

Manual Handling Policy

Department / Service:	Operations	
Originator:	Paul Graham	Health & Safety Manager
Accountable Director:	Chief Operating Officer	
Approved by:	Health and Safety Committee	
Date of Approval:	31 st October 2017	
Review Date:	31 st October 2019	
	This is the most current document and is to be used until a revised version is in place	
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust	
Target Departments	Trust wide	
Target staff categories	All staff	

Purpose of this document:

In compliance with the Manual Handling (Operations) Regulations 1992, the Worcestershire Acute Hospitals NHS Trust will, so far as is reasonable practicable, avoid the need for their staff to undertake any manual handling operations at work which involve a risk of them being injured. Where this is not possible, the Trust will make a suitable and sufficient assessment of all such manual handling operations and, as indicated by the assessment, where reasonably practicable, implementing measures to reduce the risk of injury and also provide any necessary information and training. This policy describes how the Trust will identify and manage manual handling risks.

Key amendments to this Document:

Date	Amendment	By:
Nov 2008	Reviewed to take account of new NHSLA Standards	Paul Graham
May 2009	Minor changes made to reflect new Divisional Management Structure and to include Audit Forms as appendices	Paul Graham
July 2010	Minor change to introduce a different method of training (as agreed by the Trust Board)	Jane Bedwell
Nov 2010	Two yearly review	Paul Graham
July 2012	Name changes to Originator and Accountable Director Section 5.3 Occupational Health up-date	Jane Bedwell Doctor Ferriday
May 2015	Document extended for 3 months	Denise Harnin

August 2015	Document extended for 12 months as per TMC paper approved on 22 nd July 2015	TMC
October 2016	Further extension as per TMC paper approved on 22 nd July 2015	TMC
June 2017	Policy review with minor amendments plus inclusion of Bariatric Care Protocol as an Appendix	Paul Graham

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- Appendix A Handling Assessment Flow Chart
- Appendix B Non-patient Handling Assessment Form
- Appendix C Guidance for the handling of bariatric patients (new appendix)

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1. Introduction

The Manual Handling (Operations) Regulations 1992 came into force on 1st January 1993, and apply to all manual handling activities undertaken by healthcare staff.

Musculoskeletal disorders are one of the biggest causes of sickness absence in the NHS, reportedly accounting for almost 40% of all sickness absence. One in four nurses have at some time taken time off as a result of back injury sustained at work. The moving and handling of patients is a major cause of musculoskeletal type injuries, but it's not the only cause.

Some staff may have to adopt and hold awkward postures as part of their work for example sonographers and theatre staff. Stresses and strains arising from adopting awkward or static postures when treating patients can also give rise to problems.

2. Scope of the Policy

This policy applies to all staff working and caring for patients in Worcestershire Acute Hospitals NHS Trust.

3. Definitions

The following definitions will apply to this policy document:

- ❑ A **Manual Handling Operation** is the transporting or supporting of a load by hand or bodily force, including lifting, lowering, pushing, pulling carrying or moving. Manual handling includes both transporting a load and supporting a load in a static position.
- ❑ A **Load** is a discrete movable object. Examples include a patient receiving medical attention and a gas cylinder being transported to a ward area.
- ❑ An **Injury** is any harm to the body.

A Musculoskeletal Disorder can arise from periods of static posture (such as sitting for long periods at a computer) or regular stooping or bending and that they are often the result of cumulative effect rather than being attributable to a specific incident.

4. Responsibility and Duties

4.1 Director level

The Chief Operating Officer is the nominated executive director with lead responsibility for overseeing compliance with health and safety legislation throughout the Trust.

The Director of Human Resources is responsible for ensuring that sufficient manual handling training is made available and that the content of the training is appropriate to ensure compliance with health and safety law.

4.2 Departmental/Ward level

Departmental/Ward Managers will:

- Ensure a risk assessment is carried out on each hazardous manual-handling task performed by staff for which they have a responsibility. (See Appendix A)
- Ensure that where the risk assessment concerns a particular patient or client, all staff involved in the caring process and patient risk assessment, including non-clinical staff e.g. porters are informed of the findings.

- Ensure that all identified hazards and risks are eliminated or where this is not possible, reduced to the most reasonably practicable level.
- Provide an environment within their various areas of responsibility that is compatible with safe manual handling techniques, so far as is reasonably practicable.
- Monitor all manual handling within their control to ensure that safe systems of work are employed at all times.
- Assist the Health & Safety Manager with auditing compliance with the Manual Handling Policy.
- Ensure that staff working in their areas of responsibility have received suitable instruction in the safe handling of patients (as identified in the ward/department training plan) and/or inanimate objects.
- Maintain up-to-date records of staff training including dates and types of training undertaken, and the date when update training is due. (See Section 6.3)

4.3 Employees

All staff whose responsibilities are likely to involve manual handling activities are required to:

- Attend appropriate training sessions and if handling patients, receive instruction on all handling needs identified for their area. (See Section 6.3)
- Carry out manual handling tasks using only handling techniques and equipment compatible with training provided by the Trust
- Inform their line manager, departmental manager or ward sister where they are unable to carry out a manual-handling task or where by doing so their health and safety (or that of others) might be placed in jeopardy. This may be because of lack of equipment; defects in machinery or equipment environmental hazards etc.
- Report all untoward incidents/accidents at work due to manual handling should be reported to their line manager, departmental manager ward sister or nurse in charge of the shift as soon as possible after the event.

5. Policy detail

5.1 Risk Assessment

- Each assessment should be based on a thorough understanding of the type of manual handling tasks to be performed, the loads to be handled, the environment in which the tasks will be carried out, and the capability of the individuals to safely perform the task. The results should be recorded on the appropriate assessment document i.e. the Patient Mobility Assessment (form WR2062 available from service point)The assessment must be completed within 24 hours of admission and reviewed once a week or if there is a change in the patient's condition. Manual Handling Risk Assessment for non-patient is completed when a manual handling hazard has been identified, the assessment is reviewed by the responsible manager every 12 months or if there is a significant change (Refer to Appendix B) (Any significant findings must be communicated to all staff that may be at risk of injury.
 All completed Manual Handling Risk Assessment non-patient forms must be scored using the Trust's Risk Scoring Matrix as described in the Risk Assessment Policy and action accordingly.
- Many handling assessments are patient related and used to determine the handling needs of a specific patient via the Mobility Assessment Form.
- For significant risks identified, the risk assessment will be recorded on Datix following approval from the local manager. Any actions required, will be documented following

the process described in the Risk Assessment Policy and the Risk management Strategy.

- Where a risk assessment has wider implications for example in helping to reduce manual handling injuries to all staff by providing a suitable and sufficient number of electrical profiling beds, there would be a need to develop an organisational action plan as part of the assessment which would allow the Trust to monitor progress in procurement, training etc. In such cases the manual handling team would be involved and progress against the action plan would be monitored within the respective Division and overseen by the Trust Health and Safety Committee.
- The Health and Safety Committee will receive a quarterly report of all significant risks. This report will provide the organisation with an overview of the risks associated with manual handling.

5.2 Manual Handling Advice

Advice on any manual handling matter may be sought from the Trust Manual Handling Team or the Health and Safety Manager. This may include training, handling techniques and/or handling equipment and suitability to perform any manual handling task. **Where there is a need to consider the manual handling issues surrounding the care of any bariatric patient then please refer to Appendix C.**

5.3 Occupational Health

Advice may be sought from the Occupational Health Department following an injury related to manual handling at work. Occupational Health will also recommend suitable return to work programmes where appropriate and provide guidance on reasonable workplace adjustments/modifications.

For workplace musculoskeletal injuries Occupational Health can provide access to fast track physiotherapy services

Should Occupational Health identify an area within the Trust with a persistently high level of work related musculoskeletal problems they will discuss the situation with line management and advise input from the manual handling team.

5.4 Emergency Situations

There are certain emergency situations, in which exceptions to this policy may occur. A safe system of work must be planned for all foreseeable emergency situations, for example, a cardiac or respiratory arrest, and the risks reduced to the lowest possible level. There are four situations described as emergencies, where a patient must be moved immediately for safety reasons, and where there may not be time to access equipment or plan the move. These are:

- in an area that is actually on fire and is rapidly filling with smoke
- in water where there is an imminent danger of drowning
- in danger from bomb or firearm
- danger from a collapsing building or other structure

5.5 Equipment

Equipment purchased to reduce manual handling injuries will be carefully selected. (Manual Handling Team and H&S Manager can advise). Where possible, equipment will be trialled to ensure that it meets the needs of the work area and does not introduce other risks. **When considering equipment to be used for bariatric patients please refer to Appendix C**

Staff will have ready access to suitably maintained equipment and be trained how to use it. Where appropriate and as technology progresses the need for updated equipment will be considered. The costs of replacement and maintenance of equipment will be budgeted for

annually. Arrangements will be in place for the cleaning and ongoing maintenance of equipment. Whilst an item of equipment is being serviced and/or maintained, alternative equipment will be made available to staff by either sourcing existing Trust equipment, or on a rental basis, in order that they can safely carry on with the tasks in hand.

The Trust Estates Department/Siemens will monitor the maintenance of all mechanical lifting devices. They will ensure that any routine maintenance /inspection work under the Lifting Operations and Lifting Equipment Regulations 1998 or repair work is undertaken, either by the manufacturers under contract, or by in-house engineers. The Estates Department/Siemens will also hold all records of maintenance. Any equipment found to be defective must be reported to the appropriate ward, locality or departmental manager and immediately taken out of use. The Estates Department/Siemens must then be informed so that repairs can be undertaken.

6. Implementation

6.1 Plan for dissemination

This policy will be included on the Trust's intranet site for electronic access purposes. Staff will also be made aware during Trust Induction.

6.2 Dissemination

See above

6.3 Training and awareness

Training will be provided in accordance with the Trust's training needs analysis. Training for manual handling operations (patient and non-patient related) will be provided before staff are exposed to any significant manual handling tasks. Demonstration and awareness training is provided for all staff at Induction. All areas who handle patients will have a minimum of 2 appointed Manual Handling Instructors (MHI) who will have attended a four day competency based instructor's course. The MHI will complete a Workplace Manual Handling Instruction Record (provided by the manual handling team), with techniques and equipment relevant to their area. The MHI will then instruct and assess clinical staff from their area biennially, whilst carrying out their daily duties. All clinical staff will complete a manual handling passport as evidence of training. All non-patient handlers will attend a three yearly refresher course on back care and handling of loads.

The Trust promotes the use of approved techniques based on Diligent's Handbook of Transfers and the Guide to Manual Handling of People (6th Edition) and these are implemented within the MHI training which promotes safer people handling techniques. These are discussed, demonstrated and practised. (Refer to the individual's manual handling passport provided by the manual handling team on induction).

Individuals that provide manual handling training will be suitably qualified and competent, and provide training to current standards approved by the national professional bodies.

7. Monitoring and compliance

The effectiveness of this policy, as a standard, and the general level of compliance with its requirements will be continually monitored by the manual handling team using incident statistics provided by the Datix system. The Health & Safety Manager will carry out three yearly compliance audits. The findings of such monitoring will be included in a report to the Trust's H&S Committee. This report will provide the organisation with a further overview of the risks associated with manual handling.

Training requirements and levels of compliance will form part of the Trusts normal performance monitoring arrangements. Refer to the Mandatory Training Policy.

The Trusts Health and Safety Committee will review this policy biennially, or as required.

8. Policy Review

The Trusts Health and Safety Committee will review this policy biennially, or as required.

9. References

References:

Code:

Health and Safety at Work, etc Act 1974	
Management of Health and Safety at Work Regulations 1999	
Health and Safety (Miscellaneous Amendment) Regulations 2002	
Manual Handling (Operations) Regulations 1992	
Risk Management Strategy and Policy	WAHT-CG-007
Risk Assessment Procedure	WHAT-CG-002
Health and Safety Policy	WAHT-CG-125
Incident Reporting Policy	WAHT-CG-008

10. Background

10.1 Equality requirements

The content of this policy has no adverse effect on equality and diversity.

10.2 Financial risk assessment

The Trust may be required to allocate funds for additional handling equipment depending upon the needs of a particular ward/.department.

10.3 Consultation

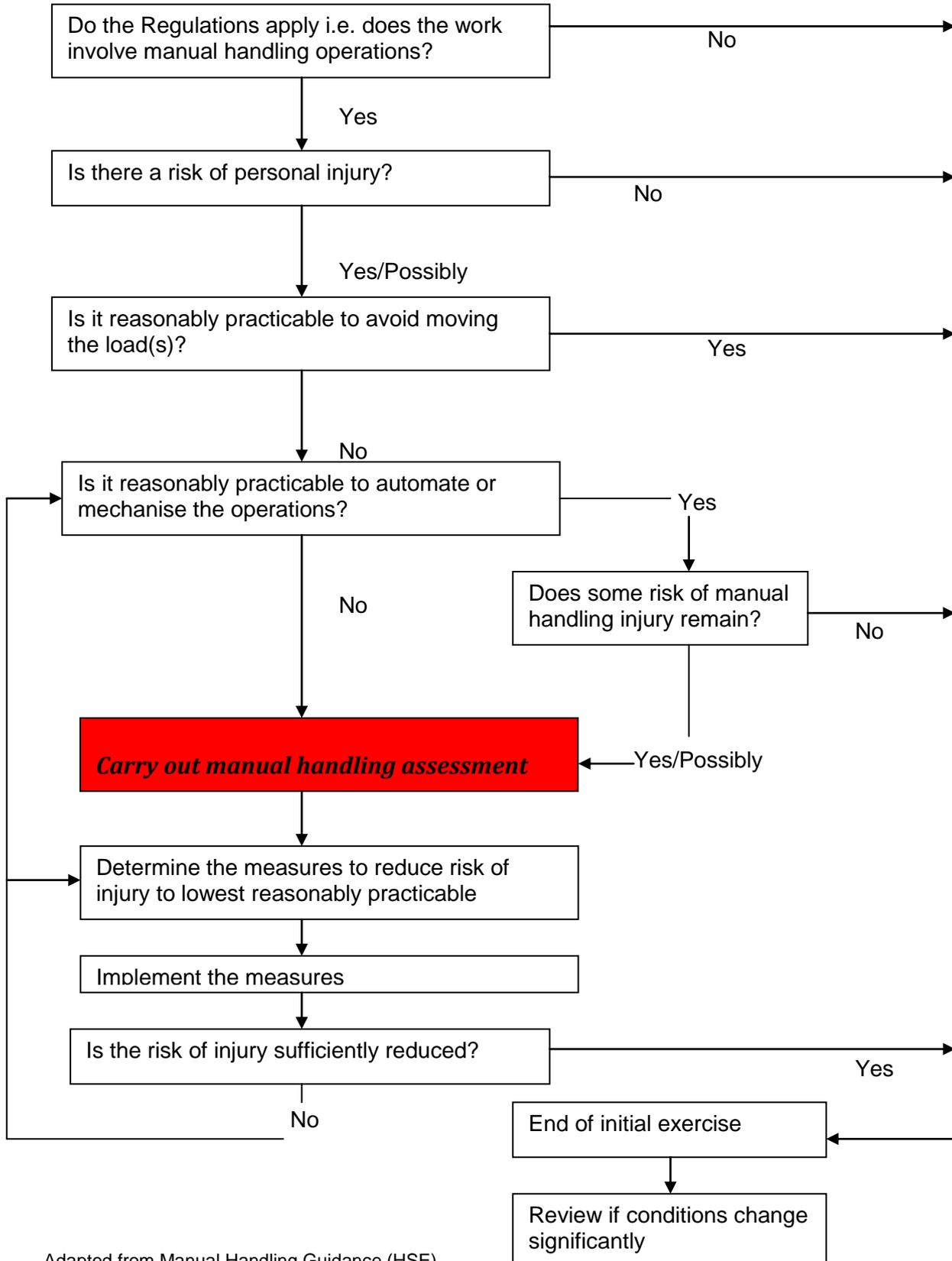
This policy was consulted on by the Manual Handling Team, H&S Committee and Policy Working Group.

10.4 Approval process

This policy was approved by the H&S Committee and KDAG.

Appendix A

HANDLING ASSESSMENT FLOW CHART



Adapted from Manual Handling Guidance (HSE)

Appendix B

MANUAL HANDLING RISK ASSESSMENT (Non-patient)

Task:
Location:
No. of Staff involved:

Does the task involve a significant risk of injury?	YES/ NO
Can the task be avoided/mechanised/automated at a reasonable cost?	YES/ NO
Using the checklist overleaf consider the level of risk associated with this particular handling task and indicate the score achieved by referring to the Risk Scoring Matrix.	Score: 1-25
Remedial Action:	
What remedial actions should be taken, in order of priority, to further reduce the level of risk?	Target Date
1.	
2.	
3.	
4.	
5.	

Action: If the risk is significant (i.e. Moderate or above)

- complete this risk assessment form and enter details onto the Risk Register (see Risk Assessment Policy)
- Escalate to the relevant manager for further action as required

Date of Assessment:
Assessors Name:
Assessors Signature:
Review Date:

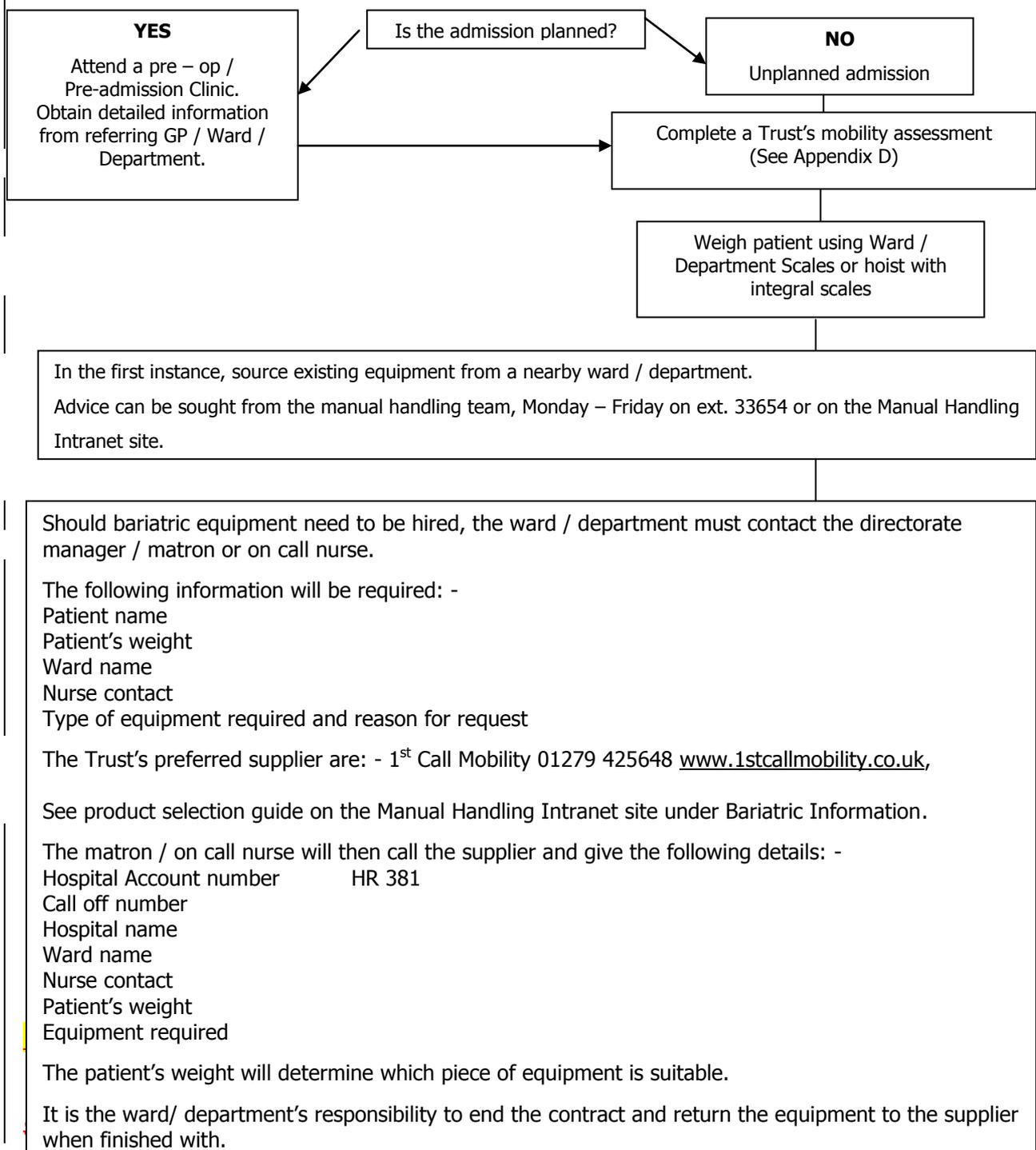
Handling Checklist – Factors to consider during a handling assessment

	Yes	No	Level of Risk			Comments
			Low	Med	High	
The task – does it involve:						
Holding loads away from the trunk?						
Twisting?						
Stooping						
Reaching upwards?						
Large vertical movements?						
Long carrying distances?						
Strenuous pushing or pulling?						
Unpredictable movement of loads?						
Repetitive handling?						
Insufficient rest or recovery?						
A work rate imposed by a process?						
The Load – is it:						
Heavy?						
Bulky/ unwieldy?						
Difficult to grasp?						
Unstable/ unpredictable?						
Intrinsically harmful (e.g. hot/sharp)?						
The Working environment – is there:						
Constraints on posture?						
Poor floors?						
Variations in levels?						
Hot/ cold/ humid conditions?						
Strong air movements?						
Poor lighting conditions?						
Individual capability – does the task:						
Require unusual capability?						
Hazard those with health problem?						
Hazard those who are pregnant?						
Call for special information/ training?						
Other Factors -						
Is movement or posture hindered by personal protective equipment?						

Appendix C

BARIATRIC PROTOCOL

- A bariatric patient can be described as anyone who has limitations in health and social care due to physical size, health, mobility and environmental access.
- It should also be recognised that other individuals with lower weight and BMI may be subject to the guidelines depending on their weight distribution, shape / size, height, tissue viability and immobility problems may also be referred to as a bariatric patient.
- This policy must be initiated if the patient’s weight and / or body dynamics /shape Exceed the safe working load (SWL) and dimensions of a support surface within a social or health care setting.



Appendix D

MOBILITY ASSESSMENT

To be completed within 24 hours of admission

Ward..... Cons.....

Mobility gallery on reverse of form to help identify independence level A,B,C,D,E

If the patient's weight is greater than 190Kg (30st) please consult Hand Book of Transfers Bariatric section (back of book) or the moving and Handling of Bariatric Patient Policy appendix for equipment and mortuary procedure. **Now continue with mobility assessment.**

Date of last update:				
Print Name / Designation:				
Signature:				
ACTIVITY	INDEPENDENCE LEVEL	INDEPENDENCE LEVEL	INDEPENDENCE LEVEL	COMMENTS
1. Turning in bed				
2. Sideways in bed				
3. Higher up in bed				
4. Into and out of bed				
5. Bed <-> (wheel) chair				
6. Toilet				
7. Repositioning in the chair				
8. Standing up				
9. Assisted walking				
10. Showering and bathing				
11. Falls (Ensure Falls				

On discharge, file in inpatient section of case notes

Equality Impact Assessment Tool

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document	Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	N/A	
4.	Is the impact of the policy/guidance likely to be negative?	No	
5.	If so can the impact be avoided?	N/A	
6.	What alternatives are there to achieving the policy/guidance without the impact?	N/A	
7.	Can we reduce the impact by taking different action?	N/A	

If you have identified a potential discriminatory impact of this key document, please refer it to Assistant Manager of Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Assistant Manager of Human Resources.

Financial Risk Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	NO
2.	Does the implementation of this document require additional revenue	To be determined by risk assessment in local work area
3.	Does the implementation of this document require additional manpower	NO
4.	Does the implementation of this document release any manpower costs through a change in practice	NO
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	NO
	Other comments: Topical negative pressure or Vacuumed Assisted Closure has been used within the Trust for many years. Implementation of the guideline should contribute to ensuring cost-effective use	N/A

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Executive Team before progressing to the relevant committee for approval.