

MOVING AND HANDLING

VERSION No	5	
REVIEWED BY	Registered Manager (MP)	
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Policy Statement

This organisation recognises its responsibility to ensure that all reasonable precautions are taken to provide and maintain working conditions that are safe, healthy and compliant with all statutory requirements and codes of practice. Manual handling is also covered specifically by the following legislation:

- ✓ *Health and Safety at Work Act 1974*
- ✓ *Management of Health and Safety at Work Regulations 1999*
- ✓ *Manual Handling Operations Regulations 1992*
- ✓ *Lifting Operations and Lifting Equipment Regulations 1998.*
- ✓ *Provision and used of Work Equipment and Regulations 1998 (PUWER)*

The *Manual Handling Operations Regulations 1992* were the end result of a European Union directive, issued in 1990, and are firmly based on a “minimal handling” approach to manual handling. Under the Regulations, employers must avoid the need for employees to undertake any manual handling operations that involve a risk of their being injured, and, where such activities cannot be immediately eliminated, a “suitable and sufficient assessment” of all such operations is mandatory. This being done, employers must take appropriate steps to reduce the risk of injury to the lowest level reasonably practicable.

1. The Policy

This policy is intended to set out the values, principles and policies underpinning this organisation’s approach to Moving and Handling. Moving and handling is a key part of the working day for most employees; from moving equipment, laundry, catering, supplies or waste to assisting service users in moving. Poor moving and handling practice can lead to:

- ✗ back pain and musculoskeletal disorders, which can lead to inability to work
- ✗ moving and handling accidents – which can injure both the person being moved and the employee
- ✗ discomfort and a lack of dignity for the person being moved

Employers must reduce the risk of injury to staff and people using care services by:

- ✓ avoiding those manual handling tasks that could result in injury, where reasonably practicable
- ✓ assessing the risks from moving and handling that cannot be avoided
- ✓ putting measures in place to reduce the risk, where reasonably practicable

Employees must:

- 👉 follow appropriate systems of work and use the equipment provided
- 👉 co-operate with their employer and let them know of any problems
- 👉 take reasonable care to ensure that their actions do not put themselves or others at risk

Moving and handling risk assessments help identify where injuries could occur and what to do to prevent them. It should be possible to complete the majority of assessments in-house as no-one knows your business better. The person carrying out the assessments has specific training and is competent to identify and address the risks from the most complex handling activities you undertake. This usually requires specific training, often is just common sense. One of the most important factor is identifying risks. Activities that may increase the risk include, for example:

- 👉 assisting in person transfers

- 👉 assisting in carrying out daily activities (such as bathing) with individuals who will have specific needs
- 👉 Some care/support staff may have to adopt and hold awkward postures as part of their work. Stresses and strains arising from adopting awkward or static postures when caring people need to be addressed.

Two types of risk assessment are usually needed:

- 👉 Generic assessments to consider the overall needs of the setting, looking at:
 - ✚ the type and frequency of moving and handling tasks
 - ✚ overall equipment needs
 - ✚ staffing
 - ✚ the environment
 - ✚ what moving and handling may be required in emergencies such as fire evacuations or residents' falls
- 👉 Individual assessments which consider the specific moving and handling needs of care service users and form part of the care planning process.

a) Generic risk assessments

- ✔ This organisation balances the safety of employees with the needs, safety and rights of the people using care services.
- ✔ Policies and practice should not place unreasonable restrictions on service users rights to autonomy, privacy or dignity.
- ✔ Risk assessment should be part of a wider needs assessment process to achieve the best outcome.
- ✔ Health and safety issues will then be identified and built into the complete care package.

b) Individual risk assessments

This organisation works closely with the Occupational Therapist and / or other outside professionals if necessary, when assessing moving and handling risk for individuals. The assessment is person-centred and, where possible, involves the service user or their family in decisions about how their needs are met. This can reassure them about the safety and comfort of the equipment, and how it and the methods used will ensure their safety and the safety of staff. Risk assessments are recorded in the care plan. Include detail on the individual's moving and handling needs, day and night, specifying:

- ✔ what the user of the care service is able / unable to do independently
- ✔ the extent of the individual's ability to support their own weight and any other relevant factors, for example pain, disability, spasm, fatigue, tissue viability or tendency to fall
- ✔ the extent to which the individual can participate in/co-operate with transfers
- ✔ whether the individual needs assistance to reposition themselves/sit up when in their bed/chair and how this will be achieved, eg provision of an electric profiling bed
- ✔ the specific equipment needed including bariatric where necessary and, if applicable, type of bed, bath and chair, as well as specific handling equipment, type of hoist and sling; sling size and attachments
- ✔ the assistance needed for different types of transfer, including the number of staff needed although hoists can be operated by one person, hoisting tasks often require two staff to ensure safe transfer. The number of people required will be documented in the care plan.
- ✔ the arrangements for reducing the risk and for dealing with falls, if the individual is at risk

An individual's needs and abilities can change over the course of a day. Staff should understand the impact this may have on moving and handling practices. Individuals may become upset or agitated when being moved. Others, though willing to assist at the start of a manoeuvre, may find themselves unable to continue. A natural reaction, while helping with walking, for example, is to try to prevent a fall. Injuries have occurred to both staff and the service user in such circumstances. Properly positioned, as trained the care worker may prevent a fall or allow a controlled slide. Having made the individual comfortable, they can determine how to move them safely – often with a mechanical aid.

c) Sources of Advice

Specialist advice on how to help some users with specific moving and handling needs will also be useful. Sources of advice include:

-  occupational therapists
-  physiotherapists
-  manual handling advisers
-  ergonomists with experience in health and social care
-  professional bodies
-  organisations such as the National Back Exchange or Chartered Society for Physiotherapists

2. Monitoring and review

Risk assessments are reviewed regularly with the care plan and whenever circumstances change to ensure they remain current along with moving and handling activities which are monitored to ensure that correct procedures, techniques and equipment are being used.

a) Examples of Equipment used:

-  a selection of hoists – eg hoists to raise fallen individuals from the floor, standing hoists, mobile hoists etc
-  bath hoists or bath lifts and/or adjustable height baths
-  a sufficient number of slings of different types and sizes
-  slide sheets
-  transfer boards used to assist in moving from and to different furniture (eg. seat to wheelchair)
-  turntables used to assist in turning people around
-  electric profiling beds for dependent/immobile service users
-  wheelchairs
-  handling belts to assist service users who can support their own weight, e.g. to help them stand up. They should not be used for lifting
-  lifting cushions used to assist people to get up from the floor or bath
-  bed levers, support rails/poles
-  emergency evacuation equipment
-  suitable walking aids, hand rails etc for people needing minor assistance
-  bariatric equipment

All staff are fully trained before using any of the above equipment.

Moving and handling equipment used for health and social care may be classified as medical devices. The supply and design of such devices or equipment is regulated by the Medicines and Healthcare Products Regulatory Agency (MHRA). Find guidance on managing medical devices and information on how to report defects, adverse incidents or problems with equipment on the

<http://www.mhra.gov.uk/Safetyinformation/Reportingsafetyproblems/index.htm>

b) Using hoists safely

- i. **The procedure** described here involves using a mobile sling hoist to move a resident. It is important to receive training on how to use the hoist.
 -  Perform a risk assessment. Assess the resident for using a hoist: check their mobility care plan and consult colleagues. Determine how many staff (usually two) will be required and ascertain which hoist to use. Mobility care plans should document the hoist and sling type, including the sling size.
 -  Explain the procedure to the resident. Advise them that staff will use the hoist to lift them safely and without hurting them, and that they may be asked, if they are able, to carry out simple instructions such as holding their arms crossed over their chest.
 -  Ensure the environment is safe
 -  Wash and dry hands, use a plastic apron and gloves.
 -  Reassure the resident. Some residents may fear being dropped when lifted in a hoist.
 -  Prepare equipment. Always check the hoist before use. Check it has been maintained; there should be a sticker on the hoist indicating the date of the last

maintenance check (this should be every six months). Check that the sling is the correct one for the particular hoist and resident. Inspect the sling for wear and tear, and the attachments. Check any maintenance stickers or labels on the slings (these should also be checked every six months). Do not use slings that are incompatible with the hoist.

- ☑ Check the hoist's weight limit. This will be indicated on the hoist, usually on the main boom. Ensure the hoist is suitable for the resident's height and weight.
- ☑ Select the correct sling for the resident, taking into account their body shape.
- ☑ Ensure the resident's privacy and dignity.
- ☑ If the resident is in a chair or on a bed, ensure the brakes are on. If they are being moved to another chair or bed, check the brakes of these items are on.
- ☑ Insert the sling. If the resident is on the floor or on a bed, assist them to roll over. If they are on a bed, raise it to an acceptable height so you can roll and insert the sling under them. If the resident is on the floor, staff may be required to kneel.
- ☑ Insert the sling alongside the resident's back and as far under as possible. It is important the bottom edge of the sling is as far as possible under the hip. Bunch the sling slightly before moving the resident on to their back, then ease the resident the other way to pull the sling through. Ensure that the leg slats are under the resident's thighs. Care should be taken if they have a urinary catheter in situ.
- ☑ If the resident cannot roll, two flat slide sheets can be folded and eased into position under them and the hoist sling slid between the two slide sheets.
- ☑ Once the sling is in place, check that the lower edge of the back of the sling is under the resident's hips. If the sling is of the correct size, the crown of the resident's head should be on the sling, if a high-back sling is being used. Follow manufacturers' instructions for each sling type used.
- ☑ Attach the leg and chest attachments to the hoist's spread bar. Some attachments are passed through each other and crossed before they are attached to the spread bar.
- ☑ Hoist the resident up a small distance, then check the sling attachments are secure, before continuing with the full hoisting action. If using a sling hoist, do not have the hoist brakes on when hoisting, except when hoisting a resident on a sloped surface or from the floor. The hoist will balance and find its own centre of gravity when the brakes are off. Do not hoist residents from an angle. This may cause the hoist to tilt, especially if the resident's weight is close to the hoist's limit.
- ☑ Raise the resident for clearance, not to the hoist's height capacity unless necessary (the resident may find it more fearful if raised to the highest position).
- ☑ Observe the resident at all times while hoisting and provide encouragement and reassurance. Some residents may become distressed and staff should ease anxieties by talking to them and keeping close while they are in the hoist.
- ☑ Manoeuvre the hoist and resident to the desired position, then lower.
- ☑ Once the resident is in position, unhook or unclip the attachments and move the hoist away from them. Then remove the sling.
- ☑ Ensure the resident is comfortable and has the nurse call system close by.
- ☑ Remove the hoist to its storage place.
- ☑ Ensure the hoist is clean and on charge (some hoists have battery chargers and one of these should always be on charge).
- ☑ Follow local laundry procedures for hoist slings after use if sling is soiled.
- ☑ Wash and dry hands according to the IPC policy and procedure
- ☑ Single use slings (one-person slings) are allocated to one resident. This reduces infection risk.
- ☑ Generally, slings are not left underneath a resident. Any decision to do this must be based on assessment and documented. Staff should seek advice on choice of sling in such cases and should try to resolve reasons for leaving a sling in situ, for example by a change of chair type.

- ii. It is important that safe working procedures are followed during hoisting to avoid accidents that can result in serious or fatal injuries.
-  **selection of the wrong size sling** – which can result in discomfort if the sling is too small, and/or the person slipping through if it is too large. Staff should be aware that sling sizes and coding vary between manufacturers
 -  **wrong type of hoist or sling for the individual, or task** – which can lead to inadequate support and a risk of falling. For example, toileting slings give a great degree of access, but little support
 -  **incompatibility of hoist and sling** can result in insecure attachment between the two. Follow the manufacturer’s advice and refer any concerns about sling/hoist design, supply, manufacturer’s instructions or compatibility to the <http://www.mhra.gov.uk/#page=DynamicListMedicines>, the regulator for medical devices
 -  **failure of equipment** due to lack of maintenance/inspection
 -  **leaving a vulnerable person unattended in a hoist**; or in a position where they might be at risk of falling
 -  **overturning of the hoist** due to difficult surfaces, transporting an individual over a long distance on a hoist, or not following the manufacturer’s instructions
 -  **failure to use a safety harness**, belt or attachment appropriately. Some slings come with different length loops for attachment to the hoist to increase comfort or the range of positions. You must choose the correct loops so that an individual is not at risk of slipping from the sling. Use the same loop configuration on both sides to reduce the risk of sideways falling

- c) The individual’s risk assessment and care plan for hoisting should specify:
-  which hoist to use for which task
 -  type and size of sling and any configurations of loops or leg attachments
 -  use of any additional safety devices such as safety belts
 -  number of carers needed to carry out the task
 -  any other relevant information specific to the person being hoisted
 -  This risk assessment is also kept in the service users care plan and easily accessible for staff

- d) *How to move people without tears? Whilst there is merit in the delivery of practical information about how to avoid injury, keep within the law and ensure everyone is safe, the blanket health and safety approach can miss some vital elements of moving and handling people with mental disorder such as dementia, confusion, disorientation, lack of insight, physical frailty, sensory impairment such as vision or hearing or both.*

 **Personal touch:** Consider those service users who struggle with human contact. It is hard to assist them to move without getting uncomfortably close to them, often in situations where they are highly vulnerable, such as when bathing or assisting to the toilet. Touch-sensitive people would be really tense and possibly even respond negatively to the contact.

 Similarly, those with **vision or hearing impairment** need to be carefully prepared for any situation where they are to be assisted to move. Imagine how you might feel if you were suddenly grabbed and moved without warning. Being blind means you have limited concept of your own body and how you move; no experience of what the hoist looks like, where you are sitting or where you are moving to. Add the potential for a cognitive impairment, where understanding is impaired, then you can see how terrifying being manually assisted can be.

 **What’s happening to me?** For many people, transition of any kind can be traumatic. The simple act of preparing them for the move and making sure they are in charge of what is happening can make a huge difference to their experience of personal care. Staff must think outside the box, not just plan around safe moving and risk management but ensuring the client’s mental needs and well-being are paramount.

 If part of your moving and handling training is to hoist and transfer each other in the classroom setting, you will know how vulnerable it feels to be the subject of this

procedure. Factor in the understanding and level of vocalization, sensitivity and anxiety, potential for pain or discomfort and you will begin to realise that it's about so much more than making sure your staff do not injure their backs.

 Staff should apply the above guidance in their every day work as well as staff who writes care plans should incorporate residents' phobias (such as being hoisted), in the care plans. **For example: *Joe Blog is partially blind and any movement and change in his environment may cause him to become anxious and distressed. Joe has said that it is very important to him that staff explains to him what is happening and what is going to happen, staff must explain to Jo before any transfer takes place that they are going to hoist him, where and how and reassure him that he will be safe and how he can help staff by remaining calm and hold onto the straps.***

e) Maintenance of lifting equipment

-  If equipment is provided by the Occupational Therapists/local authority it is their responsibilities to keep the equipment maintained
-  If equipment is provided by the family it is their responsibilities to maintain
-  It is the manager/provider responsibility, to ensure the equipment is safe for employees to use.
-  Employees must check maintenance dates before using the equipment

3. Duties on Company Staff and Employees

The *Manual Handling Operations Regulations 1992* set out the obligation for employees to make full use of systems of work laid down for their safety in manual handling operations. This is in addition to their obligations under other health and safety legislation, including making proper use of equipment provided for their safety. To conform with the *Manual Handling Operations Regulations 1992*, this organisation requires its staff to adopt the following three-stage model:

-  Staff should avoid hazardous manual handling as far as is reasonably practical
-  Where hazardous manual handling cannot be avoided, staff should assess the risk first
-  Depending on the result of the assessment, staff should reduce the risk involved to the lowest level reasonably practicable.

The successful implementation of this policy requires total commitment from all employees; each individual has a legal obligation to take reasonable care for their own health and safety, and for the safety of other people who may be affected by their acts or omissions. It is also the policy of this organisation that, under s.7 of the HSWA 1974, it is the duty of every employee at work:

-  To take reasonable care of their own health and safety and those of any other person who may be affected by their acts or omissions at work
-  As regards any duty or requirement imposed on their employer by or under any of the relevant statutory provisions, to co-operate with the employer, so far as is necessary, to enable that duty or requirement to be complied with.
-  In addition, no person at the organisation shall intentionally or recklessly interfere with or misuse anything provided in the interests of health, safety and welfare in pursuance of any statutory provisions.

4. Staff Injured at Work

Manual handling accidents are covered by the *Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995* (RIDDOR). According to RIDDOR, all manual handling accidents and injuries should be recorded and also reported on line to the Health and Safety Executive (HSE), especially if they result in staff being off work for three days or more, or if they involve faulty equipment (see Accident and Incident (RIDDOR) Policy). All staff injured at work will be given appropriate support, and any staff who have suffered a making handling injury should see their GP as soon as possible. Any necessary alterations to a member of staff's job after an accident will be considered in line with current *Disability Discrimination Act 1995* guidelines.

Training Statement

Everyone in the organisation will be given adequate training and information on moving and

handling risks and how to avoid them. Training should focus on specific tasks and equipment, as well as on the more general information required to carry out safe manual handling. All staff should be trained to assess whether or not a load is too heavy to carry.

All new staff are encouraged to read the policies on health and safety and manual handling as part of their induction process. All staff are required to attend annual manual handling refresher training. In addition, all staff will be appropriately trained to perform their duties safely and competently, and those staff who need to use specialist equipment will be fully trained and supervised whilst developing competency.

Please Note: Bariatric services are specialist activities where advice will be sought, before commencement of the service. Where we assist with or undertake such a service, staff will be fully trained by a specialist trainer.

Related Policies

Accident and Incident Reporting (RIDDOR)

Health and Safety

Risk Assessment

Data Protection

Related Guidance

HSE - Getting to grips with hoisting people: <http://www.hse.gov.uk/pubns/hsis3.pdf>