

**Policy No. M47**

## MANUAL HANDLING POLICY

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**A translation service is available for this policy. The Interpretation/Translation Policy, Guidance for Staff (I55) is located on the library intranet under Trust wide policies.**

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## 1.0 INTRODUCTION

This policy lays the basis for safe manual handling practice at all sites of Kettering General Hospital NHS Foundation Trust.

The Policy and associated procedures are based on the 'common principles' set out in the Trust's Health and Safety Policy.

The manual handling policy should be used in conjunction and interpreted with regard to, the Health and Safety at Work etc. Act 1974, the Manual Handling Regulations 1992, the Provision and Use of Work Equipment 1998, the Lifting Operations and Lifting Equipment Regulations 1998 and the Human Rights Act 1998.

Members of staff may be required to handle loads either through manual effort and / or by mechanical means. This policy lays down the measures that should be taken by managers and other members of staff alike in order to reduce the risk of injuries being incurred. It also sets out guidelines for assessing the requirements for moving animate loads, such as patients and inanimate loads. "Manual Handling" is any activity that involves lifting, lowering, carrying, pushing, pulling, supporting or restraining any load by hand or bodily force. The use of workplace precautions in the form of mechanical aids may reduce, although not always entirely eliminate the need for some manual handling by an individual. Manual handling is regarded as 'hazardous' when assessment shows that there is a residual risk of injury, whether this arises from a single handling event or a series of frequent movements repeated over a period of time.

## 2.0 POLICY STATEMENT

The Trust will ensure, so far as is reasonably practicable, that manual handling operations are reduced to a minimum and eventually eliminated if possible. Control measures to achieve a minimum level of risk will include, but not be restricted to: ergonomic design of the workplace; control systems and safe systems of work; the provision of workplace precautions such as automation; mechanical aids such as trolleys; PAT slides and appropriate patient lifting equipment. Where it is not reasonably practicable to completely eliminate manual handling activities risk assessments will be made. These risk assessments should be forwarded through the Clinical Management Team's, as well as other Departmental, risk processes to the Manual Handling co-ordinator. Subsequently, the appropriate training, supervision and information will be provided as part of a risk control system. Due consideration to health and safety including manual handling will be taken when designing new developments or improvements to facilities.

## 3.0 POLICY AIM

To reduce the risk of injury to staff, patients and others (including, external visitors and contractors) caused by ineffective manual handling.

## 4.0 POLICY OBJECTIVES

**The Trust will enable its employees through various mechanisms to:**

- 4.1 Receive manual handling training through the Trust's corporate induction programme which will meet the manual handling training requirements for all new staff.
- 4.2 Ensure that any member of staff who has not received manual handling training on corporate induction attends the Trust's Manual Handling Training Programme. Study leave forms must be completed and sent to the Staff Development department. It is the responsibility of the departmental managers to ensure staff attendance on appropriate training courses. The manual handling team will provide 3 monthly reports to managers on attendance and non attendance at courses to evidence compliance with Trust statutory training requirements.
- 4.3 Ensure employees have a local induction that will take them through the Health and Safety checklist, identifying manual handling hazards (see Appendix 1).
- 4.4 Ensure employees have a department specific manual handling induction that will include equipment availability, fault reporting and general manual handling (see Appendix 2 and 3).
- 4.5 Facilitate managers to use the tools in appendix 2 and 3 to identify the competency of staff to undertake manual handling procedures and identify any previous manual handling training that the individual has had OR to identify gaps in competency.
- 4.6 Have access to refresher training at a period not exceeding two years.
- 4.7 Have in place a manual handling risk assessment process and risk control measures.
- 4.8 Ensure there are systems in place to appropriately investigate manual handling incidents.
- 4.9 Be provided with information, training, instruction and supervision for undertaking manual handling tasks.

In addition the Trust Board will (so far as is reasonably practicable):

- 4.10 Ensure that adequate inspection and maintenance systems are in operation for all manual handling equipment.
- 4.11 Ensure as far as reasonably practicable that Trust employees working on Non-Trust premises are free from risks in relation to manual handling.
- 4.12 Make available provisions and resources for the manual handling of patients with special medical / clinical or other needs.

## 5.0 RESPONSIBILITIES

### 5.1 THE EMPLOYER / CHIEF EXECUTIVE

The employer / chief executive has ultimate responsibility under the law that cannot be delegated. If the employer delegates the operational aspects of safer manual handling, they must ensure the person responsible has adequate time, resources and knowledge and level of responsibility. (Health & Safety Commission 1999) (Corporate Manslaughter Act 2008)

### 5.2 MANAGERS / SUPERVISORS RESPONSIBILITIES

All the managers / supervisors are responsible for creating an environment in which effective safe practice is carried out in everyday activities to ensure patient and staff safety.

Managers / supervisors can delegate this task to any competent person provided they (the persons having tasks delegated to them) have adequate time, resources and knowledge to effectively discharge these responsibilities.

#### **Managers / Supervisors must:**

- 5.2.1 Ensure that on the Employee's first day they are given local Health & Safety information with the help of the Health & Safety / Fire Safety Induction Check List. (Appendix 1a & 1b)
- 5.2.2 Make sure that local induction on patient handling areas and non-patient handling areas are completed on the first day of employment using the Manual Handling Basic Induction Check list. (Appendix 2 & 3)
- 5.2.3 Ensure that manual handling risk assessments are regularly undertaken by competent staff, who are allocated time to complete initial assessments. Action plans for improvement must be in writing. The Manual Handling Task Assessment form (Appendix 4) may be used in this process. These records must be easily accessible and identified in the workplace and they must also be reviewed on a regular basis – see 5.2.5 below.
- 5.2.4 Link the manual handling risk assessments to other Trust policies that have a manual handling dimension, e.g. bariatric, carers, pregnancy, young persons and lone workers. Remedial action as a result of the risk assessment should reduce risks as far as is reasonably practicable; e.g. change work practices and use mechanical aids, training or information.  
In relation to manual handling risk assessments, managers / supervisors should give consideration to the effect of repetitive handling tasks and those requiring prolonged static postures.
- 5.2.5 Ensure that inanimate manual handling risk assessments are reviewed at least annually or after changes in working practice or other related matters.  
Control measures which are put in place after the risk assessment, will be reviewed by the person implementing them within 6 months of them being implemented.

Individual patient risk assessments must be reviewed after changes in the patient condition / mobility. The Patient risk factor tool (Appendix 5) and risk assessment for patient handling (Appendix 6a & 6b) may be used in this process. Any issues with these risk assessments that can not be resolved at ward management level should be escalated through the Clinical Management team and the manual handling co-ordinator informed.

Any identified manual handling risk will be added to the appropriate risk register and the action will be monitored by the appropriate management team.

- 5.2.6 Ergonomically risk assess (in conjunction with Manual Handling Coordinator, users and designers) the planning of any new or upgraded facilities, ensuring that the newly designed workplace does not present or increase any Manual Handling hazard.
- 5.2.7 Regularly review emergency procedures, ensuring that - without compromising the life saving urgency of any event – so far as is reasonably practicable, the risk of a manual handling injury is not increased.
- 5.2.8 Check that the guidelines and protocols to ensure a safe system of work are in place and regularly reviewed. Making certain that staff fully comply with recommended working practices and the use of equipment provided.
- 5.2.9 Provide a safe working environment, so far as is reasonably practicable.
- 5.2.10 Ensure that all staff receive appropriate training and education to allow them to utilise safe systems of work within their role requirements. Monitoring of this should take place through the appraisal system to ensure they meet the requirements of Trust policies (see section 4 of this policy).
- 5.2.11 Arrange appropriate training for staff in the use of the handling equipment and ensure that equipment instruction manuals are easily accessible.
- 5.2.12 Record any local training in the department and send full details to the Manual Handling Co-ordinator.
- 5.2.13 Make sure that, wherever reasonably practicable, mechanical or powered handling systems are provided and maintained. Handling equipment should be labelled for identification and safely stored ensuring that it is easily accessible. Any malfunctioning or damaged equipment should be withdrawn from service until inspected. Subsequently, this should be repaired as required and passed fit for use.
- 5.2.14 Liaise with the manual handling coordinator prior to purchasing any large items of manual handling equipment to ensure it is included in the Trusts service and maintenance programmes.
- 5.2.15 Ensure that all manual handling incidents and near misses are investigated locally, recorded and escalated through the Trust's reporting system. Individuals who have

been injured as a result of a manual handling accident must be referred to Occupational Health. Improvements resulting from incident investigations must be reflected in the objectives and forward business planning of the ward/department.

- 5.2.16 Manage / supervise their members of staff and take all possible steps to ensure that adequate staffing and supervision levels are in place for safer working practices, as per manual handling risk assessment using all available resources.
- 5.2.17 Create an environment to enable students to meet learning outcomes and develop appropriate Manual Handling competencies. Student's competencies must be assessed when they arrive in the ward/ work area, and the Manual Handling Checklist and Basic Induction (appendix 1 and 2) must be completed.
- 5.2.18 Ensure that staff know how to access patient specific (disposable) manual handling equipment in the ward and from the Medial Equipment Libraries on Barnwell floor and Lamport/Twywell corridor, and ensure full and appropriate use is made of this equipment.

### **5.3. EMPLOYEES RESPONSIBILITIES**

#### **Employees must:**

- 5.3.1 Present themselves in a suitable, mental and physical state to undertake their duties and report health problems or conditions (e.g. pregnancy or injury) to their manager in confidence.
- 5.3.2 Wherever possible, use equipment and mechanical devices to replace physical handling.
- 5.3.3 Not use any equipment unless properly trained and competent to do so. This training can take place in the work area as well as in the shape of formal training.
- 5.3.4 Co-operate with health and safety measures introduced, including the use of mechanical devices and moving equipment designed to protect them from injury.
- 5.3.5 Take reasonable care for themselves and others who may be affected by their acts or omissions.
- 5.3.6 Report any hazards or shortcomings and / or equipment that could affect their personal safety and well-being or that of others.
- 5.3.7 Report any failure in equipment by using the standard procedure for fault reporting and ensuring that equipment is not used until repairs have been effected.
- 5.3.8 Seek advice from their manager, team leader or supervisor in any situation where they are unsure of the correct procedure to adopt or are exposed to a workplace situation for which they feel inadequately trained.
- 5.3.9 Attend manual handling training sessions in accordance with Trust Statutory requirements.

- 5.3.10 Advise their managers / supervisors that manual handling training is required.
- 5.3.11 Co-operate in the assessments of manual handling tasks in their areas.
- 5.3.12 Have the manual handling needs of patients who require assistance assessed by a Registered Professional. E.g. Registered nurse, Physiotherapist and Occupational Therapist or Manual Handling Co-ordinator
- 5.3.13 Follow any departmental procedures and guidelines in relation to manual handling.
- 5.3.14 Ensure that movement of equipment around the site is carried out in a safe and unhurried manner.

## **5.4 THE ROLE OF THE MANUAL HANDLING CO ORDINATOR**

The role of the Manual Handling Coordinator is mainly advisory and includes facilitating a holistic approach to safer animate (patient) handling and inanimate load handling in the Trust.

### **The Manual Handling Coordinator must:**

- 5.4.1 Plan, coordinate, deliver or facilitate the Trust-wide Manual Handling training programmes for all staff.
- 5.4.2 Contribute to the Trust Induction and Health and Safety training programme as required.
- 5.4.3 Ensure accurate records are kept in respect of all Manual Handling training.
- 5.4.4 Take a lead role within the Trust to review, assess and update: moving and handling protocols, competencies in accordance with statutory and student requirements.
- 5.4.5 Conduct regular and timely audits of all moving and handling equipment, training and manual handling risk assessments.
- 5.4.6 Assess moving and handling equipment, giving advice on utilisation and replacement programmes.
- 5.4.7 Investigate manual handling incidents and advise on any changes in practice required.
- 5.4.8 Heighten awareness of the benefits of reducing manual handling.
- 5.4.9 Attend local group meetings of the National Back Exchange and keep knowledge and skills regularly updated.
- 5.4.10 Liaise with the Trust's Quality Governance Department, Clinical Risk Lead, Health and Safety Lead and Occupational Health Staff, to ensure a comprehensive coverage of manual handling risks.

- 5.4.11 Liaise and cooperate with inspectors from the Health & Safety Executive as required.
- 5.4.12 Produce reports and statistical data relating to manual handling activities across the Trust and help maintain a database with actions taken as a result of risk assessments.

## **6.0 TRAINING**

Manual Handling training is managed and organised by the Manual Handling Coordinator(s). This training is mandatory and forms part of the Trust's statutory requirement for all members of staff. It must be undertaken as soon as reasonably practicable after commencing employment with the Trust either through attendance at Corporate Induction or by attending a manual handling course. Refresher training must be carried out two yearly as standard.

Training can be provided during formal training sessions, bespoke training sessions or via e-learning (Appendix 7). Additional training for specific needs can be arranged by contacting the Manual Handling department. Information on manual handling training dates can be obtained from the KGH Intranet on the Mandatory Training Needs Analysis

### **6.1 EVERY MEMBERS OF STAFF MUST:**

- 6.1.1 On the first day of work receive Manual Handling information as part of the induction process using the Health and Safety checklist.
- 6.1.2 As part of their local induction they must be given basic Manual Handling training appropriate to their intended duties. This specific training must be delivered or arranged by their manager or delegated competent person.
- 6.1.3 Attend Statutory Manual Handling training (Appendix 7) see section 4 of this policy.
- 6.1.4 Attend formal refresher training. This should be carried out at no more than two - yearly intervals as standard, unless necessitated by a change of role and / or duties, or as an alternative to refresher training attend specific bespoke programmes relevant to their department.
- 6.1.5 Attend formal refresher or bespoke training if deemed essential after an incident investigation or to improve individual manual handling competencies.
- 6.1.6 Have specific training on all new manual handling equipment introduced to the department as soon as practicable.

### **6.2 RECORDS OF TRAINING**

Department Managers should maintain a record of training in their department.

A record of training attendance is kept on the Trust Data Base.

Accurate records are also kept of those who fail to attend and the reason of non-attendance is recorded when known. Managers are informed of these attendance records on a 3 monthly basis.

The non attendance of training will be analysed, and compliance figures published to the Trust Board.

## **7.0 HELP AND ADVICE**

Competent advice on manual handling related issues can be obtained from the Manual Handling Coordinator in the Centre for Healthcare Education, Ext. 2157; bleep 278.

For out-of-hours advice contact the site manager on duty on bleep 835.

## **8.0 MANUAL HANDLING GUIDELINES**

These guidelines are applicable to both patient handlers and inanimate object handlers.

- 8.1 If you are in any doubt, seek advice from a more experienced colleague.
- 8.2 Avoid manual lifting if possible by using the appropriate equipment or sliding device. If you have to lift then remember the following basic rules:
  - Plan and prepare
  - Get in close to the load.
  - Keep your back straight.
  - Avoid twisting or rotating your spine.
  - Take a good hold.
  - Stay well balanced.
  - Lift within your capacity
- 8.3 If you are unable to use any equipment, assess the purpose of the task and if there is another way of completing it.

## **9.0 INANIMATE OBJECT HANDLING**

Handling of inanimate object will differ between departments / wards, but the following principles will assist in reducing the risks.

- 9.1 Make a suitable and sufficient risk assessment of any manual handling task.
- 9.2 Avoid hazardous manual handling tasks so far as reasonably practicable, this may be done by redesigning the load or by using mechanical aids. Where this is not reasonably practicable then the load and the working environment should be explored.
- 9.3 If you are in any doubt about your ability to deal with the situation do not proceed until you have sought competent advice.

- 9.4 Always use the approved manual handling technique and available equipment.
- 9.5 Contact your ward/department line manager if you need refresher training or more information.

## 10.0 PATIENT MOVING AND HANDLING

Risk factors will vary according to environment and speciality. This list is not exhaustive, or exclusive, but it details factors that may decrease the risks to staff and patients.

- 10.1 Before moving a patient:
- Ask yourself what is the purpose of the activity.
  - Is what you plan to do necessary?
  - Is there some other way to do the task?
  - Does it involve more than 1 person?
  - Should you use equipment?
- 10.2 Always assess the patient. Check the environment before selecting an appropriate safe solution. Remember, the patient is as much involved with the procedures as the staff. Encourage the patient to assist the transfer or manoeuvre where ever possible.  
If the patient needs assistance always complete the manual handling care plan (see appendix 6), which, in case the patient is hoisted, should also document the type and size of hoist sling to be used.
- 10.3 If you are in any doubt about your ability to deal with the situation do not proceed until you have sought competent advice.
- 10.4 Unless it is an emergency you should decline to participate in any patient or load movement if you think it may harm you. If you do proceed with a lift knowing that an injury may occur to yourself or a patient you may be held responsible for your actions.
- 10.5 Check that you have planned the manoeuvre from start to finish. Is it a one-off single activity or is it a repetitive activity?
- 10.6 If you have problems when handling a bariatric patient or child contact the manual handling coordinator for advice and assistance.
- 10.7 Always consider infection risks by using patient specific hoist slings and slide sheets when possible. Any non-disposable equipment should be use only by one patient and washed between each patient in accordance with the infection control policy.

## **11.0 MONITORING COMPLIANCE AND EFFECTIVENESS.**

### **11.1. Training.**

Attendances and non attendances of manual handling training are recorded on the training database and monitored.

Monthly reports are sent out to all managers regarding compliance with training. Managers are given weekly updates regarding non attendances from staff members in their team.

### **11.2 Inspection of hoisting equipment.**

The Lifting operation and Lifting Equipment Regulations (1998) demand that all patient hoists are inspected twice a year.

To meet compliance with the regulations:

A yearly hoist audit is undertaken to identify all hoists in the Trust by the manual handling coordinator(s).

The manual handling coordinator(s) monitor the inspection takes place and that all hoists have been inspected.

Records of the inspection are held by estates.

The outcome of the inspection is monitored by the manual handling coordinator(s), and any equipment which did not pass the inspection is removed from service.

In case of any deficiencies in the inspection process the contracted company is contacted and progress monitored by the manual handling coordinator(s).

### **11.3. Manual handling equipment.**

A yearly audit of other manual handling equipment is undertaken by the manual handling coordinator(s), which includes any fabric hoist slings and handling belts.

Use of patient specific hoist slings and slide sheets is monitored and any concerns regarding use or non use explored and rectified where possible.

### **11.4. Manual handling incidents.**

Manual handling incidents are followed up by the manual handling coordinator(s) on an ongoing basis, and any immediate problems as well as trends are identified. Action is undertaken where possible to prevent incidents.

Manual handling reports are made to the Health and Safety Committee every 2 months, including lessons learnt where appropriate and action plans.

### **11.5. Risk assessments.**

Patient handling risk assessment is to be included in the risk assessment pack in patient records, and will be audited accordingly.

**HEALTH & SAFETY / FIRE SAFETY INDUCTION CHECK LIST  
COPY FOR MEMBER OF STAFF**

As your employer the KGH NHS Trust has a number of legal duties to protect your health, safety and welfare at work. As someone working in the Trust you also have legal duties including taking reasonable care for yourself and the health and safety of others, co-operating with any safety measures or procedures, not interfering or misusing anything provided by us for health and safety and reporting defects, accidents and near misses. Ideally this checklist should be completed on day one or as soon as reasonably practical thereafter.

Your Agency should have covered/The Trust will cover:

- a) General Health and Safety awareness
- b) Manual Handling / back care
- c) Occupational Health issues
- d) General Fire Safety
- e) Security

However, some important issues will be specific to the building and/or department in which you work. To assist you in getting this information, the following questions should be answered.

<b>Manual Handling and Work Postures:</b>
Have you had Manual Handling Training?
YES - Date.....
NO – Planned for.....

Within my work area, the policies and procedures are kept:
My 'local' Manual Handling trainer is:
The postural and manual handling hazards with which I work are:
<b>Health and Safety:</b>
The First Aid arrangements for my place of work are:
The procedure for reporting an incident, hazard or near miss is:
The specific hazards in my job, e.g. chemicals, working at height, etc. are:
Copies of Health and Safety procedures and advice can be obtained from:
If appropriate, my Personal Protective Equipment includes:
My 'local' Health and Safety adviser is:
<b>COSHH (Control of Substances Hazardous to Health)</b>
Most hazardous in my place of work are:

Fire:
On discovering a fire, I should:
The nearest means of escape is / are:
The evacuation procedure in this department is:
My specific responsibilities in the event of a fire, e.g. turning off equipment, helping other people, are:
The usual assembly point is:
Occupational Health:
The Occupational Health Department is based in Warren Hill House and they can be contacted by telephone – 2234
The procedure I should follow if I have a needle stick or sharps injury is:
If I have an accident at work I must:
Security:
I must secure personal items in the allocated area, which is:

Infection Control:
Washing facilities are:
Waste disposal is:
Date .....

Note: There are likely to be other Health, Safety and Welfare related issues perhaps not wholly covered by the above. If there are any queries or concerns about your own health and safety, or that of others, please talk to a manager / supervisor immediately.

<b><u>RECORD OF COMPLETED INDUCTION CHECKLIST</u></b>	
Name .....	Position .....
Directorate .....	Workplace .....

N.B. Form to be retained by staff member. One copy of completed form must be retained for the Trust's records

### LINE MANAGER'S CHECK LIST FOR STAFF HEALTH & SAFETY / FIRE SAFETY INDUCTION CHECK LIST

As your employer the KGH NHS Trust has a number of legal duties to protect your health, safety and welfare at work. As someone working in the Trust you also have legal duties including taking reasonable care for yourself and the health and safety of others, co-operating with any safety measures or procedures, not interfering or misusing anything provided by us for health and safety and reporting defects, accidents and near misses. Ideally this should be on day one or as soon as reasonably practical.

#### Your Agency should have covered/The Trust will cover:

- f) General Health and Safety awareness
- g) Manual Handling / back care
- h) Occupational Health issues
- i) General Fire Safety
- j) Security

However, some important issues will be specific to the building and / or department in which you work. To assist you in getting this information, the following questions should be answered.

Manual Handling and Work Postures:	Have you had Manual Handling Training?  YES – Date  NO – Planned for
	The policies and procedures are kept:

	Your local Manual Handling trainer is:
	The postural and manual handling hazards with your work are:
Health and Safety:	The First Aid arrangements for your place of work are:
	The procedure for reporting an accident or near miss is:
	The specific hazards in your job, e.g. chemicals, height, etc. are:
	You can get copies of Health and Safety procedures and advice from:
	If appropriate, your Personal Protective Equipment includes:
	Your Health and Safety adviser is:
COSHH (Control of Substances Hazardous to Health)	Most hazardous in your place of work are:
Fire:	On discovering a fire you should:
	The nearest means of escape is / are:
	The evacuation procedure in this department is:

	Your specific responsibilities in the event of a fire, e.g. turning off equipment, helping other people, are:
	The assembly point is:
Occupational Health:	The Occupational Health Department is based in Warren Hill House and you can contact them by telephone - 2234
	The procedure if you should have a needle stick or sharps injury is:
	If you have an accident at work you:
Security:	Please secure personal items in allocated area, which is:
Infection Control:	Washing facilities are:
	Waste disposal is:

There will be other Health and Safety related issues perhaps not wholly covered by the above. If you have any queries or concerns about your own health and safety, or that of others', please talk to your manager / supervisor immediately.

<b><u>RECORD OF COMPLETED INDUCTION CHECKLIST</u></b> <b>(To be completed on staff member's copy only)</b>	
Name	Position .....
Directorate	Workplace .....

<b><u>DECLARATION</u></b>	
I have discussed all the items in the Checklist with my manager / supervisor and am satisfied all requirements have been met.	
Staff member's signature	Name (please print)
Manager's / Supervisor's signature	Name (please print)
Position	Directorate
Date	

N.B. Please ensure all appropriate information is given and entered on the staff form. One copy to be retained by the staff member for reference and a second copy to be retained by the local department

**Appendix 2**

**MANUAL HANDLING BASIC INDUCTION - PATIENT HANDLER**

Name ..... Date .....

Dept ..... Status .....

Name of Ward Manager	:	
Name of Mentor	:	
Name of Senior Care Assistant	:	

Information/Instruction given:

- 1. Show staff member where all Manual Handling equipment is kept
  
- 2. Inform staff member how to report an incident and emphasise the importance of reporting, including near misses
  
- 3. Demonstrate and describe good posture in all activities 
  - stable base
  - spine in line/move feet
  - close to body
  
- 4. Moving and handling of objects 
  - avoid reaching above your shoulder height
  - lifting from floor can be more dangerous than from waist height
  - movement
  - if unsure – get help
  - linen bags – do not overfill
  - waste bags
  
- 5. Reporting faulty equipment
  
- 6. Previous manual handling training

Date:	Delivered by:	Evidence received regarding above

All moving and handling is potentially hazardous; any person about to perform a manual handling task who feels at risk must request assistance. This can be from other members of the department or by informing the duty manager. All personnel are required to make full use of hoisting, sliding, moving and handling devices available to reduce the risks of injury

during any moving and handling procedures. Any concerns about any moving and handling procedure must be made clear to the person in charge of the department at that time.

Specific instructions for the handling of each patient must be detailed in the care plan and reviewed on a regular basis to take into account the change in care. However, there may be a sudden change in the patient's condition. This may necessitate the use of other techniques and devices. Therefore it is essential that an assessment is made prior to moving and handling to ensure that the instructions in the care plan are reasonably correct.

All staff are required to think of the health and safety of themselves, their colleagues, patients and members of the public at all times. Staff members are required by law to report all untoward incidents/accidents to their employer to ensure the correct procedure for monitoring health and safety of employees is carried out.

All staff should be aware of the dangers of controversial lifts used in the past such as the Orthodox (cradle type lift), the drag lift or 'hooking' under the patient's arms, or the Australian lift.

These techniques pose a high risk of injury both to staff and patients. They can be used in very limited and defined situations and with named people (both staff members and the patient). A thorough risk assessment needs to be undertaken supporting the use of a controversial technique, and the clinical reasoning supporting the use of the technique documented.

The use of the controversial technique needs to be reviewed regularly, closely monitored, and discontinued as soon as possible.

Staff signature .....

Date .....

<b>TYPE OF EQUIPMENT TO BE FOUND ON WARD / AREA STORAGE</b>	<b>COMMENTS /</b>
---	-------------------

Patient specific sliding sheets (to be found on the ward / department, and in medical equipment libraries)	<input type="checkbox"/>
Handling Belts	<input type="checkbox"/>
Sliding Boards	<input type="checkbox"/>
Turnplates	<input type="checkbox"/>
Hoist – standing and raising	<input type="checkbox"/>
Hoist – full body lifting	<input type="checkbox"/>
Hoist – bathing	<input type="checkbox"/>
Hoist slings: patient specific (to be found in medical equipment libraries)	<input type="checkbox"/>
Beds	<input type="checkbox"/>
Other.....	<input type="checkbox"/>

With regard to manual handling equipment, the Policy for Cleaning and Disinfection will give clear advice on buying new equipment and furnishings and decontamination of equipment, and needs to be considered at all times.

Patient specific hoist slings and slide sheets also help to prevent cross infection. Non disposable items can be used as long as the above mentioned policy is adhered to.

**Appendix 3**

**MANUAL HANDLING BASIC INDUCTION NON PATIENT HANDLER**

Name ..... Date .....

Dept ..... Status .....

Name of Manager	:
Name of Mentor	:
Name of Senior Care Assistant	:

Information/Instruction given:

1. Show staff member where all Manual Handling equipment is kept
2. Inform staff member how to report an incident and emphasise the importance of reporting, including near misses
3. Demonstrate and describe good posture in all activities 
  - stable base
  - spine in line/move feet
  - close to body
4. Moving and handling of objects 
  - avoid reaching above your shoulder height
  - lifting from floor can be more dangerous than from waist height
  - movement
  - if unsure - get help
  - waste bags - do not overfill
5. Reporting faulty equipment
6. Previous Manual handling training

Date:	Delivered by:	Evidence received regarding above

All moving and handling is potentially hazardous; any person about to perform a manual handling task who feels at risk must request assistance. This can be from other members of the department or by informing the duty manager. All personnel are required to make full use of the mechanical devices available to reduce the risks of injury during any moving and handling procedures. Any concerns about any moving and handling procedure must be made clear to the person in charge of the department at that time.

All staff are required to think of the health and safety of themselves, their colleagues, patients and members of the public at all time. Staff are required by law to report all untoward incidents/accidents to their employer to ensure the correct procedure for monitoring healthy and safety of employees is carried out.

Staff signature .....

Date .....

**Appendix 4**

**MANUAL HANDLING TASK ASSESSMENT**

Manual Handling Tasks Covered By This Assessment:
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Generic & Local Assessors:
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Signatures & Dates
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1. Risk Factors

The Task: do they involve:	Tick If "yes"	The Loads – are they	Tick If "yes"
• Holding loads away from the trunk		• Unpredictable	
• Twisting		• Heavy	
• Stooping		• Bulky	
• Reaching upwards		• Hot/cold	
• Carrying long distances		• Difficult to grasp	
• Repetitive handling		• Unstable	
• Insufficient rest periods between MH tasks		• Patients	
The Working Environment – are there	Tick If "yes"	Individual Capacity – does the job involve	Tick If "yes"
• Constraints on posture		• Unusual capability	
• Uneven floors		• A hazard to those with health problems	
• Hot/cold conditions		• A hazard to those pregnant	
• Poor lighting		• Need for specialist training	
• Slopes			

2. Does the task involve a significant risk of injury? Yes No

If there are no ticks in the boxes above do not continue with assessment.

3. Can the task be avoided/mechanised at reasonable cost? Yes No



## Appendix 5

### PATIENT MOVING AND HANDLING – PATIENT RISK FACTORS

Risk factors will vary according to environment and speciality. This list is not exhaustive and is only a sample but it details factors that may increase the risks of patient handling. The Patient Assessment tool is currently being formulated to assist in this activity.

1. Patient diagnosis:

1a. Physical State

Frail Elderly Ability to balance Ability to bear weight Debilitated Terminal	Chronic pain Acute pain Spasticity Lower/upper limb Immobility Stroke restrictions Sensory loss	Weight Conscious/ Unconscious Attachment of any equipment
---	---	---

1b. Psychological State

Unpredictable e.g. senile dementia Comprehension Mental capacity	Anxiety/fear Resistant Obstructive Depressed	Behavioural problems
---	---	-------------------------

1c. Social Aspects

Language barrier Communication barrier	Ethnic/cultural considerations
---	--------------------------------

2. Task

Contribution of patient Need for task Urgency of task Frequency Repetition Static e.g. holding limbs	Reaching Pushing Pulling Twisting Stooping Awkward postures	Sufficient numbers of staff Restrictions on movement Effect of uniform
---	--	---

3. Environment

Tight spaces Adequate lighting Temperature/ humidity Noise levels	Slippery/uneven floor surfaces Furniture and equipment available
--	---

## Appendix 5 - continued

### PATIENT MOVING AND HANDLING

Before moving a patient:

- Ask yourself what the purpose of the activity is?
- Is what you plan to do necessary?
- Is there some other way to do the task?
- Does it involve more than 1 handler?
- Do you need equipment?
  
- Always assess the patient – Check the environment before selecting an appropriate safe solution. Remember, the patient is as much involved with the procedures as the staff.
  
- If you are in any doubt about the ability to deal with the situation, do not proceed until you have sought competent advice.
  
- Unless it is an emergency, you should decline to participate in any patient or load movement if you think it may harm you. If you do proceed with a lift knowing that an injury may occur to yourself or a patient, you may be held responsible for your actions.
  
- Check that you have planned the manoeuvre from start to finish. Is it a one-off single activity or is there a similar activity in the time span.

### The Techniques

- Select an appropriate response to the situation you face.
- If you are in any doubt, seek advice from a more experienced colleague or key lifter.
- Consider whether this is care handling (you do most of the work) or therapeutic handling (when the aim is to improve the patient's abilities/ independence)
- Always assess the patient's abilities and encourage patient independence.
- If you have to handle the patient, remember the basic rules.
- Avoid manual lifting; if possible use a hoist or sliding devise.
- If you are unable to use any equipment, ask the purpose of the task and if there is another way of completing it. If not:
  1. Get in close to the load.
  2. Keep your back straight
  3. Avoid twisting or rotating your spine
  4. Take a good hold
  5. Stay well balanced
  6. Lift within your capacity

<b>PATIENT INDEPENDENT?</b> <b>YES / NO</b>
<b>If NO complete this form.</b>

**Height:**

Under 1.5 m (under 5ft) .. .. .	2
1.5 m - 1.8 m (5ft - 5ft 11ins) .. .. .	1
Over 1.8 m (over 5ft 11ins) .. .. .	3

**Weight:**

Under 50 kg (under 7st 12lbs) .. .. .	2
50 kg - 69 kg (7st 12lbs - 10st 13lbs) .. .. .	1
70 kg - 99 kg (11st - 15st 10lbs) .. .. .	3
100 kg- 127kg (15st 10lbs-20 st) .. .. .	5
Over 127 kg (20 stone) .. .. .	10

<b>BMI</b> .....
Contact Manual Handling Dept if BMI > 40)

**Psychological State**

Conscious/Co-operative .. .. .	0
Conscious but confused/forgetful .. .. .	5
Conscious but unco-operative/irrational .. .. .	5
Semi-conscious or unconscious .. .. .	10

**Mobility/Help required to mobilise:**

No help required .. .. .	0
Minimal help required .. .. .	1
Mobilises with carer/aid .. .. .	2
Unstable/Unco-ordinated .. .. .	5
Cannot assist/weight bear .. .. .	10

**Special Risk Factors:**

First 48 hours following major surgery .. .. .	3
Communication problem eg language .. .. .	3
Partially sighted/ blind .. .. .	4
Hard of hearing/ deaf .. .. .	4
Pain .. .. .	5
Previous falls .. .. .	5
Advanced pregnancy/ in labour .. .. .	5
Stiffness/rigidity / increased tone .. .. .	5
Paraplegia/hemiplegia/ single amputation .. .. .	5
Sedation/ generalised weakness .. .. .	5
Hypotension/hypertension/vertigo .. .. .	5
More than one constraint eg IVI, monitor, Catheter etc .. .. .	5
Bilateral amputation/quadruplegia/ recent spinal injury .. .. .	10

Patient Details (sticker) Hospital No: _____
Name: _____
Address: _____ DOB: __/__/__
Sex: M/F

<b>Environment :</b> consider:
*Constraints in the environment/ space needed for safe handling
*Floors/ slopes/ lifts
*Lighting, esp at night

**Add up the scores from each category.** (There may be more than one score from the category "special risk factors"). **Insert the date and time of assessment, your initials and the total assessment score in the grid provided at the top of this sheet.**

Degree of risk	Score
Low risk	12 or under
Medium risk	13 – 20
High risk	More than 20

ASSESSMENT RESULTS			
Date	Time	Score	Initials

<b>Date O.T. contacted:</b> __/__/__
<b>Date Physiotherapist contacted:</b> __/__/__

Manoeuvre	People needed				Recommended method(s)	Recommended equipment	Date and Initials
	Self	1	2				
Up/down bed							
Turning in bed							
To/from bed							
Sit to stand							
Chair to chair							
On/off toilet							
In/out of bath							
Walking							
<u>Special Instructions/considerations:</u>							

Manoeuvre	People needed				Recommended method(s)	Recommended equipment	Date and Initials
	Self	1	2				
Up/down bed							
Turning in bed							
To/from bed							
Sit to stand							
Chair to chair							
On/off toilet							
In/out of bath							
Walking							
<u>Special Instructions/considerations:</u>							



## Appendix 7

### Statutory Manual Handling Training

#### Induction:

#### A. Manual Handling Training Course for Non-Patients Handlers

- Ergonomics and risk assessment
- Principles of handling
- Back care and injury prevention
- Practical handling of loads
- The features of the working environment that contribute to safety
- The importance of good housekeeping

#### B. Manual Handling Training Course for Patient Handlers

- Ergonomics and risk assessment
- Principles of handling
- Back care and injury prevention
- Practical handling of loads
- The features of the working environment that contribute to safety
- The importance of good housekeeping
- Demonstration and practice of transfers and manoeuvres, including the use of appropriate handling aids.
  
- Hoisting
- Equipment Safety Inspection
- Law relating to hoist equipment and use
- Assessment of sling and patient belt
- Risk assessments

#### Refresher training:

#### C. Manual Handling Refresher Training for Patient Handlers

- Demonstration and practice of the following transfers and manoeuvres including the use of appropriate handling aids. e.g. handling slings, handling belts, transfer boards, slide sheets, turntable, pat slides and hoists.

#### D. Manual Handling Refresher for Non-Patient Handlers.

- Update on legislation etc, identification and problem solving of risk assessment in their area.

## **E. Manual Handling Refresher Training Alternatives**

- As an alternative to planned refresher training, bespoke workshops can be organised specific to individual departments.
- E-learning may be available for staff that have regular access to computers.

Contact the manual handling department on **x 2157** to set you up for e-learning, or to discuss your training needs.

## **Appendix 8**

### **Intra hospital bed pushing guidelines:**

#### **INTRODUCTION**

The Manual Handling department has been asked, on a number of occasions, for clarification of role in regards to positioning of staff when moving patients on beds during intra hospital bed transfers. Concerns have been expressed regarding the potential for injury when placed in the position of pulling beds.

#### **1 PURPOSE**

1.1 To minimise risk in regards to muscular skeletal injury to staff during intra-hospital bed transfers within KGH Trust.

1.2 To provide clear guidelines pertaining to role and the positioning of staff during intra-hospital transfer.

#### **2 DEFINITIONS**

2.1 Intra-hospital bed transfer- the bed transfer of a patient to another ward/department within the same hospital

#### **3. PROTOCOL**

3.1. Compliance with Policy D 46, 'Standard for Intra-hospital and Inter-hospital Transfers' should not be compromised. Risk assessment should be undertaken as directed in the D46 policy to determine the appropriate skill level of any required clinical escort; staff role and responsibilities laid out in the D 46 policy will remain unaltered. Designated escorts are expected to participate in pushing or guiding the bed if the patient's clinical condition allows for this.

3.2. Generic risk assessments of environmental factors on known routes within the KGH Foundation Trust are carried out by the Portering service; they will be able to offer advice to nursing staff regarding environmental restrictions, such as, weight restrictions due to floor design, the optimum level of staff required to safely transfer the patient and / or mode of transport if bed transfer is problematic.

3.3 If the patient is to be moved on a bed with the patient facing forward the member of staff that is positioned at the bed head will be required to push the bed to maintain forward momentum during the transfer. Risk assessment of load and / or route may indicate that two members of staff will be required to push in order to ensure the health and safety of the members of staff involved in the intra –hospital transfer.

3.4 It is undesirable to pull a bed in order to maintain forward momentum as it predisposes staff to muscular skeletal injury due to the unnatural posture of the shoulder adopted in order to face forward. Pushing a load is always preferable to pulling a load. (Health & Safety Executive, 2004) Therefore, it is recommended that the member of staff that is positioned at the foot end of the bed guides the bed, to negotiate hazards on route only.

3.5 Alternatively, the bed could be moved forward bed head first. When possible, Patient consent should be obtained as the patient may feel uncomfortable being moved, in effect, 'facing backwards'. However, this positioning would allow for clinical observation of the patient by the member of staff standing at the foot of the bed or the member of staff that is guiding the bed from the head end. The member of staff at the bed head would also be in a position to assist with pushing. (By standing to the side of the bed head you can face forwards and push against the head board with one hand. However, sides should be alternated during transfers to prevent muscle fatigue and/or injury).

In conclusion, the general principle of not pulling the beds in order to maintain forward momentum during intra- hospital transfers has been set. Porters have stated that they are happy to adopt the roll of pushing during transfers but please remember that transporting a patient safely on a bed will require team work.

## REFERENCES

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