

GLOUCESTERSHIRE PARTNERSHIP NHS TRUST

This document supports the Trust Health and Safety Policy as it applies to

HANDLING AND MOVING.

Details of the arrangements for implementation are set out in the Health and Safety Policy.

Duties

Under the **Health & Safety at Work Act 1974** and the **Manual Handling Operations Regulations 1992** the Trust has a duty to make and keep up-to-date an assessment of the handling operations which are likely to be performed by staff in their undertakings in order to take all necessary steps to prevent reasonably foreseeable injury to their employees from the handling of loads at work. The Trust as the employer has overall responsibility for the safety of all employees while at work and for ensuring that appropriate procedures are maintained to comply with specific Health & Safety legislation.

As part of this responsibility the Trust shall provide safe systems of work:

1. To avoid hazardous manual handling activities, so far as is reasonably practicable, whenever possible.
2. To carry out assessments of all manual handling activities where these cannot be avoided.
3. To remove, or at least reduce, so far as is reasonably practicable, any risks of injury created by the manual handling operations identified in the assessments

Legal Liability

The Trust's Employers Liability Policy provides an indemnity to individual advisors and trainers, who are employed by the Trust and activity within the scope of this policy and code of practice, against any compensation for which they could be held liable as a result of handling, injury or accident.

Organisation Structure for Implementing the Policy and Procedures - Allocation of responsibilities is as stated in the Health & Safety Policy. Additional responsibilities are also held by:

Back Care Adviser/Trainer

- Provides initial Keyworker training
- Provides annual Keyworker Update Training
- Evaluates effectiveness of training
- Advises on Manual Handling issues
- Ensures Policy and Code of Practice remains updated
- Liaises with Occupational Health on Handling issues

Team Leaders/Line Managers

Have an IPR objective to reduce the risks from handling by:

- Identifying and agree nominated Keyworkers together with number of staff responsible for cascading of information (maximum ratio is one Keyworker to ten staff)
- Ensuring Keyworkers are trained and regularly updated (at least annually)
- Provide necessary time, support and resources in order for Keyworkers to fulfil their role
- Provide time and resources for remaining staff to attend MANDATORY annual training (including bank staff)
- Ensure a Handling and Moving Induction Booklet is sent to all new employees with Appointment Letter
- Ensure written Risk Assessments are undertaken on all hazardous tasks
- Bring to the attention of senior managers any concerns they may have with regard to equipment and staffing levels
- Record and investigate accidents/incidents and ill health related to handling and moving

Handling and Moving Keyworkers

The Key Workers have a significant role in promoting safer handling and moving and their effectiveness will be critical in achieving permanent improvements. Key Workers must have an interest and enthusiasm in Manual Handling and be able to demonstrate a competency in leading safe practices as well as an ability to cascade relevant information to others.

Keyworkers need not be senior staff, however, need the qualities above and have the documented support of their manager.

Have an IPR objective to promote safer handling by:

- Attending initial Keyworkers Training Course and ANNUAL refresher training
- Providing initial and refresher handling and moving training to identified staff agreed with manager
- Meeting and training all new staff on induction within 2 weeks
- Ensure Risk Assessments are made and documented on all hazardous manual handling tasks and identified safe handling methods followed
- Liaise with Back Care Adviser/Trainer

Implementation will be achieved by all staff following the agreed Trust Code of Practice for Moving and Handling of Loads.

HANDLING & MOVING CODE OF PRACTICE

This Code of Practice provides guidance for implementation within the Trust in order to achieve safe handling.

1. **Assessment of Handling**

To reduce the risk of injury, a structured approach to Risk Assessment should be used, considering the:

TASK

LOAD

ENVIRONMENT

INDIVIDUAL CAPABILITY

This ergonomic approach to Risk Assessment should be documented by suitably qualified staff. These staff include Handling and Moving keyworkers who have been trained within the Trust. Advice can also be sought from the Back Care Advisor, based in the Safety Department, Rikenel.

The aim is to AVOID hazardous manual handling wherever reasonably practicable.

If the task cannot be avoided, steps should be taken to reduce the risk of injury by implementing safer systems of work. This includes the provision and use of equipment that could range from simple levers to trolleys, sack trucks, hoists, chutes, sliding equipment etc.

Employees should be involved with any redesign of the systems of work.

For Patient Handlers, reference and guidance can be found in the 4th edition of "The Handling of Patients", published by the Back Pain Association in collaboration with the RCN. Staff should be aware of the location of these books. Lists of availability will be available from site managers.

Making a Handling and Moving Risk Assessment

The following factors must be considered, as they will increase the risk of injury. The list is not conclusive and can be added to for specific work areas.

The Tasks

- Is the load held at a distance from the trunk
- Does the task make it difficult to achieve correct posture?
- Does the task involve twisting the trunk
- Does the task involve stooping?

- Are there combined factors.
- Does the task involve excessive lifting or lowering distances?
- Does the task involve excessive carrying distances?
- Does the task involve excessive pushing or pulling?
- Does the task involve any risk of sudden movement of the load?
- Does the task involve frequent or prolonged physical effort?
- Does the task involve insufficient rest or recovery periods?
- Is the task being done while seated.
- Is the load to be handled by a team (Working as a team may reduce the risk of injury, but team handling must be properly planned).

The Load (Patient loads are described in section 4)

- Is the load heavy?
- Is the load bulky or unwieldy?
- Is the load difficult to grasp.
- Is the load unstable, or are its contents likely to shift.
- Is the load sharp, hot or otherwise potentially damaging?

The Working Environment

- Are there space constraints preventing good posture.
- Are there uneven, slippery or unstable floors.
- Are there variations in floor levels or work surfaces?
- Are there extremes of temperature, humidity or air movement?
- Are there poor lighting conditions.

Individual Capability

- Do handlers have experience with this task?
- Does the task require unusual strength, height etc.
- Does the job put at risk those who are pregnant or who recently given birth?
- Does the task require special knowledge or training for its safe performance?
- Is the handler fit for the task?
- Do uniform/clothing/shoes allow safe movement?
- Do the handlers work well within a team?

2. Minimising Risk

It is the manager's responsibility to minimise the risks of injury by implementing measures relating to:

- the working environment
- equipment

- uniform/shoe policy
- organisation
- staffing levels
- training of **ALL** staff within unit, including Induction Programme
- written instructions, safe systems of work
- definition of roles
- communication
- fitness of new and existing staff

By carrying out formal risk assessments managers will be required to draw up action plans and budget for new measures as identified above. The principles of safe handling and moving will be cascaded by all identified keyworkers. Advice is available from the Back Care Advisor. **Staff should be aware that by NOT following SAFE SYSTEMS of work disciplinary action could be taken.**

Principles of Safe Handling are:

- Head up
- Chin in
- Back straight
- Knees, hips flexed
- Hold load close
- Elbows tucked in
- Good grip
- Wide base (foot position)

3. Emergency Handling

Nearly all emergency situations are foreseeable and can therefore be planned for to reduce the risk of injury e.g. collapsed patients, visitors, staff fire or bomb evacuation.

Equipment and safe systems of work must be planned and documented.

However, there may be a few emergency situations where staff have no time to get equipment or plan the move. These will include when a person is:-

- in water or imminent danger of drowning
- in an area that is actually on fire or filling with smoke
- in danger from a bomb or bullet
- in danger from a collapsing building or other structure
- in danger of injury from self or other patient/client due to mental condition

4. Patient Handling

Where the load is a patient the following factors must be considered to reduce the risk of injury.

- Handling patients manually may continue if the task does not involve LIFTING most or all of a patient's weight.
- Patients should be educated and encouraged to assist in their own transfers and handling aids used whenever they can to reduce the risk.
- All patients must have a recorded risk assessment on their handling and moving activities.

THE AIM IS TO ELIMINATE HAZARDOUS HANDLING AND MOVING IN ALL BUT EXCEPTIONAL OR LIFE THREATENING CIRCUMSTANCES

- In the rehabilitation of patients, it is advisable that a multidisciplinary team approach is adopted using Risk Assessment before deciding which handling aids and techniques should be used.
- Risk Assessments should take into account:
 - Patients Weight
 - Physical Ability to assist in
 - Turning
 - Raising head
 - Sitting
 - Raising up the bed
 - Moving to edge of bed/chair
 - Standing
 - Supporting own weight
 - Walking
 - Using toilet/bath
 - Dressing
 - Use of transport
 - Mental capacity e.g. understanding and responding to instructions
 - Systems of work - to include specific instructions on techniques, equipment, number of handlers etc. All information should be recorded on care plans and updated when patients condition changes.

Safe/Unsafe handling and Moving of Patients

These practices are described more fitly in the 4th edition of the “Guide to the Handling of Patients”, published by the National Back Pain Association - in collaboration with the Royal College of Nursing.

This Trust recognises these guidelines and recommends that patient handlers follow them but emphasises that:

ALL PATIENT HANDLING MUST BE BASED ON RISK ASSESSMENTS

The Trust recognises that there are different levels of skills and training within various professions and that there may occasionally be patients who will require different handling to those outlined in this book. This is acceptable as long as the situations have been risk assessed and that the agreed method of handling is performed by trained and competent staff. Documentation and agreement by managers must be available in all these identified situations (an example could be a physiotherapist using a Front Transfer for rehabilitation circumstances).

Unsafe practices - These MUST NOT be used

1. The Drag Lift (was often used to raise people up the bed or from a chair)*
2. Orthodox or Cradle Lift (the use of 2 handling slings also uses this method)*
3. Lifting with the patients arms around the handlers neck.*
4. The use of Poles and Canvas.*

*The above 4 have been condemned by the RCN for many years.

Any Manual Lifting of Patients is Unsafe:- (does not include Transfers)

- Two Sling Lift using blue handling slings.
- Through Ann Lift with 2 handlers.
- Through Arm Lift with 1 handler and patient handling sling.
- Shoulder/Australian Lift OR SLIDE
- Through Arm or Hammock transfer - e.g. Lifting patients from bed to chair
- Front Transfers with one handler which includes
 - o the pivot transfer
 - o the elbow lift
 - o the bear hug
 - o belt holds from the front
- Moving patients across the bed e.g. preparing to turn
- The Flip Turn (flip patients onto side)
- The Three Person or more lift - e.g. from bed to theatre trolley
- Pulling up patients from chair by upper arms
- Lifting patients back into chair
- Handling patients who are physically linked to the handler e.g. when a nurse wears the handling belt.

RECOMMENDED HANDLING TECHNIQUES FOR PATIENT HANDLERS

- Encouraging self help with or without equipment such as slide sheets, slide boards, rope ladder, hand blocks, monkey poles etc.
- Use of equipment that allows for the elimination of Patient Lifting e.g. Hoists, Sliding equipment etc.
- Use of equipment that allows for safer posture/practice. E.g. Bed raisers, Hi-low Beds, Slide Sheets etc.
- Use of Slide/Roller Sheets to:
 - Slide patients up the bed.
 - Assist patients in and out of bed.
 - Turn the bed bound patient.
 - Slide a sitting patient from chair to chair.
 - Sliding a fallen patient into a more suitable area.
 - Assist patient to edge of bed.
 - Slide a patient back into back of chair.
 - Assisting patients own independence.
- Use of handling belts to:
 - Support the walking patient.
 - Assist in assisted standing transfers.
 - (handlers to stand at the side)
- Patients who have fallen will NOT be lifted up from the floor - manually. The following factors should be considered:
 - Is the patient able to stand up independently?
 - Is a hoist available?
 - Should the emergency services be called?

All safe practices are detailed in "The Handling of Patients". Handling and Moving Keyworkers will be available to train and update Trust staff in safer working practices. The Back Care Advisor is available within the Trust Safety Department.

5. **Training of Handling and Moving Keyworkers and Staff.**

Keyworkers must have attended a comprehensive training course involving:

- a. Making an assessment - taking into account all the factors i.e. the TASK, LOAD, WORKING ENVIRONMENT, INDIVIDUAL CAPABILITY.
- b. The anatomy and physiology of the muscular-skeletal system
- c. Current Health and Safety legislation.

- d. Statistics on injuries.
- e. Practical instruction in:
 - Lifting and lowering
 - Carrying
 - Pushing and pulling
 - Handling while seated
 - Approved patient handling techniques (for patient handlers)
- f. Information on the types of mechanical aids available and instruction on equipment, as appropriate.
- g. Presentation/Teaching skills and the importance of cascading information.

Each Key worker, after demonstrating they have successfully completed the course, shall be issued with a certificate of attendance that should be renewed every year.

Key workers shall be responsible for ensuring that staff in their areas of responsibility are adequately trained to work safely. They will thus be given adequate time and resources to conduct the necessary training, to assist in the conducting of assessments and to monitor safe working practices. Appropriate records shall be maintained to indicate that staff have received training and are aware of safe working practices.

Where training and supervision has been provided but a member of staff fails to comply with safe working practices and policies this should, if necessary, be dealt with through normal disciplinary procedures.

6. Equipment for Handling and Moving

Purchasing

Advice can be sought by the Back Care Advisor on the purchase of new equipment.

This equipment includes beds, chairs, commodes, trolleys, wheelchairs, hoists etc. it is recommended that equipment new within the Trust be used on a trial basis for a full assessment of suitability before a final decision is made.

Trust procedures for purchasing must always be followed.

Maintenance and Cleaning

Departmental managers are responsible for ensuring that all equipment is maintained in a safe condition and cleaned to the standard required in the current Control of Infection Policy. An equipment inventory will be kept and regularly updated.

Specific lifting appliances e.g. hoists, are required under the Factories Act 1961 to undergo a test through examination by a competent person before being used for the first time. A test certificate must be signed by the competent person and must specify the safe working load(s) and this must not be exceeded.

This equipment is also required to have thorough and documented examination by a competent person every 6 months (LOLER '98). Any mechanical equipment has not been used for six months this must be thoroughly examined prior to use. Records must be kept of all examinations if any examination shows repairs are needed the equipment must not be used until they are done. For certain items there will be a service contract with the manufacturer/supplier e.g. Arjo-Mecanoids and they will undertake the maintenance checks and repairs. For other items such as beds, commodes etc. it will be the responsibility of the managers to arrange a routine programme of maintenance checks with other departments within the Trust e.g. Works Department.

All faulty equipment must be clearly identified as faulty, taken Out of use and reported to the appropriate company or department, according to Trust procedures.

7. The Occupational Health (OH) Department

The OH Department is responsible for advising managers on the fitness of potential employees for work. The Department will assess individuals against relevant criteria to ensure that they are able to perform the full duties and responsibilities of the post.

If the OH Department considers the individual to be at risk of injury the employing Manager will be advised that the individual is:

- i. Fit with restrictions for the job - and what these restrictions are.
- ii Not fit for the job.

Managers are not obliged to take advice but must accept full responsibility if they choose not to.

During employment should an employee develop persistent musculo-skeletal problems that affect work, advice should be sought from the OH Department as soon as possible by the Manager. To reduce the risks of further musculo-skeletal problems, the Manager may seek advice from Back Care Advisor, Safety Advisor and Occupational Health Department especially where fitness at work is a concern.

Employees can self refer to the OH Department.

Post Sickness Absence

If an employee or their manager is concerned about returning to work following time off with a condition or injury (whether sustained at work or not) that may be caused by, or have a direct effect on handling and lifting, advice should be sought from the OH Department.

If an individual is considered to be permanently at risk if they return to their job, OH will assist the individual, Personnel and the Manager to decide on appropriate action.

e.g. redeployment

retirement on health grounds

re-negotiation of terms and conditions of employment

8. Accident/ill Health Reporting

Should any accident or incident occur during a handling operation, or should any member of staff have health problems that may be caused by their work the Trust's accident reporting procedure must be followed.

9. Review

This document will be subject to review every 12 months, or if circumstances indicate it may no longer be valid.

The document will be amended in the light of review.

Date: January 2003