

# **HEALTH & SAFETY**

## **MANUAL HANDLING (PEOPLE) POLICY**



## 1. Introduction

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<b>References &amp; Legislation</b>	Health & Safety at Work Act etc 1974 Management of Health, Safety & Welfare at Work Regulations 1999 The Manual Handling Operations Regulations 1992 Workplace (Health, Safety & Welfare Regulations) 1992 The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 The Provision and Use of Workplace Equipment Regulations 1998 The Lifting Operation and Lifting Equipment Regulations 1998 The Human Rights Act 1998 (implemented 2000) Disability Discrimination Act 1998 The Mental Health Act 1983 The Mental Capacity Act 2005 Manual Handling Objects Policy ( H & S Library, Staff Intranet) The Handling of People (6)	
<b>Audience</b>	Staff Intranet	
<b>Consultation</b>	See Appendix 6	
<b>Managers checklist</b>	Ensure all applicable staff are trained in manual handling techniques and have relevant risk assessments in place	
<b>Expiry date of Policy</b>	N/A	

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## 1 Introduction

Each year an estimated 642 000 people in Great Britain suffer from a musculoskeletal disorder which affects their back and is caused by work. Poor posture whilst moving and handling loads can cause sprains and strains, often resulting in severe pain for the injured person. There are no reliable figures for the numbers injured each year for providing services for people but it is thought to be substantial.

Prolonged periods of excessive repetition can result in chronic musculoskeletal problems from which full recovery may not be always be possible. The purpose of this policy is to provide employees with a brief summary of the safe lifting and moving procedures of persons, for the Authority to ensure compliance with the Manual Handling Operations Regulations 1992 and this policy also aims to reduce as far as is reasonably practicable the risk of injury to employees and service users arising from manual handling tasks and operations.

## 2 Scope

This policy applies to all employees of Halton Borough Council, including contracted staff, Agency staff, students and voluntary workers and covers all working environments. Managers and employees, students and volunteers are responsible for complying with the requirements of the above legislation, and subsequently of this policy.

Halton Borough Council operates a Safer Manual Handling Policy in respect of the handling of people and loads. This policy aims to protect service users and staff against the risk of injury to any part of the body during moving and handling operations.

This policy recognises:

- A duty of care to promote the health and safety of service users and employees whilst embracing the principles and philosophy of human rights.
- An intention to implement an effective manual handling policy incorporating risk management, risk assessment, training and support.
- A responsibility to ensure that all reasonable precautions are taken to provide safe systems of working.
- Use of current good practice surrounding manual handling and emerging national guidance and learning from accident/incidents, near misses and complaints.

## 3 Definitions

**‘Manual handling operations’** –

Any transporting or supporting of a load (including the lifting, putting down, pushing, pulling, carrying or moving thereof) by hand or by bodily force.

## 4 Dignity Charter

All Manual Handling of people must take into account Halton Borough Council's Dignity Charter

Dignity Challenge - High quality services that respect people's dignity should:	Key Priorities
1: Have a zero tolerance of all forms of abuse 2: Support people with the same respect that you would want for yourself or a member of your family 3: Treat each person as an individual by offering a personalised service 4: Enable people to maintain the maximum possible level of independence, choice and control 5: Listen and support people to express their wants and needs 6: Respect people's right to privacy 7: Ensure people feel able to comment on services or complain without fear of retribution 8: Engage with family members and carers as care partners 9: Assist people to maintain confidence and positive self-esteem 10: Act to alleviate people's loneliness and isolation	<ul style="list-style-type: none"> <li>• Awareness Raising and Culture Change</li> <li>• Quality and Improving Practice</li> <li>• Monitoring</li> <li>• Contracting &amp; Commissioning of Services</li> </ul>

## 5 Responsibilities

### Managers

Managers are responsible for:

- Ensuring suitable and sufficient assessments of manual handling of persons are conducted;
- Ensuring that relevant staff required to carry out manual handling of persons receive appropriate training in order to do so safely;
- As far as reasonably practicable, provide appropriate resources to assist in the safe lifting and/or handling of persons;
- Ensuring the development of a safe system of work and ensuring compliance with those systems through information, instruction, and supervision.
- Ensure any occupational risks around lifting and handling are entered onto the corporate risk assessment system.

<F:\Health&Safety\Project Management\Online Risk Assessment\Assessors' user guide.pdf>

## Employees

All employees have a responsibility to assess hazards around providing a service to people with health and social care needs and in children's settings, to identify the likelihood of risks occurring and to inform others.

- All employees must observe/establish safe systems of work as detailed in the risk assessment and ensure that the assessment remains up to date.
- All employees must take steps within their control to reduce risk of injury to themselves, service users, carers and other colleagues.
- All employees must participate in training and use the principles of good back care in their day-to-day work practice.
- If employees feel unable to perform a task without risk of injury they have a responsibility to inform their line manager and a responsibility to report any moving and handling difficulties and/or hazards to their line manager.

## 6 Risk Assessments

Effective risk control is based on good risk assessment. A generic risk assessment of mobility and other manual handling assistance can help to provide useful information on options for control measures. The particular circumstances of a client's home environment for example, will have a considerable influence on this assessment and will need to be followed up with a more detailed individual assessment of each safer handling and moving of person's task.

Regulation 4 of the Manual Handling Operations Regulations 1992 (as amended) requires employers to:

1. **AVOID** the need for staff to perform hazardous manual handling as far as reasonably practicable.
2. **ASSESS** the risk of injury from any manual handling operation or task that cannot be avoided.
3. **REDUCE** the risk of injury from hazardous manual handling as far as reasonably practicable for all concerned.
4. **REVIEW** the risk assessments at regular intervals and as and when any changes occur.

The most useful assessments are set out simply, so that it is possible to quickly identify what equipment, techniques and numbers of staff are appropriate for the service user's needs. A suitable and sufficient assessment will include information for both daytime and night time care and will include the following;

- individual details including identification, height and weight,
- the individual's ability to 'weight bear' and any other relevant factors, for example pain, disability, spasm, fatigue, tendency to fall and apprehension,

- problems with comprehension and/or co-operational behaviour,
- recommended methods of movement for the relevant tasks such as sitting, going to the toilet, bathing, transfers and movement in bed, details of equipment needed,
- the minimum numbers of staff required to help,
- the environment,
- and any other relevant risk factors.

**There should never be generic solutions that are routinely applied to all staff and service users.**

### **Types of Risk Assessment**

- **Moving and Handling Initial Assessment (Appendix 4)**
- **Detailed Manual Handling Risk Assessment (Appendix 5)**

These assessments are usually undertaken by senior home carers/agency workers /residential care staff/occupational therapists and all professional staff who have completed a basic risk assessment course and HICES (Halton Integrated Community Equipment Store) short course training on equipment and prescribers training. Completion of the detailed assessment must include any general procedures that are appropriate to the service user – see appendix 4.

Some risks are identified that can be reduced or minimised by using alternative methods of transfer or simple pieces of equipment e.g. chair/bed raise, bed lever, transfer board. Training is given to senior staff in the use of the equipment. This is then cascaded back to staff via the seniors.

- **Further Specialist Manual Handling Risk Assessment**

This assessment is usually undertaken by professional staff i.e. a consultant that has received additional more complex risk assessment training, HICES training on equipment and prescribers training.

Risks are identified that can be reduced or minimised by using advanced alternative transfer techniques or more complex pieces of equipment e.g. Samhill turner, slide sheets, handling belts, mobile hoists. As with the standard assessment, training is given to senior staff in the use of the new equipment. This will then be cascaded back to other staff.

### **Please note;**

It may be necessary to arrange care services at very short notice. In these emergency situations, the information made available to staff must be sufficiently detailed to allow for arrangements to be made to ensure staff and clients are not put at risk. The basic information provided must include the client's mobility status including their ability to 'weight bear'. Where full information is not immediately available, additional precautions may need to be put into place before a full detailed handling assessment can be carried out, for example having more staff available to carry out moving techniques or to limit the nature of care provided. These arrangements are only suitable for emergency situations and must only be used in the short term.

***A copy of each risk assessment must be left in the service user's environment.***

If a risk assessment identifies hazardous techniques, a balanced decision making approach will be used ensuring that:

- The service user, their family and carers are fully involved in any decision making with an emphasis on their comfort and safety
- The service user has **capacity** to make informed decisions or an advocate/spokesperson. People are assumed to have capacity unless there are clear indications otherwise. For guidance on assessing capacity and what to do if an individual does not have capacity, refer to the Mental Capacity Act 2005
- Employees are not required to perform tasks that put them and service users at risk of injury unreasonably.
- A service user's personal wishes on mobility assistance are respected wherever possible.
- A service user's independence and autonomy is supported as fully as possible.

If a safe system of work cannot be agreed on, the manager of the service should be involved to try to reach a compromise position. Failure to reach a compromise may lead to a limiting of the service provided.

## **Reviews**

All risk assessments and equipment prescribed will be reviewed as circumstances change or every six months.

Where hoists and slings have been prescribed, a visual check of the equipment should be carried out prior to its use, and the equipment replaced if defects are found. Safe alternative care methods should be used until replacements are provided. All hoists and slings shall be inspected by a competent person every six months.

## **7 Bariatric Risk Assessments**

All organisations providing care and support are aware of the rising trend in obesity and the manual handling of the very obese person is essential.

The term 'bariatric' is used to describe someone whose weight impedes their independent mobility and may seriously affect their health however; weight alone cannot be used to identify bariatric people. Someone may only weigh approx. 20 stone but due to their small height, their weight may impede their mobility. The height, weight and body shape of the person will need to be considered when completing the assessment.

Providing care and support to bariatric people will require definitions of manual handling risk, clear pathways of responsibility and the strategies to manage and reduce identified risks. Any processes that are considered for this group of individuals will need to include the following:

- Risk assessments need to specify how many staff is required for each moving technique in order to reduce risks to both staff and service user.



- Provision of specialist equipment, the assessment and ordering of equipment should start as soon as the person is identified as needing health and social care services.
- Access to the most appropriate assessments and equipment in a timely manner,
- Ability to obtain this equipment speedily especially out of hours.
- Access to expert specialist moving and handling assessments and advice might be obtained from external consultants.

In the provision of care and support of the bariatric person it is important to always consider the facilitation of their journey throughout their need for the provision of services and/or to plan their discharge from services.

## **8 Treatment handling in Rehabilitation and Reablement**

For individual accessing health and social care services from an enabling approach or from therapeutic rehabilitation there always needs to be a balance struck between risk avoidance and rehabilitation interventions. Health and social care professionals owe a duty of care for their work or delegated work in the area of manual handling for service users, staff from their own or other organisations and families.

The reference to manual handling as part of a rehabilitation programme should acknowledge the accompanying risks involved in this type of work and include strategies for risk reduction. Reducing risks to service users, their families and staff may include: additional equipment; additional personnel; training; joint working; integrated documentation and communication systems; management commitment to enable and support rehabilitation to occur. It is essential to identify the manual handling risks, ensure clear pathways of responsibility are in place, implement detailed plans to manage or reduce identified risks and disseminate manual handling information to all parties involved in the rehabilitation programme.

Those staff working in the rehabilitation and involved in the delegation of therapy programmes need to be guided by assessing the required competencies to carry them out. The therapist having identified the skills required for the task should then ensure that these skills are possessed by the appropriate individuals who might include staff from their own or other organisations and/or families. The individual employers of this staff group must be aware of and responsible for the health and safety of both their own staff and individuals in their care.

## **9 Provision of Equipment**

Assistive devices can be provided to aid everyday living in a care situation and could include the following;

- Manual and powered mobile hoists
- Powered ceiling track hoists
- Bathing and toileting equipment
- Small handling aids (such as slide sheets and transfer boards)
- Beds and bed equipment

- Chairs, wheelchairs and chair equipment
- Walking and standing aids

Standard equipment and items listed above are not always suitable as a general provision for all service users. To ensure appropriateness there may be occasions when it may be necessary to adapt or make special alterations to equipment. Such adaptations should only be undertaken in conjunction with manufacturer's advice and handling equipment must never be used outside its recommended weight limits.

If the equipment has been provided by the authority there is a duty to ensure it is properly and suitably maintained and that it is kept in good working order. The LOLER Regulations (Lifting Operations and Lifting Equipment Regulations 1998) require that, where appropriate, before lifting equipment, including slings is used for the first time that it is thoroughly examined in use and at periods specified in the regulations – six monthly for hoists, slings and accessories at a minimum and annually for all other equipment. Maintenance should be annual as specified by the manufacturer. Following a thorough examination or inspection of any lifting equipment, a report is submitted by the competent person. A simple guide to LOLER can be found at;

[www.hse.gov.uk/pubns/indg290.pdf](http://www.hse.gov.uk/pubns/indg290.pdf)

All care workers must be aware of and understand the appropriate application and limitations of the different pieces of equipment they are expected to use. They must be suitably trained in the use of the equipment to reduce the risk of injury to themselves and to the service user.

### **Equipment provided by the Client**

Clients have no duties under health & safety legislation to maintain their own equipment even if care workers use it while providing care assistance. Equally service providers have no powers to compel clients to have their equipment maintained. As an employer, however, the service provider is still responsible for ensuring their employees safety. It is up to the service provider, therefore, to assess the suitability of the equipment for their employees use and to discuss with the client any changes that are required.

### **Instructions**

To avoid confusion it is useful to produce written instructions around using the equipment especially hoists and slings and to incorporate these into the care plan for reference by care workers.

## 10 Working with Babies and Children

Staff working with babies and children also need to be covered by manual handling risk assessments. Careful selection of nursery equipment and furniture helps to avoid manual handling and postural problems. Staff training needs to be tailored to the job.

### Safe Handling of Spirited Children

Children with any form of disability or learning difficulty require a holistic approach to the formulation of a risk assessment with involvement from Health, Education and Carers.

If any lifting & handling is required and a specific manual handling form is not completed, as a minimum, staff should receive general safe lifting and handling techniques training and it should form part of the occupational risk assessment. Any training must be refreshed every 3 years.

## 11 Training and Instruction

As the employer Halton Borough Council (HBC) must provide adequate arrangements for training in the safe use of any equipment. This also includes training work placements and young persons. For agency staff there is an expectation under the terms of their contract that they will have already completed manual handling of persons training and the Council are responsible for ensuring that staff that use lifting devices and perform any sort of manual handling task have appropriate training. Equally staff have a personal responsibility and accountability to ensure that they are trained in the safe use of the equipment they need to use and safe lifting techniques. The manufacturer is responsible for supplying appropriate instructions for any equipment, taking into account the knowledge and training of the intended user.

At HBC there is an expectation that all Council staff involved in the sustained and repeated manual handling of persons will attend specific training on a 1 day course and then annual update training for a ½ day. For Risk Assessors an initial 3 day course is required with annual updates of a 1 day session. Managerial roles will require initially attendance to both courses.

## 12 Accident/Incident Reporting

All accidents to employees, service users, and members of the public must be recorded on a Halton Borough Council electronic accident report.

[http://srvintstag/IncidentReporting/\(S\(f0zwe33yx5pkim45ofifgsz5\)\)/Systems/AccidentReporting/AccidentReportingMenu.aspx](http://srvintstag/IncidentReporting/(S(f0zwe33yx5pkim45ofifgsz5))/Systems/AccidentReporting/AccidentReportingMenu.aspx)

Under RIDDOR 1995 (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 1995) there is a statutory requirement that certain categories of accidents/injuries are reported to the HSE (Health & Safety Executive). Reportable accidents to the HSE will be determined by the Council's Health & Safety Team.

The categories of accidents are:

- a) Minor
- b) Significant
- c) Over 7 Day
- d) Major

- e) Public attending at Hospital
- f) Road Traffic Collision
- g) Diseases / Ill Health
- h) Dangerous Occurrences
- i) Near Misses

### Action Required

Both the circumstances of the accident and the severity of the injury will determine what further reporting is necessary.

**For further guidance please contact extension 167967 or 168563.**

## 13 Review and Evaluation

In order to ensure that this policy continues to be effective and applicable to the Council, the program will be reviewed biennially by The Health & Safety Team and relevant stakeholders. Conditions which might warrant a review of the policy on a more frequent basis would include:

- Changes to legislation;
- Injury trends;
- Employee concern.

Following completion of any review, the program will be revised and/or updated in order to correct any deficiencies. Any changes to the program will be consulted through the relevant stakeholders.

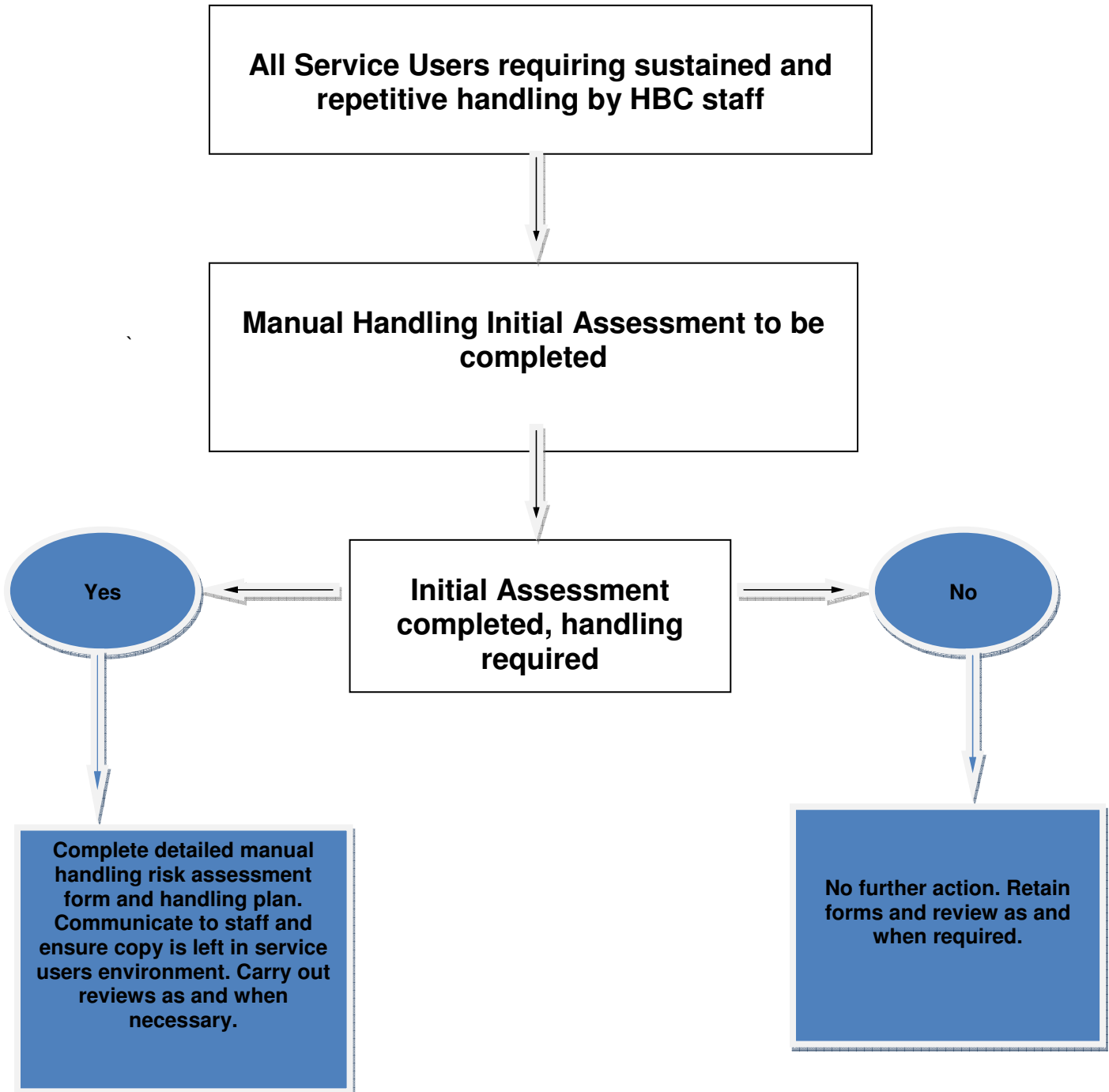
## 14 Version Control and Change History

Version Control	Date Released	Date Effective	Consultation	Amendment
1	Oct 2012	April 2013	Health & Safety Team, Unions, Care Services, External HBC Manual Handling Trainer, Safeguarding Unit's and Policy & Strategy, Safer Policy & Performance Board	Document Created

# 15 Appendices

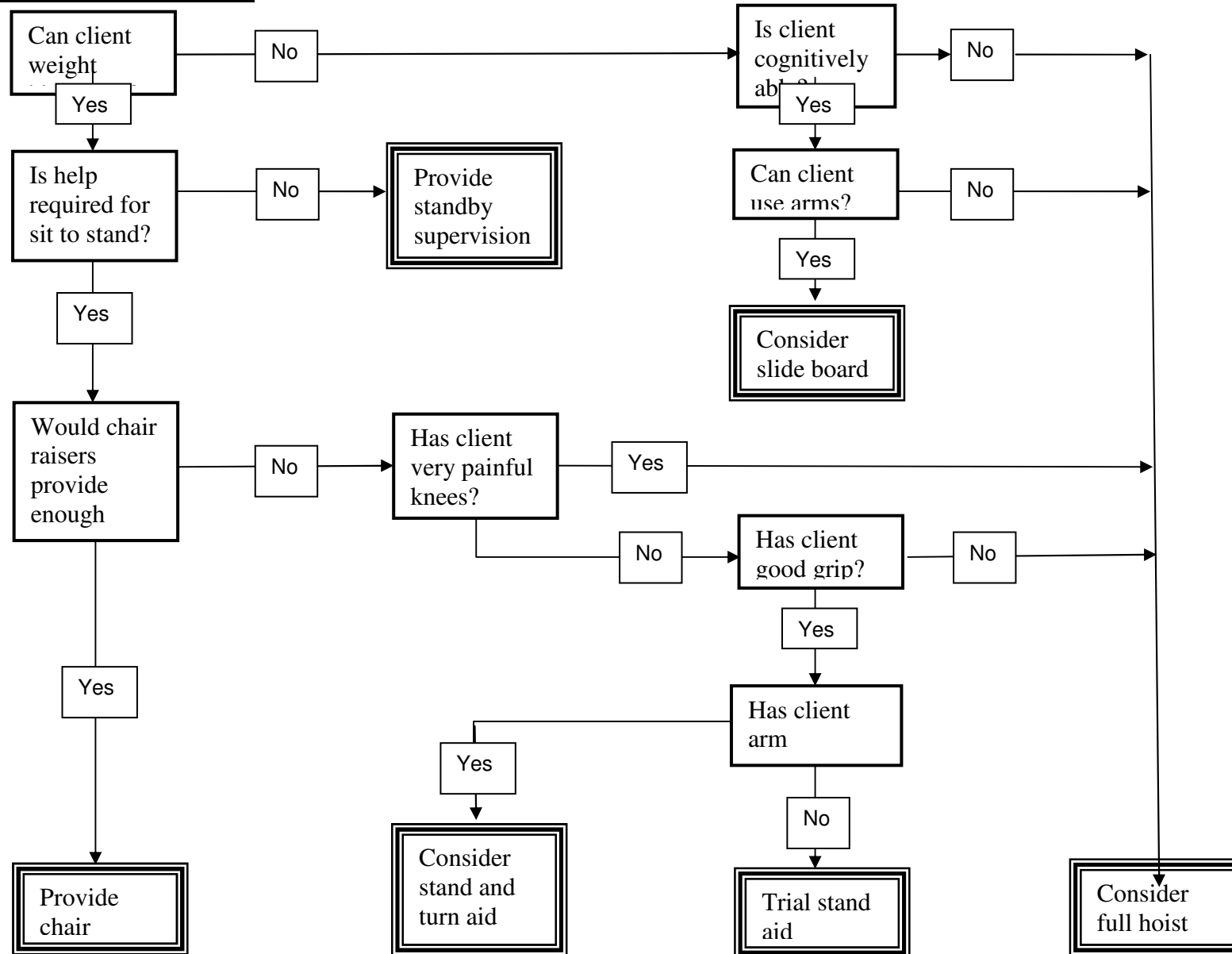
## Appendix 1

### Trigger for Assessment of Handling of Persons



**Appendix 2**

**Sit To Stand Guidance**



### Appendix 3

## Guidance - Assisting People Sit to stand to walk

TASK	Criteria for independent movement Person must be able to:	Assistance
Sitting to standing	<ul style="list-style-type: none"> <li>• Move from back of chair to the edge</li> <li>• Maintain sitting balance</li> <li>• Place and maintain his/her feet on the floor</li> <li>• Achieve sitting to standing, having the ability to take his/her weight through his her legs</li> <li>• Maintain a midline position in standing</li> </ul>	<ul style="list-style-type: none"> <li>• <b>One handler is required if the person:</b> <ul style="list-style-type: none"> <li>- Can only partially achieve the independent criteria</li> <li>- Cannot maintain standing balance without support</li> </ul> </li> <li>• <b>A second handler is usually required if the person:</b> <ul style="list-style-type: none"> <li>- Has unpredictable physical ability or behaviour</li> <li>- Needs support from both sides to maintain standing balance</li> <li>- Needs additional support to move from the sitting position</li> <li>-</li> </ul> </li> </ul>
Moving forward in the chair	<ul style="list-style-type: none"> <li>• Lean forward in the chair</li> <li>• Lean over to one side, placing his/her weight on one buttock</li> <li>• Lift the other buttock clear of the seat and hitch the hip forward</li> <li>• Repeat with the alternate hip</li> </ul>	<ul style="list-style-type: none"> <li>• <b>One handler is required if the person:</b> <ul style="list-style-type: none"> <li>- Can give only some assistance in the movement, e.g. lean to one side but not hitch his/her hip forward</li> <li>- Has poor cognition and cannot complete the move without verbal or touch prompt</li> </ul> </li> </ul>

Standing to sitting	<ul style="list-style-type: none"> <li>• Maintain standing balance</li> <li>• Move from standing to sitting, having the ability to take his/her weight through his/her legs.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>One handler is required if the person:</b> <ul style="list-style-type: none"> <li>- can only partially achieve the independent criteria</li> <li>- cannot maintain standing balance without support</li> <li>-</li> </ul> </li> </ul>
		<ul style="list-style-type: none"> <li>• <b>A second handler is usually required if the person:</b> <ul style="list-style-type: none"> <li>- Has unpredictable physical ability or behaviour</li> <li>- Requires support from both sides for stability</li> <li>-</li> </ul> </li> </ul>
TASK	Criteria for independent movement Person must be able to:	Assistance



Standing transfer	<ul style="list-style-type: none"> <li>• Have functional sitting balance</li> <li>• Place his/her feet on the floor</li> <li>• Move from sitting to standing with verbal and/or light tactile prompting</li> <li>• Maintain standing balance with verbal and/or light tactile prompting</li> <li>• Transfer weight through both legs while standing</li> <li>• Transfer weight to either leg and to release and step with either leg</li> </ul>	<ul style="list-style-type: none"> <li>• <b>One handler is required if the person:</b> <ul style="list-style-type: none"> <li>- Has functional sitting balance</li> <li>- Can place his/her feet on the floor</li> <li>- Requires assistance to move from sit to stand</li> <li>- Requires some assistance to maintain standing balance</li> <li>- Can initiate stepping and transfer weight laterally in standing</li> </ul> </li> </ul>
		<ul style="list-style-type: none"> <li>• <b>A second handler is usually required if the person:</b> <ul style="list-style-type: none"> <li>- Has poor sitting and/or standing balance</li> <li>- Requires assistance to move from sit to stand</li> <li>- Can initiate stepping and transfer weight laterally in standing</li> <li>- Has unpredictable physical or behavioural attributes</li> <li>- Needs furniture to be repositioned</li> <li>- Requires support and a second activity at the same time, e.g. pad change</li> </ul> </li> </ul>
TASK	Criteria for independent movement Person must be able to:	Assistance
Walking	<ul style="list-style-type: none"> <li>• Move from sitting to standing</li> <li>• Weight bear in standing</li> <li>• Maintain standing independently</li> <li>• Transfer weight to either leg and to release and step for a period of time</li> </ul>	<ul style="list-style-type: none"> <li>• <b>One handler is required if the person:</b> <ul style="list-style-type: none"> <li>- Requires assistance to achieve the independent criteria</li> <li>- Requires tactile and/or verbal prompting to weight bear in standing</li> <li>- Requires assistance to transfer weight and step</li> </ul> </li> </ul>

**NOTE: A height difference between handler and person will increase the risks and should be assessed**

- **A second handler is usually required if the person:**
  - Requires support from both sides
  - Has unpredictable physical or behavioural attributes



**Appendix 4**

## Moving and Handling Initial Assessment

Person detail					Assessor details	
Name					Name	
Height		Weight		DoB	Designation	
Address/location assessed					Signature	
					Assessment date	
					Review date	
Checklist of handling tasks						
Task	Is the person fully independent? *					
	Yes	No	Variable	Comments		
<b>Bed</b>						
Getting into						
Getting out of						
Rolling						
Repositioning up/down						
Lying to sitting						
<b>Toilet/Commode</b>						
On						
Off						
<b>Bath/shower</b>						
In						
Out						
<b>Mobility</b>						
Sitting to standing						
Standing to sitting						
Standing still						
Walking						
<b>Wheelchair</b>						
Into						
Out of						
<b>Armchair</b>						
In						
Out						
<b>Floor</b>						
Down to						
Up from						
<b>Car/Transport</b>						
Into						
Out of						
<b>Other</b>						
Is the person fully independent for all tasks? If yes – end the assessment If no – complete detailed assessment						
*Fully independent means that the person needs no manual assistance						



**Appendix 5**

# Detailed Manual Handling Risk Assessment Form

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Service User Name..... I.D No.....

If a service user needs assistance to move, a risk assessment and handling plan must be completed.

**Section 1**

**General information**

<b>Name</b>		<b>ID No.</b>			
<b>Address</b>		<b>Age/D.O.B</b>			
		<b>Height</b>			
		<b>Weight</b>		<b>Date</b>	
		<b>Weight</b>		<b>Date</b>	
<b>Tel No.</b>		<b>Weight</b>		<b>Date</b>	
<b>Assessor</b>		<b>Date of assessment</b>			
<b>Job Title</b>		<b>Base</b>		<b>Tel No</b>	

**Agencies involved with the service user**

<b>G. P. Name</b>		<b>Tel No</b>	
<b>Social Worker</b>		<b>Tel No</b>	
<b>Therapist</b>		<b>Tel No</b>	
<b>District Nurse</b>		<b>Tel No</b>	
<b>Family Carer</b>		<b>Tel No</b>	
<b>Agency</b>		<b>Tel No</b>	
<b>Other</b>		<b>Tel No</b>	

**Reason for assessment**

**Diagnosis if known**

--

**Other people agencies present at assessment (*Print Names*)**

District Nurse		Social Worker	
Family Carer		Therapist	
Other			

## Section 2

### Service user profile/condition

Factor	Points to consider	Comments and/or Hazards Identified	Risk – L/M/H
Does the method chosen encourage independence?	<ul style="list-style-type: none"> <li>In the longer term, will the method of assistance encourage the person to be as independent as possible?</li> <li>Is it important to the person to be independent?</li> <li>Is the physiotherapist and occupational therapist or any other professional involved?</li> <li>Does the handling plan need to be integrated with the therapy plan?</li> </ul>		
Able to weight bear?	<ul style="list-style-type: none"> <li>Can the person stand and do so without the need for support or assistance?</li> <li>Does the person rely on standing to be able to transfer and move within their environment?</li> <li>Does the state of the person's feet affect weight bearing ability?</li> <li>Are walking aids required?</li> </ul>		
How much help does the person need?	<ul style="list-style-type: none"> <li>Is the person able to perform all the tasks even without supervision?</li> <li>If the person needs help, how much help?</li> <li>Does he/she need equipment? Do you know what equipment is available?</li> <li>Do you know the benefits and dangers of the equipment or process you are recommending?</li> </ul>		
Persons expectations/ wishes/ concerns	<ul style="list-style-type: none"> <li>Have the person's requests or wishes that will affect the moving and handling been discussed and considered?</li> <li>Is the person worried about the moving and handling task?</li> <li>Are there any indications of previous negative experiences?</li> </ul>		

Factor	Points to consider	Comments and/or Hazards Identified	Risk – L/M/H
Ability to communicate with others	<ul style="list-style-type: none"> <li>• Can the person explain their situation to you and follow requests?</li> <li>• Is the person's hearing impaired?</li> </ul>		
Predictability	<ul style="list-style-type: none"> <li>• Is the person always the same or are there times when he/she is better than others?</li> <li>• Does the person easily tire or have difficulty providing sustained effort?</li> <li>• Does the variance mean that more than one action plan is needed?</li> </ul>		
Is the person a child or a vulnerable adult?	<ul style="list-style-type: none"> <li>• For example, do there need to be considerations because the person has issues regarding his/her capacity to make decisions or may have been abused in the past and need extra care?</li> </ul>		
Pain medication	<ul style="list-style-type: none"> <li>• Is the person in pain?</li> <li>• Has the pain been diagnosed and a suitable system of pain relief established?</li> <li>• Does the person need referral to his/her GP or a pain specialist?</li> <li>• Does the person take any medication that affects his/her mobility?</li> <li>• Does timing of drug administration need to be changed to ensure best effect occur during moving and handling tasks?</li> </ul>		
Tissue viability/infection	<ul style="list-style-type: none"> <li>• Does the person need any special considerations related to his/her skin or need disposable equipment such as slings because of infection?</li> </ul>		
Behaviour	<ul style="list-style-type: none"> <li>• Is the person likely to be anxious, passive, show inappropriate responses or be violent or aggressive?</li> <li>• Are there any triggers to the behaviour?</li> <li>• Is there a behaviour management plan?</li> </ul>		

Factor	Points to consider	Comments and/or Hazards Identified	Risk – L/M/H
Cultural issues	<ul style="list-style-type: none"> <li>• Have these issues been considered e.g. possible differing expectations regarding gender of handlers, authority and acceptance, methods of handling personal hygiene?</li> </ul>		
Physical abilities/operations or interventions	<ul style="list-style-type: none"> <li>• Has the person a disability or health problem that affects how much he/she can help?</li> <li>• Are there any special considerations that need to be included?</li> <li>• Is there a health problem that may intermittently affect his/her ability (e.g. epileptic seizures)? Does the person have any problems with muscle tone, spasm, tremor, contractures, and/or stiffness?</li> <li>• Has the person undergone surgery or had a recent heart attack?</li> <li>• Can the person balance himself/herself in lying, sitting/standing?</li> <li>• Does he/she have any muscle weakness? Does the person have any breathing difficulties? Does he/she have impaired sight?</li> </ul>		
Comfort	<ul style="list-style-type: none"> <li>• Is the method used comfortable and not causing any difficulties, e.g. skin damage, pain or undue stress on a part of the body?</li> </ul>		
Height, weight and Body shape	<ul style="list-style-type: none"> <li>• How tall and heavy is the person?</li> <li>• Will special equipment be needed to support him/her?</li> <li>• Can that equipment support the combined weight of the person being assisted and the staff?</li> <li>• Does the person need specialist equipment because of his/her body shape, such as individual made hoist slings or postural equipment?</li> </ul>		



Factor	Points to consider	Comments and/or Hazards Identified	Risk – L/M/H
Attachments	<ul style="list-style-type: none"> <li>Are there any attachments? E.g. Catheter, Peg feed, Stoma, Splints etc. Would choice of sling be affected by these?</li> </ul>		
Falls	<ul style="list-style-type: none"> <li>Does the person have a history of falls?</li> <li>Is there a falls assessment tool that should be completed?</li> </ul>		
Continence	<ul style="list-style-type: none"> <li>E.g. pads, catheters, urgency, stoma etc.</li> </ul>		

### **Section 3**

#### **Environment**

Are there issues relating to Environment?	
Adequate space to carry out lifting & handling	
Adequate lighting	
Floor: even/uneven/slopes/thresholds/clutter	
Floor condition: Tripping/slipping hazards	
Floor covering: i.e. carpets, linoleum	
Stairs	
Extremes of Temperature	
Other	

**Section 4**

**Handling Plan**

<b>Task</b>	<b>Details of method considering daytime and night time needs</b>	<b>Change alert <i>Sign and date</i></b>
<b>Bed</b>		
Getting into bed	No. Staff Equipment Method	
Getting out of bed	No. Staff Equipment Method	
Rolling in bed	No. Staff Equipment Method	
Repositioning up/down bed	No. Staff Equipment Method	
Lying to sitting on bed	No. Staff Equipment Method	
<b>Toilet/Commode</b>		
On	No. Staff Equipment Method	

Task	Details of method considering daytime and night time needs	Change alert <i>Sign and date</i>
Off	No. Staff Equipment Method	
Clothing and Personal Care	Equipment Method No. Staff	
<b>Bath/shower</b>		
In	No. Staff Equipment Method	
Out	No. Staff Equipment Method	
Dressing and Personal Care	No. Staff Equipment Method	
<b>Mobility</b>		
Sitting to standing	No. Staff Equipment Method	
Standing to sitting	No. Staff Equipment Method	
Standing still	No. Staff Equipment Method	

<b>Task</b>	<b>Details of method considering daytime and night time needs</b>	<b>Change alert <i>Sign and date</i></b>
Turning	No. Staff Equipment Method	
Walking with/without walking aid	No. Staff Equipment Method	
<b>Armchair</b>		
Into armchair	No. Staff Equipment Method	
Out of armchair	No. Staff Equipment Method	
<b>Wheelchair</b>		
Into the wheelchair	No. Staff Equipment Method	
Out of the wheelchair	No. Staff Equipment Method	
Pushing wheelchair	No. Staff Equipment Method	
<b>Floor</b>		
Down to floor	No. Staff Equipment Method	

<b>Task</b>	<b>Details of method considering daytime and night time needs</b>	<b>Change alert <i>Sign and date</i></b>
Up from floor	No. Staff Equipment Method	
<b>Car/Transport</b>		
Into	No. Staff Equipment Method	
Out of	No. Staff Equipment Method	
<b>Emergency situations</b>		
Falls	No. Staff Equipment Method	
Seizures	No. Staff Equipment Method	
<b>Other</b>		
	No. Staff Equipment Method	
	No. Staff Equipment Method	
	No. Staff Equipment Method	

	No. Staff Equipment Method	
	No. Staff Equipment Method	
Are there any remaining risks?		
<i>*Fully independent means that the person needs no manual assistance</i>		
<i>Review 6 monthly or as changes occur</i>		

**Section 5**

**Update Sheet**

<b>Task</b>	<b>Handling Plan</b>	<b><i>Sign and date</i></b>

**Section 6**

**Review**

**NB If no change is observed then this form should be signed and dated.**

<b>Due date of review</b>	<b>Name of reviewer</b>	<b>Signature</b>	<b>Date reviewed</b>

**NB After three reviews a new plan must be completed.**

<b>Signature of Service User and Carer</b>	
<b>Signature of Assessor</b>	
<b>Attachment List ( number and name of procedure)</b>	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	



10.
11.
12.
13.
14.
15.

**Any further action**

**Specialist Moving & Handling Assessment Required**

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date referred	
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## Appendix 6

### Consultation

Prevention & Assessment – Sue Wallace-Bonner

Care Management – Marie Lynch

Intermediate Care – Damien Nolan

Unison – Ian Munro

Manual Handling Adviser – Karen Burrows

Policy & Strategy, Development, Building Control & Contaminated Land – Tim Gibbs

Independent Living – Helen Moir

Oakmeadow & Reablement – Lynne Moss, Yvonne O'Reilly, Jane English

Team around the Family – Emma Taylor

Children's Safeguarding Unit – Paula St Aubyn

Adults Safeguarding Unit – Paula Gandy

Health & Safety Team