

# Manual Handling Policy

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# Lincolnshire Community Health Services

## Manual Handling Policy

### Version Control Sheet

Version	Section/Para/ Appendix	Version/Description of Amendments	Date	Author/Amended by
1	Sections 6, 9, 10 and 11	General update to meet NHSLA requirements	July 2010	Malcolm King - Manager Back Care Team Keith Rossington - Risk Manager
1	Inter-agency Fallen Person Protocol (Appendix C)	Additional information on methods of assisting an un-injured fallen person from the floor. Flow Chart added to protocol	Sept 2010	Malcolm King - Manager Back Care Team
1	Inter-agency Bariatric Notification Procedure (Appendix D)	Changes to how patient related information is collected and stored. Approval obtained from Information Governance Dept.	Sept 2010	Malcolm King - Manager Back Care Team
2	All	Updated changes in Trust names Amendments to owner of policy, header, footer, job titles etc. to reflect trust status and organisational structures.	January 2012	Malcolm King - Manager Back Care Team
2	Inter-agency Bariatric Notification Procedure (Appendix D)	Amendment to which organisations the information is shared with to include Lincolnshire Fire and Rescue	January 2012	Malcolm King - Manager Back Care Team
2	Moving & Handling Training Matrix (Appendix A)	Amended to include Module 5 – Fire Evacuation Training, Community Hospitals Module 4 extended to two days	January 2012	Malcolm King - Manager Back Care Team
2	Policy Monitoring, Audit and Feedback Summary. Sec 11.	Amended to include arrangements for ensuring that action is taken as a result of risk assessments.	January 2012	Malcolm King - Manager Back Care Team

3	- Appendices C and E -Section 7 -References -Patient handling assessment forms (Paper versions)	All Removed.	July 2014	Malcolm King - Manager Back Care Team
3	All remaining sections.	Amended and updated to reflect changes in organisation structures	July 2014	Malcolm King - Manager Back Care Team
3	Section 2	2.5 added to specify professional guidance on which the Trust's approach to patient handling is based.	July 2014	Malcolm King - Manager Back Care Team
3	Training Matrix	Changes made to training requirements for some staff groups	July 2014	Malcolm King - Manager Back Care Team
3	Monitoring Template Appendix B	Areas to be monitored reduced to four key areas.	July 2014	Malcolm King - Manager Back Care Team
4	Significant Revisions throughout		May 2015	Jacqui Thorogood - Senior Back Care Advisor
4.1	Appendix A	Updated Matrix added	April 2016	Jacqui Thorogood Senior Back Care Advisor
4.2		Extension Agreed	Dec 17	Corporate Assurance Team
5	Full review	Removal of appendices	June 2018	David Sedman – Health & Safety Advisor
6	Bi annual review		October 2020	Shaun Farrell Moving and Handling Specialist Advisor

**Lincolnshire Community Health Services**  
**Manual Handling Policy**  
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# Lincolnshire Community Health Services

## Manual Handling Policy

### **1. Introduction**

The Trust acknowledges that moving and handling presents a significant risk of injury to its staff and service users.

This policy details the arrangements to implement control measures and monitor that they remain effective. It is supplemented by additional guidance available in the H&S Management System on the intranet giving further specific detail on techniques, risk avoidance and assessment. (Under Safe Working Procedures and H&S Forms -link to document <https://staff.lincolnshirecommunityhealthservices.nhs.uk/patient-safety/health-and-safety> )

### **2. Scope**

This Policy applies to all staff including employees, temporary staff, contracted staff, volunteers, students and employees of other external organisations that provide services to the Trust.

It applies to all manual handling tasks, whether involving service users or inanimate loads.

This Policy will apply to all premises where Trust staff (including bank staff) and contractors are required to work including shared accommodation and service users own homes.

In some cases special arrangements may need to be made to ensure safe handling of service users in their own home.

Manual handling injuries tend to be cumulative. It is hoped that staff will apply the knowledge and practices to reduce the risks and protect themselves in moving and handling undertaken outside of work.

### **3. Policy Aims**

The purpose of this policy is to:

- demonstrate the Trusts commitment to comply with the general requirements of the Health and Safety at Work Act and specific regulations to manage risk associated with moving and handling.
- to eliminate manual handling operations which may cause a significant risk of injury wherever this is reasonable practicable, and otherwise to reduce risks to the lowest level;
- detail the roles and responsibilities of staff at all levels
- Provide an approved systematic approach and guidance to enable staff to effectively manage risk from moving and handling.
- to promote the method for an effective ongoing Risk Assessment procedure to include; Moving and handling generic risk assessments and individual risk assessments for people, held with other relevant documentation

- to reduce the risk of moving and handling injuries by utilising appropriate equipment which is maintained in safe working order
- to detail staff training in the principles that facilitate effective moving and handling;
- To prevent harm and minimise the amount of lost time resulting from back and musculoskeletal injury to staff and service users and report when they suffer pain or are injured.

In determining what is reasonably practicable consideration must be given to:

The balance between the level of risk to staff and the cost of doing something about it in terms of resources, staff, time and effort.

The degree of the risk arising from the activity in question relative to the benefit to the user of the service involved and the duty of care of the organisation.

The 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.

#### **4. Roles and Responsibilities**

**The Chief Executive and Board of Directors** retain the overall responsibility for the implementation, monitoring and review of the policy. This includes provision of resources to apply the requirements of this policy for it to be effectively implemented in all areas through - training for all staff, the availability of specialist advisors i.e. Moving and Handling Specialist Advisor, Physiotherapists and Clinicians provision of a safe working environment and safe systems of work and equipment.

#### **Clinical and Service Directors**

Clinical and Service Directors will ensure that systems are in place to reduce and control manual handling risk and are monitored for effectiveness. They will support their departmental and line managers to discharge their duties as described in this policy.

More specifically:

- Ensure that all departmental and line managers are aware of the policy and are supported in implementing the policy throughout the Trust.
- Ensure that departmental & line managers fulfil their obligations to manage the risk from moving and handling.
- That information relating to manual handling related incidents and identified risks within each directorate is obtained, analysed to detect trends or significant concerns and introduce actions to treat the risk and monitor improvements.

#### **Departmental & Line Managers**

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

They will:

- Ensure that staff are aware of, and adhere to, the Manual Handling Policy.

- Ensure manual handling assessments are undertaken whenever there is a risk of injury, in a timely manner.
- Ensure all patients with manual handling needs have current and accurate client handling assessments in their care plans.
- Assess 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.
- Ensure 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.
- Ensure that any equipment required to reduce the risk of injury from manual handling is provided and available or necessary changes to systems of working are introduced. That all moving and handling equipment is recorded on the Local Asset Inventory Database, (Excluding equipment provided by ICES (Integrated Community Equipment Store)). That staff are aware of the existence of equipment, trained to use it and it is stored safely.
- 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.

It is the role of departmental and line managers to be the first line of support when an employee experiences difficulties which may affect their work and wellbeing.

### **All Staff**

All Staff have a duty to comply with Manual Handling Policy and Procedures. To take reasonable care of their own health and safety and that of others who may be affected by their actions.

Staff must:

- work within their own limitations and training, this includes **NOT** using equipment that they have not been trained to use.
- follow the precautions and procedures set up for avoiding or reducing the risk of musculoskeletal injury created by manual handling work, in particular those carrying out patient handling will follow the method of transfer shown in the care plan/records for identified patients.
- avoid manually lifting patients in all but exceptional or life threatening situations.
- carry out a pre-use safety check (visual inspection) before using moving and handling equipment and record completion in accordance with local procedures. Community – patients notes

Ward based – attached log sheet

This includes checking to see that the item has been serviced. If defective or out of test removing it from service and reporting to Estates.

- carry out risk assessments prior to using any equipment or undertaking any moving and handling task. Report any hazards or concerns they have about unsafe practice/equipment to their Line Manager and follow moving and handling plans in place.
- complete moving & handling training on induction and updates relevant to their area of work once every 2 years.

It is also the responsibility of all staff to -

- Report pregnancy or any medical conditions, which may affect their ability to perform moving and handling to their manager
- Wear suitable work clothing and footwear for moving and handling and comply with LCHS Uniform and Dress Code Policy for their area of work
- Complete necessary documentation – Risk Assessments, Moving and Handling Plan, Incident Report Form and visual check record

**Those procuring equipment will ensure that:**

- Any equipment/furnishings purchased are of suitable standard
- Appropriate information accompanies equipment supplied
- Prior to purchase of patient manual handling equipment, if required, the appropriate professional i.e. Manual Handling Coordinator or Infection Control Nurse is consulted.
- The Head of Medical Devices and Technology and H&S Adviser are informed of any new equipment purchased so that appropriate servicing and inspection schedules are drawn up and it is entered onto the Master Asset Inventory Database.

**The Moving and handling Specialist Advisor, Physiotherapists, LPFT Trust Lead for Moving and Handling / DSE and Back Care, H&S Adviser and other Specialists including contracted providers.**

The Moving and handling Specialist Advisor and other appropriately qualified manual handling practitioners will provide advice and guidance to managers/employees to support them to undertake their duties outlined in this Policy. They will provide advice and support to staff undertaking manual handling assessments and training on request. Further guidance can be found in the Moving and Handling web page on the staff intranet.

<https://staff.lincolnshirecommunityhealthservices.nhs.uk/patient-safety/moving-and-handling-training>

**Head of Medical Devices and Technology**

The Head of Medical Devices will maintain an accurate and up-to-date asset inventory of all assets that require LOLER testing. They will arrange the maintenance, inspection and repair of all such lifting equipment owned by LCHS in accordance with LOLER (1998, as amended 2002) and PUWER (1998).

**Estates and Facilities**

The Estates department will consider the moving and handling requirements of premises users during the refurbishment and adaptation of LCHS owned estate.

## **Health and Safety Adviser**

The H&S Adviser will monitor compliance with LOLER and the operation of the maintenance and servicing contract through regular operational review meetings and contract review meetings with the contracted service provider.

## **Health and Safety Committee (HSC)**

The Health and Safety Committee (HSC) will be responsible for providing an assurance forum for Business Unit representatives to report upon the implementation and effectiveness of this policy within their respective areas of responsibility. It will monitor and review the implementation of this Policy.

## **5. Risk Assessment**

Local Managers will perform generic manual handling risk assessments for their area of responsibility. These will be broad based ergonomic assessments to identify manual handling hazards in relation to moving objects or people. In order to highlight the control measures needed to reduce the risks to the lowest level reasonably practicable.

An assessment need not be recorded if it could be easily repeated and explained at any time because it is simple and obvious, or because the risk is low, only going to last a short time and the time taken to record it is disproportionate to the value.

Otherwise, a clear written/electronic record of the risk assessment (people and loads) should be held locally and findings communicated to all staff involved. (Appropriate to local area of work).

Details of any significant problems or deficiencies arising from risk assessments which cannot be resolved at a local level must be forwarded by the relevant Senior Manager to the relevant Clinical Governance Manager and recorded on Incident Report Form and Risk Register.

The risk assessment when completed in written form must be kept up-to-date and relevant by appropriate team. In order to manage this, they should be regularly reviewed and updated if any changes arise to the activity, a person's needs, the environment or equipment, following the TILEO approach.

For any routine handling situation where high risk techniques are being employed a detailed risk assessment and written justification for the use of these techniques must be produced. Risk assessments can be carried out by those with appropriate competencies. In complex cases specialist advice and assessment can be requested from the Moving and Handling Specialist Adviser.

Details of any outstanding manual handling risks within the Business units will be reviewed by the relevant Clinical Governance Manager and details of these risks will be reported to the Health and Safety Committee which will be responsible for developing, implementing and reviewing an appropriate organisational action plan to address the risks which have been highlighted.

Where there are serious risks that cannot be addressed by the Health and Safety Committee or clinical services the Lead Director for Health and Safety will ensure that details of such situations are placed on the Corporate Risk Register.

## **6. Training**

Manual Handling training is mandatory for all staff and must be updated once every 2 years. In order to meet statutory responsibilities the Trust will provide sufficient and appropriate training for all of the staff groups as outlined in the Moving and Handling Training Matrix. This included practical moving and handling training for people handling according to the level of risk in the clinical areas.

All new staff must attend Moving and Handling Training as part of the Induction process before commencing duties in the workplace. The training is modular in design and level of attendance varies depending on job role. A breakdown of training needed for individual staff groups is shown in the Moving and Handling Training Matrix.

Information, instruction and training in the use of equipment will be necessary for staff members **before** it is used by them. Inexperienced and newly trained staff must be appropriately supervised.

Attendance records are maintained for each formal learning activity and attendance will be logged on their Electronic Staff Record (ESR). The Workforce Service Centre will have responsibility for producing reports of training attendance for the LCHS Business Units.

The Moving and Handling Specialist Adviser to develop a network of Moving and Handling Link Practitioners to cover the LCHS Community Hospitals and Community Teams. In order to promote, support and encourage back care and good practice in manual handling within their locality.

The content of training programmes will be reviewed and monitored regularly by the Moving and Handling Specialist Adviser and the Head of Education and Workforce Development to ensure it meets Organisational needs.

**Load Handling** techniques taught for the movement of loads including equipment where necessary will be based on those specified in the HSE publication 'Getting to grips with manual handling: (A short guide HSE). <http://www.hse.gov.uk/pubns/indg143.pdf>

**Patient Handling** techniques used for moving and handling people including where necessary the use of equipment will be based on current best practice as defined in the 'Guide to the Handling of People – 6<sup>th</sup> Edition (RCN 2011).

Managers must ensure that the staff they are responsible for has attended relevant and essential training programmes and/or inductions. Mandatory training will be centrally recorded and all other training must be recorded locally with managers ensuring that records are kept and maintained.

Managers of non-attendees will receive a notification letter informing them to book staff member on the next available course. In the case of persistent non-attendance/non-compliance, General Managers/Heads of Service will be informed by the Learning and Development Team in order to take this through local management performance routes.

Occupational groups will include managers, health practitioners such as nursing staff, care assistants and those providing therapeutic or advisory services. Administrative workers, Estates personnel will also be part of this number.

The Trust recognises that training alone will not be a substitute for every situation such as job design, environmental considerations and actions influenced by risk assessments.

## **7. Pain and Injuries**

Employees who experience back pain or other MSD or injury must complete a report on Datix and inform their line manager.

They will be offered support from a range of Trust resources. These will include Occupational Health, individualised assessments and access to advice from the Moving and Handling Specialist Advisor, physiotherapy (to which they can self refer) and other appropriate health practitioners and advisors. The manager may need to review the risk assessment

## **8. Equipment**

Items of moving and handling equipment that require regular servicing and LOLER examination, belonging to LCHS will be registered on the local and Master Asset registers so that the appropriate servicing and maintenance can be organised centrally by the Estates & Facilities Department (excluding equipment held by ICES). Moving and handling equipment will be inspected/serviced in accordance with the requirements of LOLER (1998, as amended 2002) and PUWER (1998).

A schedule of servicing and repair that includes the provision for LOLER exists for the devices under the terms of a medical devices service and maintenance contract.

The Partnership Management Board for Lincolnshire Community Equipment Service (ICES) is responsible for ensuring that all moving and handling equipment provided for use in the community is maintained and in safe condition in compliance with the requirements of LOLER (1998, as amended 2002) and PUWER (1998).

The Estates Department must be notified immediately if any equipment becomes faulty or unsafe to use so that the appropriate repairs can be organised without delay.

It is the responsibility of local managers to notify the head of Medical Devices of changes to the stock of equipment belonging to LCHS including new or replacement items and equipment which has been disposed of so that the asset register can be updated.

Where community moving and handling equipment is being prescribed by Nursing, Occupational Therapy or Physiotherapy staff, it is the responsibility of the prescribing practitioner to ensure that a moving and handling assessment has been completed and that appropriate review arrangements are in place.

Manual handling equipment used for training purposes is owned by the Learning and Development Team. They must ensure that it is recorded on the asset register.

Smaller lifting aids, disposables and those not requiring service, will not be listed on the asset register. This must be monitored locally (inspected prior to each use) and disposed of/ replaced at appropriate intervals to ensure safe operation and quality are maintained.

## **9. Monitoring.**

The LCHS Health and Safety Committee in conjunction with the Business Units will monitor the overall effectiveness of the Manual Handling Policy.

To inform this process a comprehensive annual report on manual handling will be produced by the Moving and Handling Specialist Adviser in conjunction with Workforce and Transformation Directorate and Clinical Governance Managers. The report will include

information gathered from the various audits and reporting systems specified and it will highlight any serious problems and deficiencies.

The health and safety manager will monitor and interrogate Datix for manual handling incidents to identify trends and recommend improvements to management.

The Education, Training and Development Team will monitor the mandatory manual handling attendance and report compliance to the Health and safety committee

## **10. Equality and Diversity**

All health and safety related policies undergo a detailed equality analysis screening process which includes validation by the Trust's equality and diversity lead to assure compliance with the nine protected characteristics of the Equality Act (2010).

## **11. Definitions**

- **Manual Handling** is used broadly to cover other terms such as moving and handling, transporting or support of a load, including lifting, lowering, pushing, pulling, carrying or moving by hand or bodily force. (MHOR, as amended 2002)
- The **Load** is defined as something (equipment or plant) or somebody (person), which needs to be moved. (Health & Safety Exec., 2004)
- **Competent Person** is someone with sufficient training; experience and knowledge to undertake a particular task e.g. risk assessments.
- **Ergonomic Approach** is about fitting handling tasks to people to make them safer easier and more pleasant to perform.
- **Back Care** is wider than manual handling. It includes use of ergonomics, health promotion, occupational health and safety, injury support and rehabilitation and lifestyle (National Back Exchange, 2004)
- **Hazard** is something with the potential to cause harm and can include methods of work and working environment.
- **Risk** is the likelihood of potential harm from that hazard occurring.
- **Risk Assessment** is the identification of hazards present and evaluating the extent of risks involved.

## **12. Dissemination**

The Trust will ensure that this Policy and the associated guidance (name) is embedded throughout the organisation, by publishing on the intranet, by regular Manual Handling updates and links with Team Briefs.

## **13. Resource implication**

This policy has the following resource implications:-

Recurrent funding for staff training and specialist advice and support from the Trust's Moving and Handling Specialist Adviser.

Recurrent funding of equipment maintenance.

Investment in new equipment and environmental changes as identified through risk assessments.

For further guidance please see the staff intranet page:

<https://staff.lincolnshirecommunityhealthservices.nhs.uk/patient-safety/moving-and-handling-training/>

#### **14. Appendices**

Equality analysis appendix

#### **15. Review Date**

2 Years – July 2022

## 16. Equality Analysis Appendix

**NB - It is the responsibility of the author / reviewer of this document to complete / update the Equality Analysis each time it has a full review and to contact the Equality Diversity and Inclusion Lead if a full equality impact analysis is required**

### Equality Impact Analysis Screening Form

Title of activity	Manual Handling		
Date form completed	October 2020	Name of lead for this activity	Shaun Farrell

Analysis undertaken by:		
Name(s)	Job role	Department
Shaun Farrell	Moving and Handling Specialist Advisor	AHP

What is the aim or objective of this activity?	<p>The key objectives of the policy are:</p> <ul style="list-style-type: none"> <li>To ensure that patients are moved in a safe and comfortable manner whilst maintaining their privacy and dignity and to maintain an optimum level of independence;</li> <li>To reduce the risks to staff and patients associated with manual handling;</li> <li>To support the provision of seamless care and to prevent delays in the transfer of care;</li> <li>To ensure staff know how to access specialist advice and equipment when needed</li> <li>To protect all staff involved in manual handling of loads and minimise the risks of injury</li> </ul>
Who will this activity impact on? <i>E.g. staff, patients, carers, visitors etc.</i>	This Policy will have an impact on all Trust staff, agency workers, temporary, bank and members of the public including patients and care providers

**Potential impacts on different equality groups:**

<b>Equality Group</b>	<b>Potential for positive impact</b>	<b>Neutral Impact</b>	<b>Potential for negative impact</b>	<b>Please provide details of how you believe there is a potential positive, negative or neutral impact (and what evidence you have gathered)</b>
<b>Age</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>Disability</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>Gender reassignment</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>Marriage &amp; civil partnerships</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>Pregnancy &amp; maternity</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>Race</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>Religion or belief</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>Sex</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>Sexual Orientation</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>Additional Impacts</b> <i>(what other groups might this activity impact on? Carers, homeless, travelling communities etc.)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

If you have ticked one of the above equality groups please complete the following:

**Level of impact**

	Yes	No
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Could this impact be considered direct or indirect discrimination?	<input type="checkbox"/>	<input type="checkbox"/>
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If yes, how will you address this?

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	High	Medium	Low
What level do you consider the potential negative impact would be?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*If the negative impact is high, a full equality impact analysis will be required.*

**Action Plan**

How could you minimise or remove any negative impacts identified, even if this is rated low?

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How will you monitor this impact or planned actions?

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Future review date: July 2022