

Adults & Community Directorate

SAFER MANUAL HANDLING

POLICY, PROCEDURES AND PRACTICE

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INFORMATION SHEET

Service area	All Social Care Service Areas
	March 2010
Date effective from	Water 2010
Responsible officer(s)	Principal Manager HHIILS
Date of review(s)	March 2012
Status:	
Mandatory (all named staff must	Mandatory
adhere to guidance)Optional (procedures and practice can vary between teams)	
Target audience	All social care staff involved in manual handling of service users/ patients
Date of committee/SMT decision	
Related document(s)	HBC Policy Safe Lifting and Handling of Objects (Jan 2005)
Superseded document(s)	HBC Safer Handling Policy, Procedures and Practice (Feb 2005)
Equality Impact Assessment completed	Stage 1 Community Impact Assessment completed
File reference	

1.	POLICY	Practice
1.1	Introduction	
	This Policy 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.	
	The Directorate will work in partnership with Halton and St Helens NHS / Community Health Services and St Helens Council, in addition to independent and voluntary sector providers, to implement safer handling policies and procedures, risk management and assessment procedures, safer handling training and support.	
	The Directorate is working towards establishing a joint safer handling policy and referral processes and documentation in partnership with Halton and St Helens NHS / Community Health Services and St Helens Council in order to improve communication between staff across different agencies and improve services for people with health and social care needs.	
1.2	Aims of Policy	
	This Policy gives guidance in relation to the safer manual handling of both people and load as reflected in the European Community Directive on the manual handling of loads and as set out in the following legislation:	
	 The Health and Safety at Work Act 1974 The Manual Handling Operations Regulation 1992 (updated1998) Management of Health and Safety at Work 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* (see 2.3 for guidance on capacity) 	

	POLICY	Practice
1.3	Policy Statement	<u>Definitions</u>
	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:	Manual Handling is defined as: "The transporting, or supporting, of a load (including lifting, putting down, pushing, pulling, carrying or moving thereof) by hand or bodily force".
	 Our duty of care to promote the health and safety of service users and employees whilst embracing the principles and philosophy of human rights. Our intention to implement an effective manual handling policy incorporating risk management, risk assessment, training and support. 	A load is defined as: "Any discrete movable object including an inanimate object, a person or an animal". Reference: Manual Handling Operations Regulations 1992 (updated 1998)
	 Our responsibility to ensure that all reasonable precautions are taken to provide safe systems of working. Use of current good practice surrounding manual handling and the emerging national guidance and learning from incidents, near misses and complaints. 	"HSE recognises the problems with the manual handling and lifting of people and that a balance has to be struck between ensuring the safety of the employee performing a (manual) handling task and meeting the needs of the client, while respecting human rights of both the carer (handler) and the client." Reference: Handling Home Care; HSE Publications 2001
1.4	Scope of the Policy	
	This Policy applies to all employees of Halton Borough Council, including contracted staff and to 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.	

	POLICY	Practice
1.5	Responsibility of Employer	
	Halton Borough Council recognises and accepts its statutory responsibilities identified within the Manual Handling Operations Regulations 1992 (updated 1998) and the Health and Safety at Work Act 1974.	
	Halton Borough Council will endeavour, so far as is reasonably practicable, to avoid the need for employees to undertake any manual handling operations which involve a risk of them being injured.	
	Halton Borough Council will implement a risk assessment process that identifies the safest approach for moving and handling people or objects.	
	Managers are responsible for developing a safe system of work and ensuring compliance with those systems through information, instruction, supervision and training.	
1.6	Responsibility of Employees / Contracted Staff/ Students/Voluntary Workers	
	All employees, contracted staff, students and voluntary workers have a responsibility to assess hazards around providing a service to people with health and social care needs, to identify the likelihood of risks occurring and to inform others.	
	 All employees, contracted staff, students and voluntary workers must observe/establish safe systems of work as detailed in the risk assessment and ensure that the assessment remains up to date. 	
	 All employees, contracted staff, students and voluntary workers must take steps within their control to reduce risk of injury to themselves, service users, carers and other colleagues. 	
	 All employees, contracted staff, students and voluntary workers must participate in training and use the principles of good back care in their day-to-day work practice. 	Referral Pathway The line manager has a duty to follow the referral pathway (Appendix 2) to report moving and handling difficulties and /or hazards.

POLICY	Practice
If employees, contracted staff, students and voluntary workers 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.	
Occupational Health	
Employee recruitment and selection procedures are designed to identify potential employees who would be at risk from manual handling injury. Pre-employment screening is therefore essential.	
Employees suffering a musculo-skeletal injury or significant back problem will be offered support by the Occupational Health Department.	
	If employees, contracted staff, students and voluntary workers 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. Occupational Health Employee recruitment and selection procedures are designed to identify potential employees who would be at risk from manual handling injury. Pre-employment screening is therefore essential. Employees suffering a musculo-skeletal injury or significant back problem will be offered support by the Occupational

2.	PROCEDURE	Practice
2.1	Risk assessments	
	Managers should nominate staff to be trained as Moving and Handling Risk Assessors. The Moving and Handling Advisor will train these staff to an appropriate level commensurate with their duties (see Appendix 1 for levels of risk assessments and guidance)	
	They will also be expected to:	
	 Ensure that their co-workers follow risk assessments provided and update documentation as required 	
	 Monitor and counsel employees, contracted staff, students and voluntary workers in order to avoid hazardous manual handling. Persistent poor handling must be brought to the appropriate manager's attention. 	
	Promote changes in practice that avoids manual handling risk.	
	 Monitor manual handling techniques in the workplace. 	
	 Disseminate new handling techniques to all employees, contracted staff, students and voluntary workers. 	
	Offer general suggestions for improvements in manual handling practice to appropriate employees, contracted staff, students and voluntary workers.	
	Risk assessors will visit the service user and identify risks and solutions. They may teach new techniques for safer moving and handling or provide simple pieces of equipment to resolve issues.	
	If the risk assessor is unable to resolve the situation they may refer to the Moving and Handling Advisor for a Complex / Specialist Safer Handling Risk Assessment.	
	Any changes with risk assessments will be documented using the forms contained within this policy (Appendix 6) and shared with all appropriate employees, contracted staff, students and voluntary workers including care managers and line managers where appropriate.	

2.	PROCEDURE	Practice
	A copy of each risk assessment will be left in the service user's home.	,
2.2	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	Hoists and Slings Refer to the Lifting Operations and Lifting Equipment Regulations (LOLER). Reference: Medical Device Alert MDA/2007/031
2.3	Balanced Decision Making	
	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. 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 	Mental Capacity Act Relevant Policies and Procedures The following policies and procedures provide guidance on assessing capacity:
	 Employees, contracted staff, students and voluntary workers are not required to perform tasks that put them and service users at risk of injury unreasonably. 	-Mental Capacity Act – overall policy, procedure and guidance (Nov 08) -Guidance Notes for Assessing Mental Capacity (Oct 09)
	 A service user's personal wishes on mobility assistance are respected wherever possible. 	MCA Best InterestsFlowchartMCA Deprivation ofLiberty Safeguards
	 A service user's independence and autonomy is supported as fully as possible. 	(DOLS) Policy, Procedure and Practice (Feb 09) - Levels of Decision Making document
	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.	Limiting of service Reference: A&B, X&Y v East Sussex County Council 2003

2.	PROCEDURE	Practice
2.4	Reporting Incidents, Near Misses & Complaints When these occur the appropriate documentation will be completed, the situation analysed and a reduction of risk implemented where reasonably practicable.	Relevant Documentation For documentation for reporting incidents and near misses refer to the following policies and procedures:
	In some situations the analysis may provide learning points that should be shared between organisations, for example through clinical governance, health and safety channels or 'critical incident' / 'learning from the event' reviews.	- Care Management Risk Assessment Policy, Procedure and Practice. - Accident and Incident Reporting Procedure (for
		accidents/incidents involving employees). An electronic accident / incident reporting system (accessed via the intranet) is used.
		For guidance on dealing with complaints refer to the Directorate's Complaints and Compliments Policy, Procedures and Practice.
2.5	Mandatory Training	
	Halton Borough Council will provide the following training (as a minimum):	
	 Induction training for new employees (1 day) Annual Refresher training for all employees involved in providing care or assessment of need (1/2 day) Initial training for identified Risk Assessors (minimum 2 day) 	
	 3 day) Annual Refresher training for identified Risk assessors (1 day) Refresher training 	
	Training courses include practical sessions and the group size will be limited to take account of this.	

2.	PROCEDURE	Practice
2.6	Responsibilities of Moving and Handling Advisor	
	The Moving and Handling Advisor will have the nominated day-to-day responsibility for ensuring the provision of up-to-date professional advice on manual handling matters, monitoring the implementation of the policy and identifying areas of actual or potential concern.	
	The Moving and Handling Advisor(s) will develop and arrange / provide a comprehensive training programme for all grades of staff, tailored to the requirements of specific groups.	
	The Moving and Handling Advisor will develop and maintain effective networks and relationships with key agencies to ensure the promotion of safer manual handling policy and best practice in the workplace.	
	Where an organisation has identified people to support the work of the Moving and Handling Advisor e.g. in house Risk Assessors, they will be supported by regular meetings and problem solving forums chaired by the Moving and Handling Advisor.	
	The Moving and Handling Advisor will continually audit and evaluate the service to ensure that it promotes safer handling practice and remains responsive to changing needs.	

Definitions

<u>Hazard:</u> source of potential harm of damage or a situation with potential for harm or damage.

Risk: is a combination of the likelihood and severity of a specified hazard occurring.

Standard Safer Handling Risk Assessment:

Undertaken by Senior Home Carers / Agency Workers / residential care staff and all professional staff who have completed a basic risk assessment course and HICES short course training on equipment and prescribers training.

Service Users have a change in their mobility but are generally weight bearing and able to 'step'.

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.

Complex / Specialist Safer Handling Risk Assessment:

Undertaken by professional staff that have received additional risk assessment training, HICES training on equipment and Prescribers training.

Service Users have a change in their mobility and may have lost their ability to weight bear and / or 'step', or may have a condition that fluctuates throughout the day.

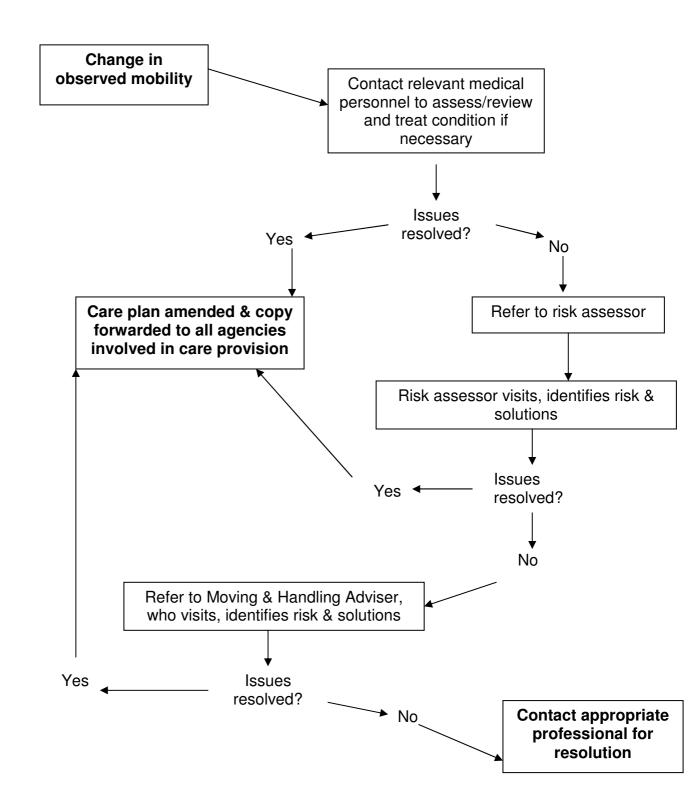
N. B. there will be occasions when the Specialist Manual Handling Advisor is called on to advise in particularly complicated cases.

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.



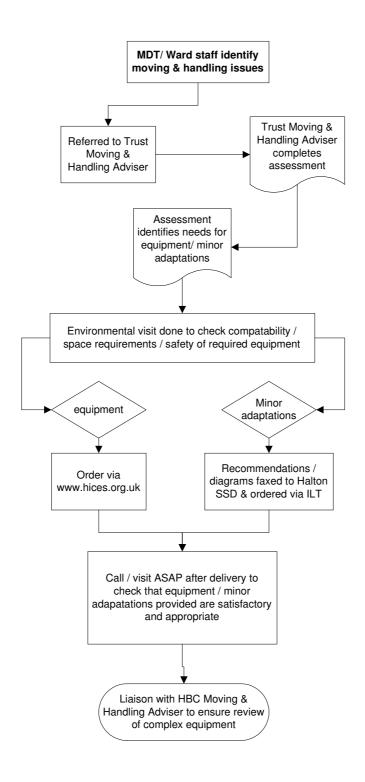
Appendix 2

Safer Handling Risk Assessment Referral Pathway



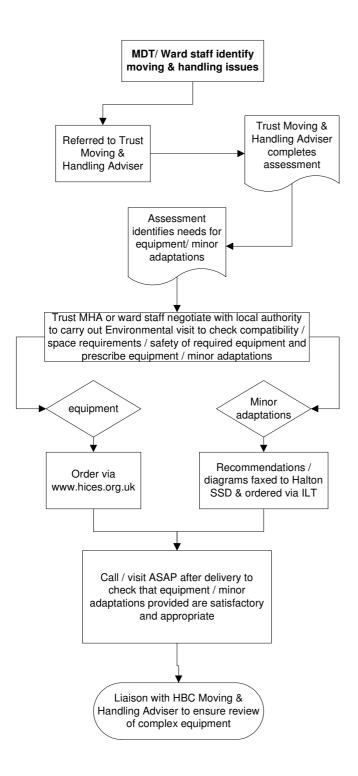
Safe Discharge Protocol for Therapists - May 2007

Safe Discharge Protocol for Identified Moving & Handling Issues Warrington and Halton NHS Foundations Trust



Safe Discharge Protocol for Therapists – May 2007

Safe Discharge Protocol for Identified Moving & Handling Issues St Helens & Knowsley Teaching Hospital NHS Trust



Guidance on how to manage a person who is falling or has fallen

Most falls can be managed if some thought is given to how they happen in the first place. The Guide to the Handling of People 5th Edition describes a number of intrinsic and extrinsic factors that contribute to falls.

These include:

Intrinsic factors:

- Strength, balance, gait and other physical problems e.g. dizziness, poor proprioception, poor vision
- Underlying medical conditions e.g. acute illness, history of strokes
- Poor footwear and foot problems e.g. painful feet, neuropathy
- History of falls, particularly with injury and lack of confidence
- Cognitive problems e.g. muddled thought processes, confusion, disorientation

Extrinsic factors:

- Poor housing e.g. uneven floors, changes in level, different floor finishes, small rooms, cluttered rooms
- Poor lighting
- Effects of medications
- Rushing to complete tasks quickly

A comprehensive risk assessment by the assessor will identify the hazards in each individual's situation and provide advice on how to manage the risks. In some cases, it may be appropriate to refer on to the local falls team

For example; if a person has the ability to walk a short distance, but not all the way to a ground floor toilet, they may wheeled to the toilet for urgency and then walk back to where they were sitting afterwards.

If a person is collapsing and they cannot be persuaded to stand, they must be guided down to the nearest surface (this may be the floor), if possible. Do not try to grab at people to stop the fall as this could cause injury to either person.

'The Guide to the Handling of Patients' 5th Edition describes the following as a course of action <u>provided the staff member is competent and proficient</u>. She/He:

- Releases her/his hold of the person
- Moves behind the person
- Opens her/his hands and takes one step back
- Allows the person to slide to the floor
- Lets the person remain in a sitting position on the floor
- If the person has fainted, then the health care professional can kneel and allow the person to lie down.
- He/She then repositions himself/herself to place person in the recovery position

Guidance on how to manage a fallen person

Assessment

Make sure the area is safe.

Assess the person for injury.

Reassure them and make a first aid check covering the following:

- Is the person conscious?
- Are there any obvious broken bones?
- Is one leg shorter than the other?
- Is there any bleeding?
- Is the person in pain?

If there is any doubt about the level of injury or you are unsure whether they are injured, medical advice should be sought.

If the person is unconscious or injured call the Ambulance Service on 999.

If it is decided that the person is uninjured, make them comfortable and calm them down before making any attempts to get up from the fallen position.

If the person can follow instructions and weight bear on their knees, then the following procedure applies:

- Stay calm and remain with the person, do not let them hurry to get up.
- Place a pillow under the person's head and wait until they feel ready to try to get up. If necessary sit on the floor next to him and reassure them until they feel less disorientated.
- Encourage the person to bend up both knees (one at a time) and roll onto their side, and press down with their lower elbow and upper hand to raise onto all fours.
- Lean on a chair using both hands.
- Instruct the person to raise one leg and place one foot on the floor.
- Push up to straighten legs and turn to sit onto the chair.

This technique is useful to teach people who live alone and who regularly fall. It provides reassurance to them that they can get up by themselves and do not always have to wait for help to arrive.

Additionally people could be advised to subscribe to the Community Alarm service (Lifeline) that can provide help, if required.

If the person is unable to follow instruction or is unable to weight bear on their knees, then a competent person should use a hoist or Elk.

It is recognised that in life threatening situations, staff may need to move quickly without the use of equipment. Staff must document the details of the fall and then contact the relevant people.

Bariatric Policy

Introduction

The term 'bariatric' is used to describe some one whose weight impedes their independent mobility and may seriously affect their health.

Objectives:

- To ensure that bariatric people are treated with dignity and that appropriate equipment is provided.
- To improve partnership with all service providers within the area
- The ensure that risks to staff and bariatric people from manual handling are reduced to the lowest level reasonably practicable

All aspects of the Safer Manual Handling policy apply and in addition the following need to be taken into consideration.

RISK ASSESSMENTS

Weight alone cannot be used to identify bariatric people. Some one may only weigh approx 20 stone but due to their small height, their weight may impede their mobility.

It is also difficult to weigh people regularly when their mobility is impaired. There may be local facilities for ensuring regular weight checks but this is not consistent throughout the area and it may not be possible to weigh people

IMPLICATIONS FOR STAFFING LEVELS

Providing care and support to bariatric people will require higher staffing levels. Any risk assessment will need to specify how many staff are required for each technique identified to reduce risk.

When higher staffing levels are identified this will need to be specified at Resource Panels

Case study:

Lady weighting 41 stone in hospital for 2 years while attempting to put together a care package for 6 staff to transfer her from bed to chair and maintain her care needs in the community. She also required help with shopping and household tasks in additional to daily activities

DETERMINING WEIGHT

To ensure that risks are minimised, every opportunity to check and record the person's weight should be taken where appropriate equipment is available. For example: attendance at GP surgery / clinics, admission to hospital, attendance at wheelchair clinics. This facility is available at the Independent

Living Centre, Collier Street, Runcorn by appointment. If you are not aware of any facilities in your area, contact your Moving and Handling Advisor.

Any requests for equipment will need to have details of the person's weight recorded to ensure that the most appropriate equipment is provided.

SPECIALISED BARIATRIC EQUIPMENT

To ensure the best use of resources, minimise risks to staff, and speed of provision within agreed timescales, specialised bariatric equipment will be supplied by Halton Community Integrated Equipment Services (HICES). This may be under a contract.

PLANNED DISCHARGES

Hospital staff (ward staff, therapists and moving and handling advisers) are responsible for planning safe hospital discharges and this starts as soon as the person is admitted to hospital (see Department Of Health guidance). They must arrange a joint assessment with the Community Moving and Handling Advisor when making discharge arrangements for bariatric people to ensure accurate and reliable sharing of information and continuity of care.

When the need for specialised equipment is identified to facilitate discharge home, the discharge planning team need to discuss, agree and arrange its supply. This may include contact with Therapists, Tissue Viability Nurse, the company supplying the specialised equipment – to ensure that the equipment is available and that the home environment is compatible and safe to take the combined weights of the equipment and the bariatric person.

TRANSPORT OF BARIATRIC PEOPLE

When transporting a bariatric person, staff should notify the Moving and Handling Advisors / Line Manager, who will contact the Duty Manager in EMDC, The Ambulance Service, Elm House, Liverpool Tel no: 0151 260 5220.

The Duty Manager will contact the Ambulance Risk Officer.

A risk assessment would be carried out by the Ambulance Risk Officer to determine a safe method of transportation and exit of the premises. This may involve the use of specialised transport.

The Ambulance Risk Officer will also determine if other services are required and arrange that as necessary.

CARE OF THE DECEASED

Mortuary staff and undertakers will need to carry out their own risk assessments and ensure that they have suitable equipment to transfer bariatric people.

Safer Handling Risk Assessment Documentation and Checklist

Safer Handling Risk Assessment Morning / Day / Night Assessment

This risk assessment form is intended for use in conjunction with safer handling procedures and is only for use by staff who have received appropriate risk assessment training

SECTION 1

Name:	ID Number:	
Address:		
Telephone Number:	DOB:	
GP (include practice name)	GP Telephone:	
Other agencies involved on a regular basis:		
District Nurse/ Physio / OT / Other (please specify)		
Mobility (please answer yes or no to the following)		
Is the person independently mobile?		
Is any mobility equipment used? • If yes, what is it?		
Is any assistance required for mobility?		
If the person is independently mobile, with or without equipmes assistance is required for transfers, go to Section 3 & sign the		
Has the Single Assessment Process Consent Form been signed? If no, see below No		
I agree to an assessment of my needs and to the information being held, use for the purposes of administration of the care service and other legal purpose that the information may be shared with other agencies on my behalf and that database	es of the Council. I also agree	
Signed Date		
(If unable to sign, please state why)		
Name of Risk Assessor: Contact N	Number:	
Date of Assessment :		
Proposed Review Date: (Every 6 months unless	condition/task alters)	

Name:	ID Number:	
Medical Information		
Summary of Person's condition and handling constra medical diagnoses:	ints including any relevant	
Skin condition, please indicate: intact / red / broken/ papery		
Waterlow score		
Approximate weight & height of person:		
Identify any problems with communication, comprehension or behaviour: Type of Safer Handling Risk Assessment Required:		
Standard		
See Appendix 1		
Reason for Referral, if complex/specialist:		
Referred by: Date :		

SAFER HANDLING RISK ASSESSMENT
Sign and date the change alert column to indicate a change has occurred. Refer to update sheet

SECTION 2

Name:		ID number:
Task No. and Description	Details of method / equipment to be used	Change Alert

SECTION 3

Name:	ID number:			
Is any equipment required to safely perform any of the tasks? Yes \(\square\) No \(\square\) If yes, please give details:				
Equipment	Date Requested	By whom		
If no equipment available, please give details of action required: Give details of any follow-up required, eg. Training, review assessment, adaptations to home requested				
Describe any remaining problems / risk factors using the 'LITE' / 'TILE' approach:				
Assessor's signature :	Date:			
Service User / Carer's signature : Manager's signature	Date:			
(for internal file copy only)	Date:			

Social Services Use only - Copies to: Service user file Care Manager Line Manager

Safer Handling Risk Assessment Update Sheet

Name:	ID number:
Add any changes to previous methods here	

Task	Details of updated method & Equipment to be used	Signature & Date

Check List for Safer Handling Risk Assessment

EXAMPLES OF TASKS	ITEMS TO CONSIDER
Movement in bed Transfer to / from bed Sitting / standing Walking	1. Organisation Number of staff needed Client stays in bed No time constraints 2. Furniture To be repositioned/removed
Toileting Bathing In/our of transport Other Activities Consider whether in/ outside	3. Equipment Variable height bed Profile bed Hoists Slings Bathing equipment Wheeled Sanichair Glide and lock Transfer board Handling belt Sliding sheet

EXAMPLES OF PROBLEMS / RISK FACTORS: TILE / LITE

The Client (Load) Weight Disability History of falls	Individual capabilities (staff) Fitness for the task Experience with client/team Skill: handling/equipment
Task Is it necessary? Can it be avoided? Stretching, stooping, twisting? Rest / recovery time?	Environment Space to manoeuvre, use equipment Access to bed, bath, WC etc. Steps, stairs Floor uneven? OK for hoist? Furniture: moveable? Height? Condition? Bed: Low? Double?

References

Manual Handling Operations Regulations 1992

The Code to the Handling of Patients 5th Edition published by National Back Pain Association in collaboration with Royal College of Nursing 2005

'Safer Handling of People in the Community' produced by Back Care 1999

Handling Home Care published by HSE 2001