfactory completion to ESR Helpdesk

The ESR helpdesk will record satisfactory completion onto the training administration system to allowing monitoring of compliance

Process for monitoring completion of relevant training detailed in Section 8 of the Induction Mandatory Training Policy

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## 8 Monitoring Compliance

### 8.1 Key Performance Indicators (KPIs) of the Policy

No	Key Performance Indicators (KPIs) Expected Outcomes
1	Staff training effectiveness
2	Risk assessment completion and action plan management
3	Incident data management

### 8.2 Performance Management of the Policy

Minimum Requirement to be Monitored	Lead(s)	Tool	Frequency	Reporting Arrangements	Lead(s) for acting on Recommendations
Effectiveness and attendance at staff moving and handling training	Health and Safety training Coordinator	Monthly report from ESR	Bi-annually	Health, Safety Security and Fire Committee	Head of Education & Training
Ascertain whether moving and handling incidents are being managed comprehensively	Ward and Department Managers Health and Safety Advisor	Audit	1/4ly	Health, Safety Security and Fire Committee	Head of Non Clinical Risk Management
Moving and handling risk assessment completion and implementation, review and closure of moving and handling action plans	Ward and Department Managers Health and Safety Advisor	Audit	Bi-annually	Health and Safety Committee	Head of Non Clinical Risk Management

## 9 References/Bibliography

No.	Author	Year	Title	Edition	Place of Publication	Publisher
1	www.legislation.gov.uk	1974	The Health and Safety at Work Act (1974)		Stationary office	HMSO
2	National health service	2014	Health and Social Care Act 2008 (Regulated Activities) Regulations 2014		London	UK Parliament

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3	Care Quality Commission	2009	Care Quality Commission (Registration) Regulations 2009		Newcastle	Care Quality Commission
4	www.legislation.gov.uk	2002	Manual handling operations regulations as amended by the Health and Safety (Miscellaneous Amendments) Regulations 2002)		London	HMSO
5	www.legislation.gov.uk	1998	Lifting Operations and Lifting Equipment regulations (LOLER)		London	HMSO
6	www.legislation.gov.uk	1998	Provision and Use of Work Equipment Regulations (PUWER)		London	HMSO
7	National Back Exchange	2011	National Back Pain Association and the Royal College of Nursing (1997) The Guide to the Handling of Patients	Sixth Edition	Middlesex	Back Care Association + RCN

## 10 Trust Documents

[No.]	Related Document
1	Risk Management Policy
2	Induction Mandatory Risk Management Policy
3	Health and Safety Policy
4	Resuscitation Policy
5	Policy for the Management of Central Alerting System (CAS)
6	Managing Medical Device Policy
7	Incident Reporting and Management Policy

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## 11 Equality Analysis Form

The screening assessment must be carried out on all policies, procedures, organisational changes, service changes, cost improvement programmes and transformation projects at the earliest stage in the planning process to ascertain whether a full equality analysis is required. This assessment must be attached to all procedural documents prior to their submission to the appropriate approving body. A separate copy of the assessment must be forwarded to the Patient Inclusion and Experience Lead for monitoring purposes. [Cheryl.farmer@sthk.nhs.uk](mailto:Cheryl.farmer@sthk.nhs.uk). If this screening assessment indicates that discrimination could potentially be introduced then seek advice from the Patient Inclusion and Experience Lead. A full equality analysis must be considered on any cost improvement schemes, organisational changes or service changes which could have an impact on patients or staff.

Equality Analysis			
<b>Title of Document/proposal /service/cost improvement plan etc:</b>		Moving and Handling Policy	
<b>Date of Assessment</b>		May 2018	<b>Name of Person completing assessment /job title:</b>
<b>Lead Executive Director</b>		Director of Estates and Facilities	
<b>Does the proposal, service or document affect one group more or less favourably than other group(s) on the basis of their:</b>			<b>Yes / No</b>
<b>Justification/evidence and data source</b>			
1	Age	No	
2	Disability (including learning disability, physical, sensory or mental impairment)	No	
3	Gender reassignment	No	
4	Marriage or civil partnership	No	
5	Pregnancy or maternity	No	
6	Race	No	
7	Religion or belief	No	
8	Sex	No	
9	Sexual Orientation	No	
<b>Human Rights – are there any issues which might affect a person's human rights?</b>			<b>Yes / No</b>
<b>Justification/evidence and data source</b>			
1	Right to life	No	
2	Right to freedom from degrading or humiliating treatment	No	
3	Right to privacy or family life	No	
4	Any other of the human rights?	No	
Lead of Service Review and Approval			
<b>Service Manager completing review and approval</b>		Carole Whewell	
<b>Job Title:</b>		Head of Non-Clinical Risk Management	

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## 12 Appendix 1 – Staff Guidance re Approved Patient Moving and Handling Techniques

The following list are approved techniques for the safe moving and handling of patients within the Trust (**please contact Heidi McMahon, Patient Moving and Handling Coordinator + Health & Safety Training Coordinator for any queries/ assistance – extension 5987**)

### Sitting and Sitting to Standing Work

Encourage patient to help themselves with or without aids

Use the command 'ready – steady – action word e.g. slide or stand

Buttock shuffle without assistance

Assisting the patient to move forward in the chair

Sit to stand transfer using a palm to palm grasp (avoiding thumb hold) or palm and forearm support with 1 -2 handlers

Sitting to standing transfer with no physical help

Sitting to standing with 1 to 2 handlers standing at the side of the chair

Use of stand aids (hoists)

Appropriate use of hoists

### Walking

Encourage patient to help themselves with or without aids

Use the command 'ready – steady – action word e.g. slide or stand

Palm to palm hand hold avoiding thumb hold with one or two handlers

Assisted walking with 1- 2 handlers

### Lying and Lying to Sitting/Standing

Encourage patient to help themselves with or without aids

Use the command 'ready – steady – action word such as slide or stand

Turning and rolling with a slide sheet

Supine lateral transfer using a Pat slide or slide sheet

Repositioning using a hoist

Appropriate use of electric profiling beds

Assisting the patient on and off the bed with the use of appropriate aids

Lying to sitting with no or minimal physical help

### Emergency Procedures

Verbally prompting a patient to get up from the floor with minimum assistance

Use the hoist from floor level if a patient is unable to get up with minimum assistance

Sliding the patient to the floor prior to resuscitation if patient has arrest in a chair

Administer basic life support on the floor if the patient has arrested on the floor or in the chair

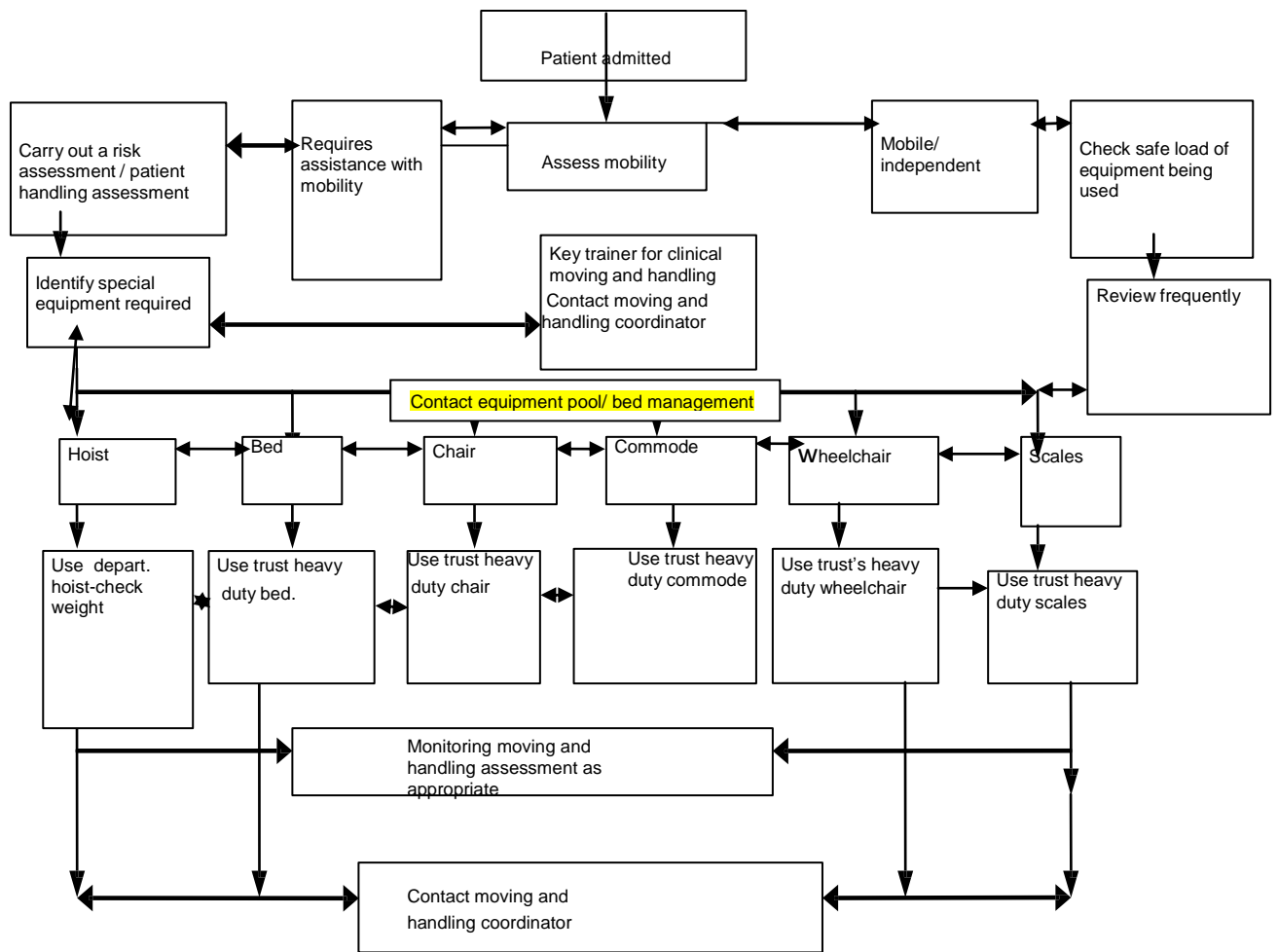
If injury is suspected an individual risk assessment must be undertaken which should include advice from the medical team in attendance. If required specialist equipment must be used e.g. spinal board or scoop stretcher.

All of the above handling manoeuvres are generic and must be deemed appropriate for use on each individual patient by means of completion of a patient moving and handling assessment. In certain circumstances specialist techniques may be used.

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Flowchart for Patient Moving and Handling Specialist Equipment

Appendix 2



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### Appendix 3

## Risks Associated with Moving and Handling of Patients + Techniques/Equipment Required to Reduce the Risk of Injury

To help fill in risk assessment documentation

THE TASK – does it involve	RISKS ASSOCIATED WITH MOVING AND HANDLING LOADS	TECHNIQUES REQUIRED TO REDUCE THE RISKS
<p><b>Caring for a patient in bed including:</b>            Carrying out clinical procedures            Turning in bed            Sitting up in bed            Moving up or down the bed            Bed-bathing            Assisting with breast feeding            Mobilising patient in and out of bed            Transfer from bed to chair            Transfer from chair to commode or toilet</p>	<p>Patient may be heavy and unable to assist themselves            Prolonged stooping and twisting postures            Awkward postures and force applied when moving patient in bed            Long duration of awkward postures            Holding all or part of a patients weight away from your body            Repetitive force applied.            Environment restricting good posture</p>	<p>Raise the height of the bed so that it is comfortable to work at and so you are not stooping or twisting or holding prolonged awkward postures.            Place knee(s) on floor to reduce stooping and twisting.            Use the knee bent position on the electric profiling bed to prevent the patient from sliding down the bed            Use patient handling aids to move up the bed or roll in the bed (e.g. Slide sheet, handling sling, rota stand or hoist            Use a transfer board to transfer the patient from bed to chair            Provide extra staff to assist in handling the patient            Use approved handling techniques to manoeuvre patients in bed (e.g. elbow to elbow and palm to palm techniques            Provide chairs stools for staff</p>
<p>Transfer of patients from one ward to another via bed or wheelchair</p>	<p>Prolonged stooping posture            Prolonged application of force            Awkward postures when transferring beds and wheelchairs through doors</p>	<p>Raise the height of the bed so that you don't have to stoop            Provide 2 staff to manoeuvre bed bound patients from one ward to another            Ensure that doors are activated prior to pushing bed or wheelchair through them to reduce the need to twist, stoop and push</p>

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Bathing/showering	Patient may be unstable and unable to assist themselves Stooping and twisting postures Awkward postures and force applied to hold all or part of a patient's weight	Use profiling bath and bath hoist Make sure that patient is able to stand and mobilise before taking a shower or offer bed bath Give the patient minimal assistance if required Provide extra staff to assist in handling the patient
Bathing babies	Stooping and twisting postures Holding the baby away from the body Handling unstable baby bath full of water	Keep baby and baby bath close to your body Take the bath to the sink and fill and empty the bath using jugs rather than carrying heavy baths full of water
Lateral transfer of patient from bed/trolley to theatre table and vice-versa	Force applied while stooping	Raise the height of the bed/trolley so that you are not stooping Provide a team of staff to manoeuvre patients in beds/trolley to theatre table Use roller boards to roll patient from bed /trolley to theatre table. Use pat slides to slide patients from bed/trolley to theatre table
Making beds and handling soiled laundry	Stooping and twisting postures and awkward postures Environment restricting good posture Soiled linen bag may be over-filled and difficult to move and handle	Raise the height of the bed so that it is comfortable to work at and so you are not stooping or twisting or holding prolonged positions Move obstacles that prevent access to the bed Ensure that linen bags are not over-filled

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<p>Supporting all or some of the patients weight in carrying out a procedure, e.g. holding up a patients leg in theatre, during labour/delivery or a similar procedure</p>	<p>Patient may be heavy and unable to assist themselves Prolonged stooping and twisting postures Awkward postures and force applied to hold all or part of a patient's weight</p> <p>Long duration of awkward postures Holding all or part of a patients weight away from your body Repetitive force applied</p>	<p>Provide aids/equipment for supporting the patient's weight Raise the height of the theatre table /beds so you are not stooping or twisting or holding prolonged positions Provide extra staff to assist in handling the patient Rotate staff so that one person is not hold the weight for long periods</p>
<p>Getting someone up who has fallen on the floor</p>	<p>Patient may be heavy and unable to assist themselves, stooping and twisting postures. Awkward postures and force applied to hold all or part of a patient's weight</p>	<p>If it is a medical emergency, use the emergency transfer sheet in a team lift or use scoop stretcher Assist the patient to stand by themselves If the patient is unable to stand, use a patient hoist Use slide sheets to move patients in awkward spaces Use hoist when appropriate</p>

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## Appendix 4

## Risks Associated with Moving and Handling of Loads

Consider the task; the load; the environment and the individual capability

<b>THE TASK – does it involve</b>	<b>RISKS ASSOCIATED WITH MOVING AND HANDLING LOADS</b>	<b>TECHNIQUES REQUIRED TO REDUCE THE RISKS</b>
Holding the load at a distance from the trunk?	The further the load is from the trunk the more stress there is on the lower back e.g. a load at arm's length reduces lifting capacity by 80% compared with a load close to the body	Improve the task layout - storage of materials at optimum height for lifting i.e. the most difficult loads or those handled most frequently stored at waist height. Storage at floor or above shoulder level dramatically increases the risk of injury
Bending or twisting the spine	Bad posture increases the pressure on the spine. Certain postures make balance difficult i.e. where / how the feet are placed. Twisting the trunk - reduces lifting capacity Stooping - reduces lifting capacity	Use the body more effectively - any change that avoids twisting, stooping or stretching will reduce the risk. Changes that allow the handler to bring the load close to his/her body reduce the strain on the lower back. Removal of obstacles may improve foot position and, therefore, balance. Controlled pushing and pulling are often more effective than lifting. Therefore, a change of task that enables the handler to push/pull will be less risky
Excessive lifting, lowering, pushing, pulling and carrying distances	Mid-thigh to waist level is the optimum lifting height. Above shoulder level or below the knees increases the risk of injury. If a load is moved from the floor to waist height or above, the risk is increased further. If grip has to be altered because of the height, more risk is encountered. Moving further than 10 metres increases the risk due mainly to fatigue. Risk is increased if pushing/pulling loads with hands below waist level or above shoulders	Improve work routine - any action that minimises the need for fixed postures e.g. sustained supporting of an object/person will reduce fatigue and increase efficiency
Risk of sudden movement	A load that is trapped and suddenly becomes free when the handler is unprepared will produce great stresses on the body. Bad posture increases this risk	Make the load more stable - the contents of a load, if possible, should be packaged to reduce shift during handling i.e. Loads containing liquid should be well filled. If this is not possible, then alternative methods of handling may need to be used. If a load lacks rigidity, then handling equipment may be needed to gain control

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Frequent or prolonged physical effort?	Prolonged physical fatigue and stress and/or fixed postures leads to reduced muscle efficiency. If the movement is jerky or hurried, the effect is made worse	Reduction in the frequency of handling will have the same effect. Muscular fatigue varies from one person to another. A flexible system of rest breaks may reduce the risk of injury. Job rotation allows one group of muscles to rest while others are being used. Not all heavy work should be done in one go. Make sure that even with a change of job the same muscles
Insufficient rest	Insufficient rest leads to ill health and reduced efficiency. This varies with individuals	
Handling while seated	When seated, the powerful leg muscles cannot be used to lift, hence the risk of injury is increased. The handler's body cannot be used as a counterbalance and lifting below the level of the work surface leads to twisting and stooping	Lifting loads from the floor while seated should be avoided whenever possible. The stability of the chair must be considered e.g. castors may make the chair skid backwards as the handler stoops forward. Swivel chairs may avoid twisting the back. Adjustable height seat and/or work surface will help
Team handling	The safe capacity of two people equals two thirds of their combined individual capacities. The safe capacity of three people is half their combined individual capacities. Uneven flooring increases the risk by unevenly loading each member of the team. Communication between team members is essential if moving an object at the same time	Difficult loads may require team handling but care is needed – there must be enough space for the manoeuvre, enough handholds, an even floor surface is preferable, team members should be approximately the same height and capability, and one person should take charge and coordinate the operation

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<b>THE LOAD – is it?</b>	<b>RISKS ASSOCIATED WITH MOVING AND HANDLING LOADS</b>	<b>TECHNIQUES REQUIRED TO REDUCE THE RISKS</b>
<b>Heavy?</b>	Not to be considered in isolation. Old acceptable weight limits were not based on actual tasks and may be misleading. Size, shape and rigidity may be more important	Make it lighter - reducing the weight of a load may be as simple as splitting a pack into 20s instead of 100. Approaching suppliers to change packaging may help. Remember though that this course will increase the
<b>Bulky or unwieldy?</b>	The shape of a load will affect the way in which it is handled e.g. if it is larger than 75cm in more than one direction, there is an increased risk because of the difficulty in grasping it close to the body. Bulk will restrict vision, increasing the risk of slipping, tripping, falling or colliding. A load that is unwieldy is difficult to control and may affect balance. If the centre of gravity is not central and the handler is unprepared, injury risk is increased	Make it smaller and easier to handle - as above; making loads less bulky and more easily controlled will reduce the risk
<b>Difficult to grasp?</b>	If the load is large, smooth, wet, rounded or greasy, it requires a stronger grip which leads to fatigue, poor posture and the risk of dropping the load	Make it easier to grasp - size, surface texture or nature of the load will affect the risk. Provision of handles, handgrips, hand holds or indents if well designed and well placed will help grasp. The positioning of handles etc., will influence posture i.e. If the handle is on the top, stooping may be avoided, but may necessitate the load to be carried with bent arms which would increase fatigue. Design must be wide and deep enough to accommodate gloves if necessary. The use of hi-grip gloves may improve grip and minimise muscular strain

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<b>Unstable, contents likely to shift</b>	The likelihood of injury is increased if the load lacks rigidity, or is unstable. The load is less predictable especially if the handler is unfamiliar with it and/or there is no cautionary labelling. People present the above plus additional risk because the handler will try to avoid damaging the load	Make it more stable - the contents of a load, if possible, should be packaged to reduce shift during handling i.e. Loads containing liquid should be well filled. If this is not possible, then alternative methods of handling may need to be used. If a load lacks rigidity, then handling
<b>Sharp, hot and potentially damaging?</b>	Protective clothing may need to be worn if the load is sharp, rough, surfaced, too hot or too cold. The load may affect posture and reduce grip.	Make it less damaging to hold – sharp, jagged, corrosive, areas on the outer surface of a load should be avoided. Hot/cold loads should be insulated. Where this cannot be done, protective clothing must be worn (PPE)
<b>INDIVIDUAL CAPABILITY – does the:</b>	<b>RISKS ASSOCIATED WITH MOVING AND HANDLING LOADS</b>	<b>TECHNIQUES REQUIRED TO REDUCE THE RISKS</b>
<b>Task require unusual strength, height etc.?</b>	Individuals' capabilities vary. In general, a woman's lifting capacity is less than a man's but there may be considerable overlap. Capacity varies with age increasing until the early 20s and declining gradually from the mid-40s. Eagerness in youth and experience in maturity should not be ignored. It is unacceptable for a task to be fit only for the strongest employee. If such tasks exist, they should be altered so that most reasonably fit, healthy employees can perform them in safety	Any employee who has recently experienced any condition that would affect their handling capacity e.g. pregnancy, hernia, hysterectomy, back problems will be at more risk.  If in doubt as to fitness of employee, seek advice from Health and Work and Wellbeing Department On return to work after holiday or sickness, staff will be more at risk due to unaccustomed exertion
<b>Job put at risk those who are pregnant or have a health problem?</b>	Pregnancy will affect the risk of injury. Particular care should be taken for women handling loads in their last 3 months' of normal pregnancy and the 3 months' following normal delivery. Attention should be given to any health problem which may affect lifting capacity and medical advice sought if the risk is significantly increased	

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<b>WORK ENVIRONMENT – are there?</b>	Knowledge of the load i.e. any unusual characteristics or information on work place will reduce the risk.	The moving and handling tasks should be designed to suit individuals not the other way round. Effective training will complement safe systems of work and should include: how to protect your spine, proper use of handling aids and personal protective equipment, ergonomic factors, good housekeeping, principles of lifting and appropriate moving and handling techniques. Knowledge of the load and its characteristics reduces the risk hence unfamiliar loads should be treated with caution. Great care should be taken with loads that are closed with no indication of contents. Employers should, wherever possible, clearly mark loads with weight and heaviest side (if applicable). Manufacturers, packers etc. have duties under Section 6 of the Health and Safety at Work Act to consider marking loads clearly with weight and identifying their heaviest side
Space constraints preventing good posture?	Specialised techniques in moving and handling may be necessary as will training in the proper use of lifting/handling equipment	
Uneven, slippery or unstable floors?		
Variations in level of floors or work surfaces?		

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## Appendix 5

### Generic Risk Assessments for the Moving and Handling of Objects/Loads

Generic risk assessments can be applied to similar objects/load handling tasks in a variety of similar activities. For example, transporting case notes from one department to another. It is the responsibility of departmental managers to ensure that risk assessments are completed and acted on, and that staff are made aware of the control measures in place. Risk assessments should be reviewed annually; as circumstances change; or if there is a reason to suspect that it is no longer valid, i.e. in the event of incident or work practices/environments change. The following tasks that generic risk assessments may be applied to include **(but not limited to)**:

#### MOVING AND HANDLING RISK ASSESSMENT FORM

		Likelihood				
		1	2	3	4	5
		Rare	Unlikely	Possible	Likely	Almost certain
Consequence score	5 Catastrophic	5	10	15	20	25
	4 Major	4	8	12	16	20
	3 Moderate	3	6	9	12	15
	2 Minor	2	4	6	8	10
	1 Negligible	1	2	3	4	5

For grading risk, the scores obtained from the risk matrix are assigned grades as follows

Refer to the Trust Governance and Risk Management Framework and the Incident reporting Policy 2011 (Inclusive of Serious Incident reporting)

1 - 3	Low risk
4 - 6	Moderate risk
8 - 12	High risk
15 - 25	Extreme risk

Grading of risk - Multiplying the consequence by the likelihood

$$C (\text{consequence}) \times L (\text{likelihood}) = R (\text{risk score})$$

<b>DIRECOTRATE</b>	<b>HOSPITAL / DEPARTMENT</b>
<b>DEPARTMENT HEAD</b>	<b>ASSESSOR:</b>
<b>DESCRIPTION OF ACTIVITY BEING ASSESSED</b>	
Moving and handling of stock, supplies and deliveries	
<b>PERSONS AT RISK</b>	
Staff patient	
<b>EQUIPMENT AVAILABLE</b>	
Trolley	
<b>DETAILED HAZARD ASSESMENT</b>	
<b>THE TASK</b>	
<p><b>Potential muscular-skeletal injury from:</b>  Prolonged stooping and twisting postures and prolonged application of force applied to hold all or part of a patient's weight.  Patient that may be unstable and unable to assist themselves e.g. when anaesthetised</p>	
<b>THE LOAD</b>	
Not to be considered in isolation. ID acceptable weight limits were not based on actual tasks and may be misleading. Size, shape and rigidity may be more important	
<b>THE ENVIRONMENT</b>	
Dimness or glare affects posture. Contrast between bright and shadowy area can cause tripping and hinder spatial awareness. Consider the area when moving to consider equipment in the bed space and also whether all equipment is in good working order	
<b>THE INDIVIDUAL</b>	
Consider any medical conditions or the effects of pregnancy that may impact on person ability to work	
<b>OTHER FACTORS</b>	
Knowledge of the load and any unusual characteristics or information on workforce can reduce the risk e.g. specialise techniques in moving and handling	
<b>CONTROLS –ACTION PLAN</b>	

Use trolleys/equipment /hoist provided for transportation  
 Hold the load close to your body when handling – remember  
 Staff not to exceed their own capabilities and to ask for assistance if required  
 Pushing a load should be the preferred mode of transportation rather than pulling

**PLANNING AND IMPLEMENTATION**

e.g. Changes in work practice/environment, staff informed, systems established, other action - If necessary order specialist equipment to hold patients weight

**IMPLEMENTATION DATE**

ASSESSORS :

REVIEW

DATE:

SIGNATURE:

SENIOR MANAGER:

Grading of risk - Multiplying the consequence by the likelihood

$$C(\text{consequence}) \times L(\text{likelihood}) = R(\text{risk score})$$

**SOURCE OF REFERENCE AND GUIDANCE**

Changes to the work environment or the work practice should be discussed with staff prior to implementation.  
 The staff side representative should be consulted prior to any changes being made

Reference: Health and Safety Work Act 1974, Trust Health and Safety Policy