

Policy:

Back Care and Manual Handling

(Review Date extended to 31/05/2021 by People Committee)

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Policy author/ lead	Charlie Stephenson, Health and Safety/Risk Adviser
Feedback on implementation to	Charlie Stephenson, Health and Safety/Risk Adviser

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Target audience	All Trust staff
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Keywords	Manual, handling, back, pain
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Policy Version and advice on document history, availability and storage

This is version 8 of this policy. This version replaces version 7, ratified in March 2013.

People Committee ratified a fourth extension to review date on 15/10/2020 to 31/5/2021.
 People Committee ratified a third extension to review date on 25 June 2020 to 30/11/2020.
 EDG approved a second extension to review date on 20 February 2020 to 30/06/2020.
 EDG extended the review date to 29 February 2020.

This policy will be available to all staff via the Sheffield Health & Social Care NHS Foundation Trust Intranet and on the Trust's website. The previous version will be removed from the Intranet and Trust website and archived. Word and pdf copies of the current and the previous version of this policy are available via the Director of Corporate Governance.

Any printed copies of the previous version (V7) should be destroyed and if a hard copy is required, it should be replaced with this version.

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1. Introduction

Sheffield Health and Social Care NHS Foundation Trust recognises its responsibilities under Health and Safety legislation to ensure, so far as is reasonably practicable, the health safety and welfare of its employees, service users and members of the public.

To this end the Trust will ensure, so far as is reasonably practicable, that manual handling risks are eliminated, or reduced to an acceptable level, in order to help protect the health of staff and its service users.

Legislative requirements

The Health and Safety at Work etc Act 1974 (HSWA) requires employers to ensure the health and safety of all employees, as far as is reasonably practicable.

The Manual Handling Operations Regulations 1992 require employers to eliminate the need for staff to manually handle loads where possible, or to reduce manual handling risks to an acceptable level, when such handling is unavoidable.

The Lifting Operations, Lifting Equipment Regulations 1998 (LOLER) aim to reduce risks to people's health and safety from lifting equipment provided for use at work.

2. Scope of this Policy

This is a Trust-wide policy which applies to all staff employed by the SHSC Trust.

3. Definitions

Hazard is anything that has the potential to cause harm.

Risk is the chance of an undesirable outcome. It considers the combination of the likelihood and severity of the outcome.

Likelihood is a measure of the probability that the predicted harm, loss or damage will occur.

Severity is a measure of the impact that the predicted harm, loss or damage would have on the people, property or objectives affected.

Risk assessment is simply 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.

Risk Treatment is the action(s) taken to remove or reduce the severity and/or likelihood of an identified risk.

A load is a discrete movable object. It can be animate or inanimate.

Animate load a live load such as a person.

Inanimate load a non-live load such as a box or a trolley.

Manual handling is the transporting or supporting of a load by human effort applied directly to the load.

Musculoskeletal disorders (MSDs) include problems such as low back pain, joint injuries and repetitive strain injuries of various sorts.

Staff All employees of the Trust, including agency, temporary and locum staff.

4. Purpose of this Policy

This policy details the organisational arrangements in place to meet the legal and good practice requirements to prevent manual handling incidents within the Trust.

5. Duties

Trust Board

The Trust Board has ultimate responsibility for the implementation and effective management of good health and safety practice within the Trust.

Clinical and Service Directors

Clinical and Service Directors will ensure that processes are in place to reduce and control manual handling risks and that these processes are monitored for continued effectiveness.

More specifically they will:

- Ensure that departmental managers are aware of the policy.
- Ensure that departmental managers correctly manage the risks from moving and handling tasks.
- Ensure that information on manual handling incidents within each directorate is obtained and analysed to detect trends or significant concerns and use this information to help introduce actions to treat the risk of manual handling injury to staff and to monitor improvements.

Departmental Managers

Departmental managers are responsible for ensuring that their staff have the necessary information and skills to safely undertake their roles within the Trust.

These responsibilities include:

- Ensuring the completion of Manual Handling Risk Assessments for all staff and patients. Patients should have current and accurate Client Handling Assessments in their Care Plans, whilst these needs are linked to current staff Manual Handling Risk Assessments.
(Risk Assessments must address any specific needs of disabled staff and take into account the possible need to make reasonable adjustments to help prevent injury or ill health).
- Appoint Manual Handling Key Trainer
- Ensure that staff are aware of, and adhere to, the Manual Handling Policy.
- Assessing the skills of their staff to carry out the work for which they are employed and ensuring new staff do not commence their duties until they have the appropriate skills to do so.
- Ensuring that any new team members are booked on appropriate training and other staff attend refresher training. Reminding staff if they are not manual handling correctly and in accordance with their training.
- Ensuring that any equipment required to reduce the risk of injury from manual handling is provided or necessary changes to systems of working are introduced.
- Encourage the early reporting of any symptoms, ensuring that access to suitable treatment where necessary and support if the problem requires a rehabilitation programme (contact a HR Advisor for advice on Occupational Health referral).
- Allow sufficient time and provide administrative support to key trainers so they can prepare and deliver appropriate manual handling training.

Staff

All staff:

- Must undertake risk assessments for all appropriate manual handling activities
- Must perform manual handling activities in accordance with the information, instruction and training provided; for example those carrying out patient handling will follow the method of transfer shown in the care plan/records for identified patients.
- Make full and proper use of equipment provided; must visually inspect all equipment before use, report any defects and remove from service.
- Attend Manual Handling Training at induction and refresher training as identified by individual training needs.
- Only practice within the limits of their knowledge and skills.
- Inform their team leaders if they have difficulties or concerns associated with the manual handling activities that are part of their job.
- Report any injury, incident or untoward occurrence in line with the Incident Reporting Policy.

Manual handling key trainers

Manual handling key trainers will:

- Deliver manual handling and back care training in their work area.
- Provide new staff with induction training relating to manual handling and back care in their work area.
- Provide line manager with details of training given (it is not the key trainers responsibility to maintain individual staff training records).
- Participate with manual handling risk assessments in their work area.
- Provide advice relating to manual handling equipment.
- Provide a link between the workplace and the Back Care Advisor.
- Attend update training where necessary.

6. Specific details

6.1 Manual handling

The employer's first duty is to find ways of avoiding hazardous manual handling tasks. This might require the work to be done differently or the handling to be mechanised, for example by the use of a hoist or other equipment.

6.2 Risk Assessment

A risk assessment must be carried out for all hazardous manual handling that cannot be reasonably avoided.

Staff should be familiar with the process of risk assessment and be able to carry out moving and handling risk assessment in any circumstance, in order to reduce the risk to the lowest level that is reasonably practicable.

Using the TILE mnemonic to construct a Risk Assessment brings a systematic approach to the consideration of all the risk factors associated with a manual handling operation. Each risk factor can be considered in turn;

- The **task** being undertaken.
- The **individual** undertaking the task.
- The **load** (which may be a person).
- The working **environment**.

An informal risk assessment will identify the risks that change and cannot always be kept up to date on a written form, for example the level of patient fatigue, the state of the floor at that particular time.

6.2.1 Risk assessment - recording

Significant findings of risk assessments must be recorded and the record kept available, as long as it remains relevant.

An assessment need not be recorded if it identifies a low risk of ill health or injury, and could be easily repeated and verbally explained at any time because it is simple and obvious and so the time taken to record it is disproportionate to the risk.

Handling Assessments for Patients - All service users/patients requiring manual handling must have patient handling assessments recorded in their care plans. These are recorded on form MH3, the Patient Handling Assessment Form (Appendix J).

Handling Assessments for Objects - Risk assessments for inanimate load handling can be recorded on the Trusts standard risk assessment form (see the Risk Management Policy).

If you require guidance on the risk factors to consider when assessing the risk, then it is advised to use form MH1, the Manual Handling Assessment Form (Appendix I) - however, its use is not compulsory.

6.3 Skills and training

All staff must have the skills necessary to carry out their jobs without exposing themselves or others to unreasonable risk. Due to the range of work undertaken by the Trust different staff groups will require different skills. Training will be provided to make sure that staff obtain and maintain these skills.

New starters must possess skills in the areas identified before working unsupervised in those areas.

All staff are required to undertake appropriate training for their individual training needs and as identified in the Trust's Training Needs Analysis.

Further details on the approved moving and handling techniques for patients and inanimate objects are given in Appendices 1 and 2.

6.4 Specialist advice

Staff with significant health problems affecting their ability to undertake their responsibilities can be referred to the Occupational Health Department for medical advice and return to work issues.

6.5 Manual handling equipment

In many cases manual handling operations require equipment to reduce the risk of injury or ill health to an acceptable level. Managers must ensure that:

- There is sufficient appropriate equipment provided to match demand.
- Staff are trained in the use of the equipment.
- The equipment is stored in a safe, convenient and easily accessible place.
- Equipment is serviced and maintained to meet manufacturers' standards.
- Equipment that is designed to lift a person, e.g. a hoist, is examined at least every 6 months by a competent person - as required by the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER).

6.6 Health monitoring

Patient handling is recognised as a significant, but not the sole cause of musculo-skeletal injury within the health care sector, hence the existence of specific employment law to try and control its harmful effects.

Staff with significant health problems affecting their ability to undertake their responsibilities can access advice from the Occupational Health Department.

7. Dissemination, Storage and Archiving

Links to an electronic copy of the policy shall be circulated via a trust-wide e mail.

An electronic copy of the policy shall be accessible via the Trust Intranet.

An archive copy of the previous policy and the new updated policy shall be stored with the Corporate Governance Department for reference.

8. Training and Other Resource Implications for this policy

The implementation of this policy should have no additional resource requirements. There are no other training needs for the implication for this policy. The core moving and handling training needs requirements has been identified via the Trust's Training Needs Analysis. For further details, see the Core Mandatory Training Policy.

Policy:

Mandatory Training Policy

9. Audit, Monitoring and Review

This policy will be reviewed in 3 years, or earlier if needed due to changes in national guidance, legislation, lessons learned or significant incidents.

Executive or Associate Director lead	Dean Wilson, Director of Human Resources					
Policy author/ lead	Isabel Brislen, Senior Nurse – Education, Training & Development					
Monitoring Compliance Template						
Minimum Requirement	Process for Monitoring	Responsible Individual/group/committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/group/committee for action plan development	Responsible Individual/group/committee for action plan monitoring and implementation
Feedback on implementation		Karen Dickinson, Education, Training & Development Lead				
Date of draft		January 2011				
Dates of consultation period		December 2008 to January 2011				
Completion of current Moving and Handling Risk Register	Audit	Health and Safety Advisor	At least annually	Health and Safety Committee	Health and Safety Committee	Health and Safety Committee
Date of ratification		Executive Directors Group				
Date of issue		28 January 2011				
Completion of current staff training records showing staff attendance at suitable and sufficient Manual Handling training	Audit	Health and Safety Advisor	At least annually	Health and Safety Committee	Health and Safety Committee	Health and Safety Committee
Target audience		SHSC Staff and staff from other organisations working for the Trust				
A sufficient number of lifting appliances are readily available and checked (as required by OLS Risk Register)	Audit	Health and Safety Advisor	At least annually	Health and Safety Committee	Health and Safety Committee	Health and Safety Committee
Policy Version and advice on document history, availability and storage						
Replaces previous OLS Risk Register		Integrated Governance				
Number and type of reported Manual Handling Incidents	Review	Integrated Governance	Quarterly	Health and Safety Committee	Health and Safety Committee	Health and Safety Committee

10. Implementation

Action / Task	Responsible Person	Deadline	Progress update
New policy to be uploaded onto the Intranet and Trust website.	Director of Corporate Governance	Within 5 working days of ratification	
A communication will be issued to all staff via the Communication Digest immediately following publication.	Director of Corporate Governance	Within 5 working days of ratification	
A communication will be sent to Education, Training and Development to review training provision.	Director of Corporate Governance	Within 5 working days of ratification	
Reference revised policy in Risk Management training	Health and Safety Risk Adviser	11.11.2016	
Communicate the revised policy to the manual handling key trainers and provide guidance/training in use	Manual Handling Adviser	Following appointment of Adviser	
Reference revised policy in manual handling training	Manual Handling Adviser	Following appointment of Adviser	

11. Links to other policies

Risk Management Policy Manual
 Core Mandatory Training Policy
 Incident Reporting & Investigation Policy
 Medical Devices Management Policy

12. Contact details

<i>Title</i>	<i>Name</i>	<i>Phone</i>	<i>Email</i>
Back Care Advisor	Not in post	TBA	TBA
Health and Safety / Risk Adviser	Charlie Stephenson	271 6208	charlie.stephenson@shsc.nhs.uk
Occupational Health Department, Northern General Hospital	N/A	27 14737	N/A

13. References

The Health and Safety at Work etc Act 1974
 HSE, INDG143 (rev3), Manual handling at work, A brief guide

HSE, L21 Management of Health and Safety at Work Regulations 1999. Approved Code of Practice and guidance

HSE, L23 Manual Handling Operations Regulations 1992. Guidance on the regulations

HSE, L24 Workplace (Health, Safety and Welfare) Regulations 1992. Approved Code of Practice and Guidance

HSE, L113 Lifting Operations and Lifting Equipment Regulations 1998. Approved Code of Practice and guidance

HSE, Health Services Information Sheet No 4(rev1), How the Lifting Operations and Lifting Equipment Regulations apply to health and social care

NHS Employers website, Manual Handling

Yorkshire Back Exchange, Hoisting Guidance (2010)

Appendix A – Version Control and Amendment Log

Version No.	Type of Change	Date	Description of change(s)
1	Draft policy creation	Sept 2016	New Policy format adopted and some references to post of “Back Care Advisor” deleted.
V8	Fourth Extension to review date	Oct 2020	People Committee agreed an extension to review date on 15/10/2020. New Review Date = 31/05/2021.

Appendix B – Dissemination Record

Version	Date on website (intranet and internet)	Date of “all SHSC staff” email	Any other promotion/ dissemination (include dates)
V8	October 2016	October 2016	

Equality Impact Assessment Process for Policies Developed Under the Policy on Policies

Stage 1 – Complete draft policy

Stage 2 – Relevance - Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients or the public? If **NO** – No further action required – please sign and date the following statement. If **YES** – proceed to stage 3

This policy does not impact on staff, patients or the public (insert name and date)

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Stage 3 – Policy Screening - Public authorities are legally required to have ‘due regard’ to eliminating discrimination , advancing equal opportunity and fostering good relations , in relation to people who share certain ‘protected characteristics’ and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don’t know and note reasons). Please see the SHSC Guidance on equality impact assessment for examples and detailed advice this can be found at <http://www.shsc.nhs.uk/about-us/equality--human-rights>

	Does any aspect of this policy actually or potentially discriminate against this group?	Can equality of opportunity for this group be improved through this policy or changes to this policy?	Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?
AGE	No	No	
DISABILITY	No	Yes	Amended to be specific about Disabled Staff
GENDER REASSIGNMENT	No	No	
PREGNANCY AND MATERNITY	No	No	
RACE	No	No	
RELIGION OR BELIEF	No	No	
SEX	No	No	
SEXUAL ORIENTATION	No	No	

Stage 4 – Policy Revision - Make amendments to the policy or identify any remedial action required (action should be noted in the policy implementation plan section)

Please delete as appropriate: Policy Amended / Action Identified / no changes made.

Impact assessment completed by - (insert name and date)

C Stephenson. September 2016.

Appendix D - Human Rights Act Assessment Form and Flowchart

You need to be confident that no aspect of this policy breaches a person's Human Rights. You can assume that if a policy is directly based on a law or national policy it will not therefore breach Human Rights.

If the policy or any procedures in the policy, are based on a local decision which impact on individuals, then you will need to make sure their human rights are not breached. To do this, you will need to refer to the more detailed guidance that is available on the SHSC web site <http://www.justice.gov.uk/downloads/human-rights/act-studyguide.pdf> (relevant sections numbers are referenced in grey boxes on diagram) and work through the flow chart on the next page.

1. Is your policy based on and in line with the current law (including case law) or policy?

- Yes. No further action needed.**
- No. Work through the flow diagram over the page and then answer questions 2 and 3 below.**

2. On completion of flow diagram – is further action needed?

- No, no further action needed.**
- Yes, go to question 3**

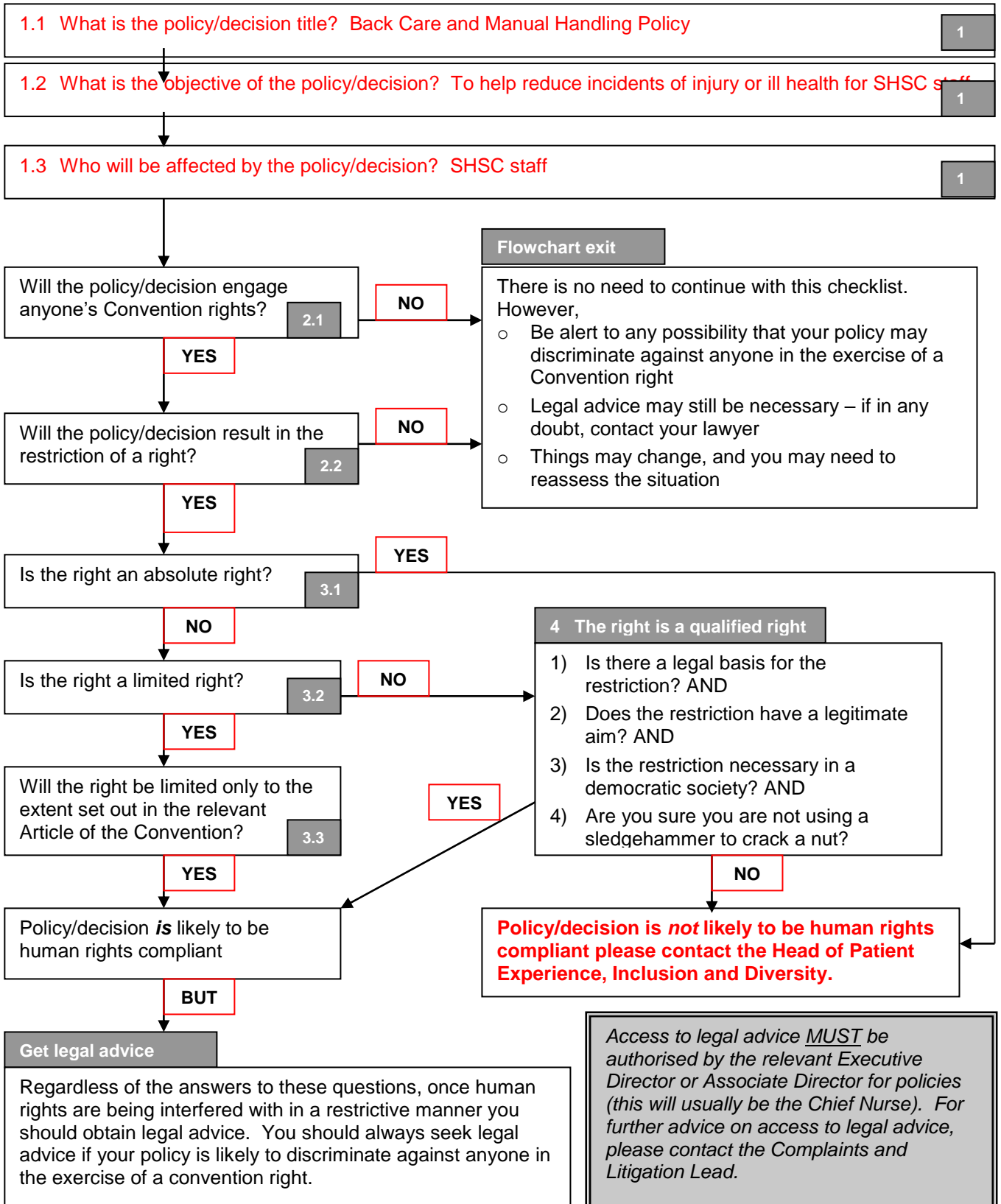
3. Complete the table below to provide details of the actions required

Action required	By what date	Responsible Person

Human Rights Assessment Flow Chart

Complete text answers in boxes 1.1 – 1.3 and highlight your path through the flowchart by filling the YES/NO boxes red (do this by clicking on the YES/NO text boxes and then from the Format menu on the toolbar, choose 'Format Text Box' and choose red from the Fill colour option).

Once the flowchart is completed, return to the previous page to complete the Human Rights Act Assessment Form.



Appendix E - Development, Consultation and Verification

Significant changes to the Policy

The policy has been placed into the new format as set out in the Policy on Policies.

The policy has followed the appropriate Policy Consultation and Governance Process.

Policy verified by the Trust Health and Safety Committee September 2016 and noted in the minutes of that meeting.

Appendix F –Policies Checklist

Please use this as a checklist for policy completion. The style and format of policies should follow the Policy Document Template which can be downloaded on the intranet.

1. Cover sheet

All policies must have a cover sheet which includes:

- The Trust name and logo ✓
- The title of the policy (in large font size as detailed in the template) ✓
- Executive or Associate Director lead for the policy ✓
- The policy author and lead ✓
- The implementation lead (to receive feedback on the implementation) ✓
- Date of initial draft policy ✓
- Date of consultation ✓
- Date of verification ✓
- Date of ratification ✓
- Date of issue ✓
- Ratifying body ✓
- Date for review ✓
- Target audience ✓
- Document type ✓
- Document status ✓
- Keywords ✓
- Policy version and advice on availability and storage ✓

✓

2. Contents page

✓

3. Flowchart

N/A

4. Introduction

✓

5. Scope

✓

6. Definitions

✓

7. Purpose

✓

8. Duties

✓

9. Process

✓

10. Dissemination, storage and archiving (control)

✓

11. Training and other resource implications

✓

12. Audit, monitoring and review

✓

This section should describe how the implementation and impact of the policy will be monitored and audited and when it will be reviewed. It should include timescales and frequency of audits. It must include the monitoring template as shown in the policy template (example below).

Monitoring Compliance Template						
Minimum Requirement	Process for Monitoring	Responsible Individual / group/ committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/group/ committee for action plan development	Responsible Individual/group/ committee for action plan monitoring and implementation
A) Describe which aspect this is monitoring?	e.g. Review, audit	e.g. Education & Training Steering Group	e.g. Annual	e.g. Quality Assurance Committee	e.g. Education & Training Steering Group	e.g. Quality Assurance Committee

13. Implementation plan



14. Links to other policies (associated documents)



15. Contact details



16. References



17. Version control and amendment log (Appendix A)



18. Dissemination Record (Appendix B)



19. Equality Impact Assessment Form (Appendix C)



20. Human Rights Act Assessment Checklist (Appendix D)



21. Policy development and consultation process (Appendix E)



22. Policy Checklist (Appendix F)



Appendix G

Techniques to be used in the moving and handling of service users (PATIENTS), including the use of appropriate equipment

General principles:

- Avoid if reasonable to do so.
- Encourage the service user to be as independent as possible.
- Assess what cannot be reasonably avoided.
- Keep your back as straight as possible, avoid combinations of bending and twisting the spine, keep close to the service user to avoid reaching.

Common manual techniques without the use of equipment

1. Helping the service user to stand from a sitting position.

- Stand as close as possible beside the service user facing forwards.
- Get the service user to place their feet beneath their knees.
- Support the service user across the back with the arm nearest to the service user and on the front of the shoulder with the farthest arm.
- Encourage the service user to lean forwards from a sitting position into standing.
- Stay close to the service user throughout the procedure.

2 Supporting a service user when walking.

- Face forward positioned beside and behind the service user.
- Support the service user on the far hip and near shoulder similar to when standing the service user.
- Stay close to the service user.
- Watch for signs of fatigue and if present guide the service user to the safety of a chair.

3. Rolling a service user on a bed.

- Adjust the bed to a suitable working height.
- Raise the cot side on the side to which the service user is being rolled, or position a colleague to 'receive' the service user. Never roll a service user without some form of barrier to prevent them falling off the bed.
- When rolling a patient from supine to the right; ask the service user to bend their left knee keeping their left foot on the bed, to rotate their head to the right, to reach across their body with their left hand and to move their right arm out of the way.
- Place your hands on the service users left thigh and left shoulder and gently roll them onto their side.

NB These are examples of common techniques only. This is neither a prescriptive nor an exhaustive list. More often than not these techniques will have to be adapted to suit the unique circumstances. In adapting the techniques the risk assessment is the principal guidance.

Commonly-used small items of equipment

1. Slide sheet
2. Transfer board
3. Turning frame, e.g. Etac turner, Rotunda
4. Rollator
5. Grab rail
6. Bed lever

Hoisting

There are many different hoists available. These can be categorised into 3 basic types:

1. Lifting hoists in which the service user is lifted completely, fully suspended by the hoist
2. Standing hoists in which the service user's feet are supported on the hoist thereby fixing them in a standing position.
3. Bath hoists which are specifically designed to transfer service users in and out of baths.

Hoists can be electrically or manually powered, lifting hoists can be freestanding or use ceiling tracks.

Hoisting Guidelines

The aim of these guidelines is to ensure safe hoisting in all service areas. A suitable and sufficient written risk assessment must have been completed in accordance with the Manual Handling Operations Regulations 1992 and an up to date handling care plan must be in place.

The handling care plan should contain the risk reduction measures i.e. equipment, techniques, number of handlers required etc. In addition to this pictures and line drawing can be used as a visual aid.

These guidelines assume that the handler has received relevant and current moving and handling training: they are not a substitute for training.

Safety checks prior to each use

Handlers must do an 'on the spot' risk assessment to check there is no significant change from the handling care plan and do a visual check of all equipment prior to using it.

Prepare environment for hoisting, ensure there is sufficient space to use the hoist safely.

For hoists, ensure:

- Safe working load (SWL) of the hoist and is clearly displayed
- The hoist is fully charged and the battery fitted correctly
- There are no obvious signs of damage
- Any leads are connected correctly
- The emergency stop button is set correctly
- There are no fluid leaks
- The lifting tape is intact and not frayed (applies to ceiling track, certain mobile hoists)
- The castors are moving freely
- The base adjustment moves freely
- The raise/lowering mechanism works
- LOLER checks are in date (6-monthly safety check under the Lifting Operations and Lifting Equipment Regulations 1992)

For the sling, ensure:

- It has been assessed for the client and is fit for purpose
- The sling is compatible with the person and the hoist
- All labels are legible and show SWL and unique identifier
- There are no signs of fraying, tears, excessive wear, etc.
- Any Velcro (if present) is secure.
- Any buckle (if present) is secure.
- The sling is clean
- LOLER checks are in date

For the environment, ensure:

- There is sufficient space to use the hoist safely
- The floor is clear of obstacles
- There is sufficient access around and under furniture
- There is a suitable and safe area to store and charge (if applicable) the hoist
- The environment is prepared for the task

If a fault is identified with either the hoist or sling it should be immediately withdrawn from use and reported in line with relevant policy.

General guidance - good practise for all hoisting tasks

- Do not use the equipment unless you have had the necessary training.
- Read the handling care plan and ensure it is current and relevant.
- Familiarise yourself with the hoists emergency lowering systems.
- Communicate with all involved in the task at all times.
- Ensure safety, dignity and comfort of person at all times.
- Reassure and observe the service user at all times.
- Never use the hoist as a threat.
- Brakes must not be applied during the hoisting procedure.
- Double check the sling attachments and the sling and person are in the correct position prior to raising.
- Apply sling first, bring hoist in last.
- Ensure the support surface is ready to receive the person.
- Hoist the person just above both support surfaces to obtain sufficient clearance.
- Avoid using the hoist to transport over distances – hoist to transfer, not transport.
- Place hoist on charge when not in use.

Additional guidance for mobile hoists:

- Control the decent of the spreader bar and lower to the level of the person's chest or below for sling attachment.
- Store in safe place with boom/jib in lowest position with brakes on when not in use.

Additional guidance for ceiling track/overhead hoisting systems:

- The motor should be directly overhead, ensure the lifting tape is vertical to the lift to avoid wear and tear and/or malfunction.
- Elevate the spreader bar to its highest position when not in use.
- Return the hoist to its docking station for charging when not in use.
- Ensure the tracking is clear of obstructions.

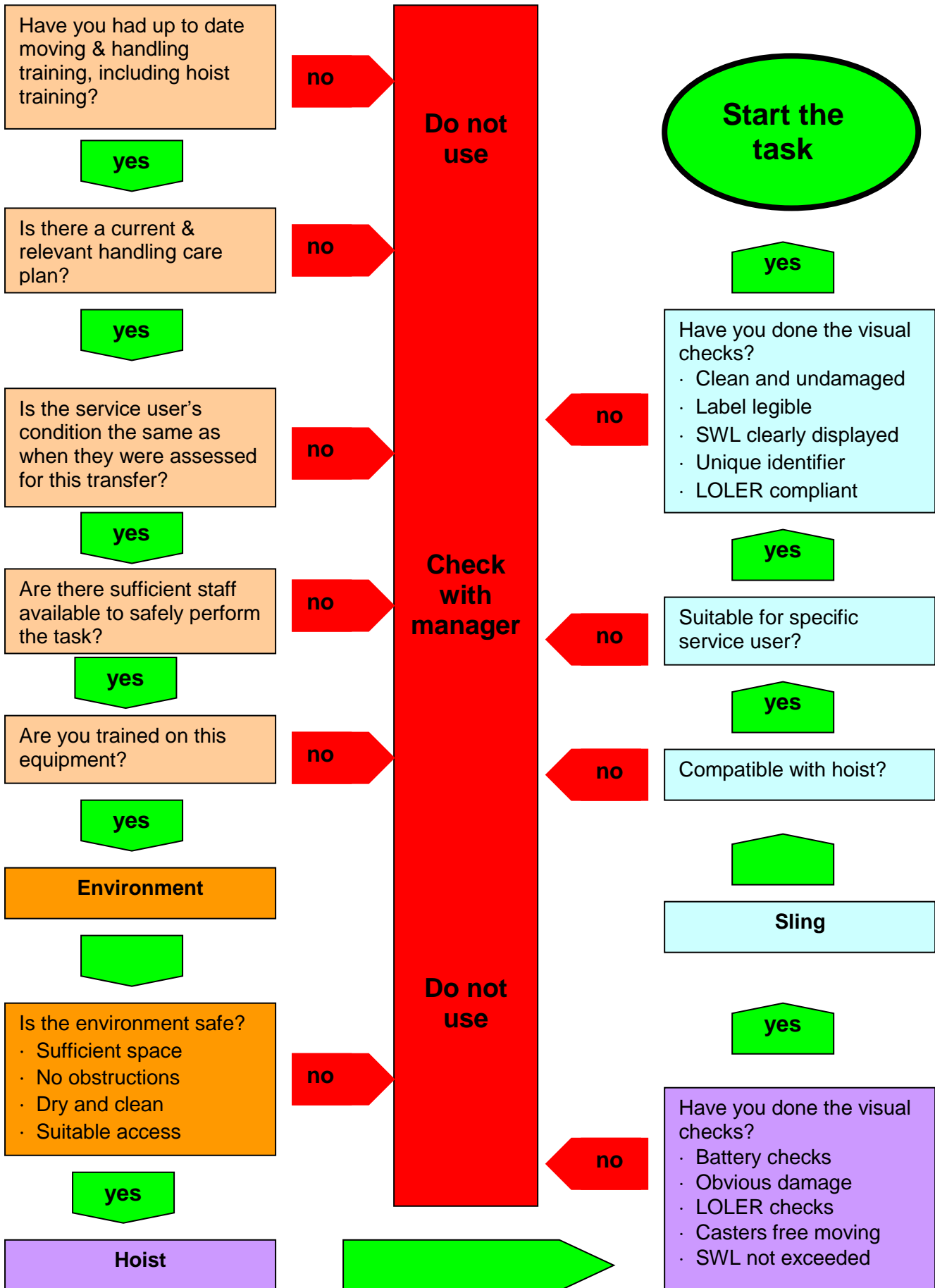
Additional guidance for standing hoists:

- The person must be able to consistently and reliably bear weight through their legs and have sufficient upper body muscle strength.
- The person must be able to physically participate in the hoisting process.

Additional guidance for bath hoists:

- Ensure the environment is safe i.e. slippery, wet floors, ventilation, sufficient space, etc.
- Do not leave the service user unattended.

Flow chart for safe use of hoists and slings



Appendix H

Techniques to be used in the moving and handling of inanimate loads (OBJECTS), including the use of appropriate equipment

Contains public sector information published by the Health and Safety Executive and licensed under the Open Government Licence v1.0

Here are some practical tips, suitable for use in training people in safe manual handling:

Think before lifting/handling. Plan the lift. Can handling aids be used? Where is the load going to be placed? Will help be needed with the load? Remove obstructions such as discarded wrapping materials. For a long lift, consider resting the load midway on a table or bench to change grip.

Adopt a stable position. The feet should be apart with one leg slightly forward to maintain balance (alongside the load, if it is on the ground). The worker should be prepared to move their feet during the lift to maintain their stability. Avoid tight clothing or unsuitable footwear, which may make this difficult.

Get a good hold. Where possible, the load should be hugged as close as possible to the body. This may be better than gripping it tightly with hands only.

Start in a good posture. At the start of the lift, slight bending of the back, hips and knees is preferable to fully flexing the back (stooping) or fully flexing the hips and knees (squatting).

Don't bend the back any further while lifting. This can happen if the legs begin to straighten before starting to raise the load

Keep the load close to the waist. Keep the load close to the body for as long as possible while lifting. Keep the heaviest side of the load next to the body. If a close approach to the load is not possible, try to slide it towards the body before attempting to lift it.

Avoid twisting the back or leaning sideways, especially while the back is bent. Shoulders should be kept level and facing in the same direction as the hips. Turning by moving the feet is better than twisting and lifting at the same time.

Keep the head up when handling. Look ahead, not down at the load, once it has been held securely.

Move smoothly. The load should not be jerked or snatched as this can make it harder to keep control and can increase the risk of injury.

Don't lift or handle more than can be easily managed. There is a difference between what people can lift and what they can safely lift. If in doubt, seek advice or get help.

Put down, then adjust. If precise positioning of the load is necessary, put it down first then slide it into the desired position.

Good handling technique for pushing and pulling

Here are some practical points to remember when loads are pushed or pulled.

Handling devices - Aids such as barrows and trolleys should have handle heights that are between the shoulder and waist. Devices should be well maintained with wheels that run smoothly. The law requires that equipment is maintained. When you buy new trolleys etc., make sure they are good quality with large diameter wheels made of suitable material and

with castors, bearings etc. which will last with minimum maintenance. Consulting your employees and safety representatives will help, as they know what works and what doesn't.

Force - As a rough guide the amount of force that needs to be applied to move a load over a flat, level surface using a well-maintained handling aid is at least 2% of the load weight. For example, if the load weight is 400 kg, then the force needed to move the load is 8 kg. The force needed will be larger, perhaps a lot larger, if conditions are not perfect (e.g. wheels not in the right position or a device that is poorly maintained). The operator should try to push rather than pull when moving a load, provided they can see over it and control steering and stopping.

Slopes - Employees should get help from another worker whenever necessary, if they have to negotiate a slope or ramp, as pushing and pulling forces can be very high. For example, if a load of 400 kg is moved up a slope of 1 in 12 (about 5°), the required force is over 30 kg even in ideal conditions – good wheels and a smooth slope. This is above the guideline weight for men and well above the guideline weight for women.

Uneven surfaces - Moving an object over soft or uneven surfaces requires higher forces. On an uneven surface, the force needed to start the load moving could increase to 10% of the load weight, although this might be offset to some extent by using larger wheels. Soft ground may be even worse.

Stance and pace - To make it easier to push or pull, employees should keep their feet well away from the load and go no faster than walking speed. This will stop them becoming too tired too quickly.

How do I know if there's a risk of injury?

It's a matter of judgement in each case, but there are certain things to look out for, such as people puffing and sweating, excessive fatigue, bad posture, cramped work areas, awkward or heavy loads or people with a history of back trouble. Operators can often highlight which activities are unpopular, difficult or hard work.

It is difficult to be precise - so many factors vary between jobs, workplaces and people. But the general risk assessment guidelines in the next section should help you identify when you need to do a more detailed risk assessment.

Appendix I
Manual Handling Assessment Form (MH1)

For inanimate load handling
Use separate patient handling form (MH 3) for named patient handling assessment.

Description of activity being assessed
Where does this activity take place?
Why can't this activity be avoided?
Who is at risk from this activity?

	Yes	No	Sometimes
Does the activity involve?			
Holding loads away from trunk?			
Twisting?			
Stooping?			
Reaching upwards?			
Long carrying distances?			
Strenuous pushing or pulling?			
Repetitive handling?			
Insufficient rest or recovery time?			
Does the activity:			
Require unusual physical capability?			
Present a hazard those with a health problem?			
Present a hazard to those who are pregnant?			
Call for special information/training?			
Is the load:			
Heavy?			
Bulky or unwieldy?			
Difficult to grip?			
Unstable or unpredictable?			
Intrinsically harmful (e.g. sharp/hot/infection risk)?			
Does the working environment have?			
Constraints on posture?			
Variations in levels?			
Poor floors?			
Poor lighting conditions?			
Infection control hazards that affect the manual handling?			

Manual Handling Assessment Form (MH1) (page 2)

Frequency of activity			
How often does this activity take place during a single working shift?	seldom	regularly	often
How many staff undertake the activity?	minority	some	most

What are the current control measures?

With these controls in place the risk is (tick one box)	Unacceptable	Acceptable but needs further control	Adequately controlled
	Red	Amber	Green

List the further control measures required:

Control measure	Responsibility	Date completed
1.		
2.		
3.		
4.		
5.		

Directorate (circle one box)	Provider Services	Standards & Engagement	Public Health	Performance	Corporate Services	Strategy	Finance
Assessment completed by:					Date:		
Job role:					Service:		
Review date for assessment:					Signed:		

Appendix J

Patient handling assessment form (MH3)

To be completed for all patients with moving and handling needs.

This assessment is part of the formal patient record/car plan.

Patient name:		Date of birth				NHS no:		
Weight (enter known date or estimate)	Weight:	kg	Light		Medium		Heavy	
Height (enter known height or estimate)	Height:	m.	Short		Medium		Tall	
Bed type/mattress (tick box)	Double	Single	Height adjustable	Profiling	Moveable	Airflow mattress	Other (specify):	
Bed location:								
Falls risk (tick box)	Low			Medium			High	
Pain:								
Skin lesion:								
Problems with comprehension/understanding:								
Problems with behaviour/understanding/anxiety:								
Environment:								
Cultural/belief considerations:								

Patient handling assessment from (MH3)

Patient name:		Date of birth	NHS no:
Code I: independent	S: Supervision	A1: Assistance of 1	A2: Assistance of 2
		U: Unable	N/A: Not applicable
Activity	Code	Equipment	How to assist
Walking. full-partial-touch-non-weight bearing (circle)			
Stairs			
Standing from sitting			
Sitting balance			
In/out of bed			
Turning in bed			
Moving up bed			
On/off commode or toilet			
Help with urinal			
Help with slipper/bed pan			
Dressing/undressing			
Washing/grooming			
Other:			
Other:			
Other:			

Appendix K

Manual handling monitoring checklist

To be used for self-monitoring requirements by Heads of Departments

Form completed (Heads of Departments):.....

Date.....

Service area:.....Directorate.....

Contact details:.....

		Yes	No
1	Have generic assessments been conducted in individual service areas?		
2	Are these assessments recorded on the appropriate documentation (Form MH1)?		
3	Have all identified risks been reduced so far as is reasonably practicable?		
4	Are all relevant staff aware of the risks assessments and the necessary control measures?		
5	Have all staff had a manual handling appraisal as part of their regular supervision?		
6	Have the manual handling appraisals been recorded on form MH2?		
7	Have the completed manual handling appraisals (MH2) been recorded on the staff's Personal Development Plans?		
8	Are all staff who manage other staff aware of their responsibilities under this policy?		
9	Are all staff with back problems affecting their ability to work referred to Occupational Health?		
10	Does your service Inform the Back Care Advisor of staff who have been absent from work due to musculoskeletal disorders for more than 10 working days.		
11	Do all patients with manual handling requirements have a patient handling assessment (form MH3) as part of their care plan?		
Any additional comments/further action:			