Promoting hope and wellbeing together

West London Mental Health NHS Trust

Policy: M5

Safer Moving and Handling Policy

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Title of responsible Director	Director of Nursing and Patient Experience
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Other Related Procedure or Documents:	

Equality & Diversity statement

The Trust strives to ensure its policies are accessible, appropriate and inclusive for all. Therefore all relevant policies will be required to undergo an Equality Impact Assessment and will only be approved once this process has been completed

Sustainable Development Statement

The Trust aims to ensure its policies consider and minimise the sustainable development impacts of its activities. All relevant policies are therefore required to undergo a Sustainable Development Impact Assessment to ensure that the financial, environmental and social implications have been considered. Policies will only be approved once this process has been completed

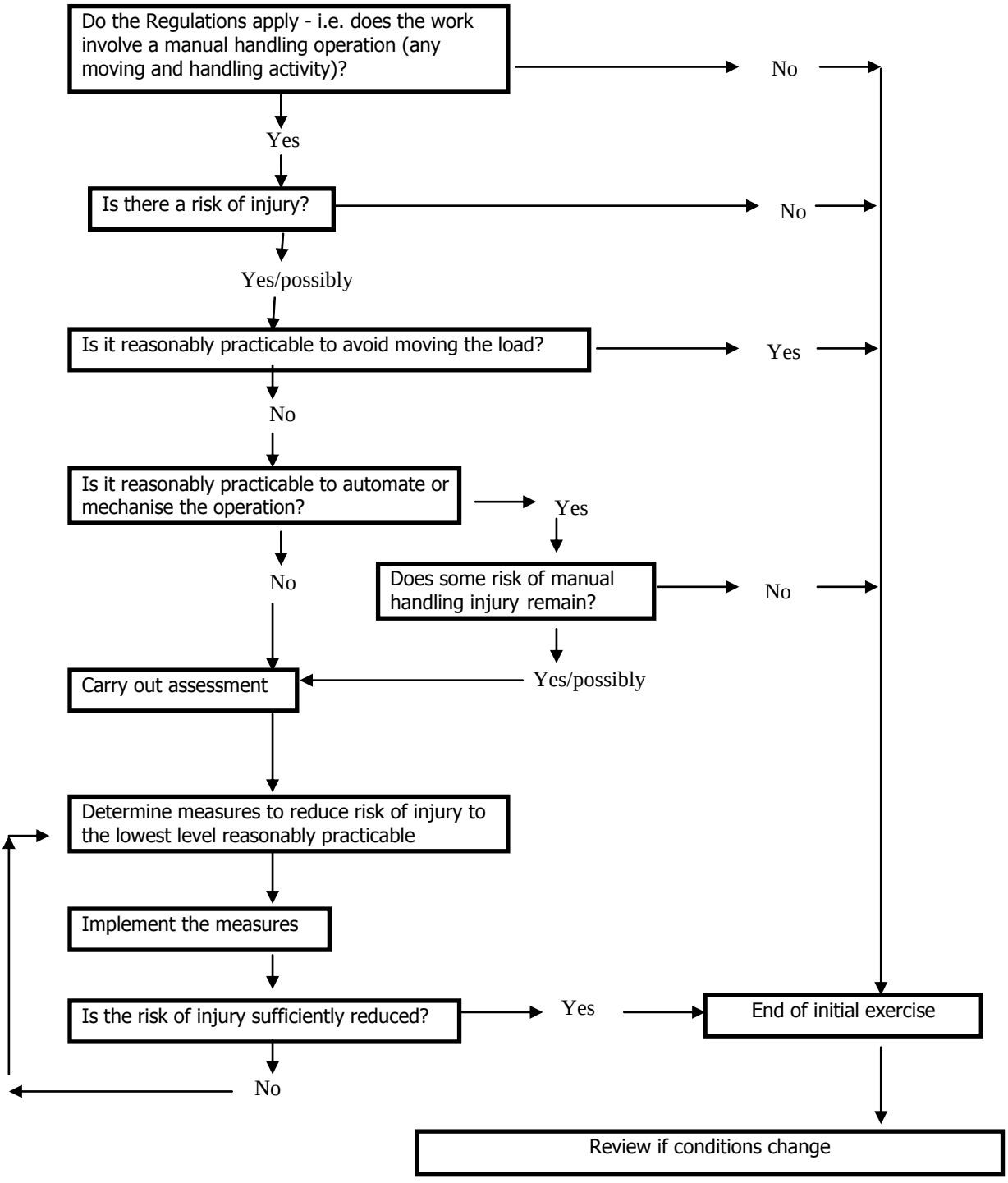
M5 – Safer Moving & Handling
Version Control Sheet

Version	Date	Title of Author	Status	Comment
M5/01	Oct 07	Dir N&F	To ED	Substantial revision to Policy
M5/01	12.10.07	Dir N&F	consultation	Consultation period ending
M5/02	06.02.08	Dir N&F	Revised policy in circulation	
M5/03	12/12/08	Head of Standards & Compliance	Revised for NHSLA	Minor amendments
M5/04	Feb 10	Head of Health and Safety	Policy reviewed	Significant revision
M5/05	27/08/10	Head of Health and Safety	Revised Policy Issued	Minor amendments to meet requirements in Policy P3 and to be NHSLA compliant. Presented to Policy Review Group 17th August 2010 - Approved.
M5/06	January 2013	Head of Risk, Health and Safety	Revised policy	Amended to meet requirements of latest version of Policy P3 and the 2012/13 NHSLA risk management standards. For approval at January 2013 TMT –Approved
M5/07	February 2015	Interim Deputy Director of Nursing	Reviewed policy	This policy is due for review in January 2015. It has been amended to ensure it reflects the latest version of reference materials and additional relevant published guidance at section 11. Trustwide consultation ending 13.05.15

Content **Page No.**

1. Flowchart

The requirements of the manual handling regulations are shown in the flowchart below.



2. Introduction

2.1 This policy describes the arrangements in place which ensure the risk of injury to Trust patients, employees, contractors and service users etc, arising from moving and handling (also known as 'manual handling') activities are adequately managed and minimised.

2.2 Moving and handling accidents account for more than one third of all over-three-day injuries reported each year to the enforcing authorities i.e. the Health & Safety Executive and local authority Environmental Health officers.

2.3 Moving and handling injuries can cause back pain and a variety of musculoskeletal disorders (MSD's), along with fractures and strains. Currently, MSD are the biggest cause of sickness absence in the NHS, reportedly, accounting for 40% of all sickness absence. Other factors, such as stress, can increase the likelihood of these types of injuries occurring. Often, MSDs are a result of a cumulative effect, as opposed to one particular incident or accident.

2.4 This policy supplements the Trust's Health and Safety policy (H3).

3. Scope

3.1 This policy applies to all West London Mental Health NHS Trust employees.

3.2 Contractors, Trust partners and others performing work either with or on behalf of the Trust should take into account the requirements of this policy when performing that work and either observe its requirements or have in place equally effective arrangements.

4. Definitions

Ergonomics - the science of matching a job to a worker, based on the worker's physical abilities and psychological requirements, rather than matching the worker to the job.

Load - a discrete movable object.

(Moving)/Manual handling - The transporting or supporting of a load by human effort. It includes the lifting, putting down, pushing, pulling, carrying or moving by hand or bodily force.

Musculoskeletal Disorders - Musculoskeletal disorders (MSDs) are problems affecting the muscles, tendons, ligaments, nerves or other soft tissues and joints. The back, neck and upper limbs are particularly at risk.

5. Duties

5.1 Chief Executive

The Chief Executive is responsible for ensuring that the Trust has policies in place and complies with its legal and regulatory obligations.

5.2 Accountable Director

The accountable director is responsible for the development of relevant policies and to ensure they comply with relevant standards and criteria where applicable. They must also contain all the relevant details and processes as per Policy P3. They are also responsible for trust-wide implementation and compliance with the policy.

5.3 Managers

Managers are responsible for

(i) organising their service's activities in such a way that, so far as is reasonably practicable, they avoid the need for manual handling activities. If manual handling cannot be avoided, then;

(ii) carrying out a suitable and sufficient risk assessment of the manual handling activity, for the purposes of identifying what needs to be done to control the risks arising effectively. This includes recording the significant findings of the risk assessment and reviewing the assessment both periodically and when it is no longer valid;

(iii) either removing or reducing the risk of injury to the lowest reasonably practicable level by implementing the control measures identified by the risk assessment (in any action plan) e.g. providing information about the load, marking on a load its weight, performing a Patient Handling Assessment, providing easily accessible handling aids and mechanical equipment, such as special beds, hoists, sliding sheets, trolleys etc;

(iv) ensuring their staff have received suitable and sufficient information, instruction and training in order to perform their manual handling activities safely;

(v) ensuring any equipment provided for use in handling activities and lifting operations is safe and without risks to health and is maintained in good working order; and

(vi) ensuring the current details of any equipment provided for use in handling activities and lifting operations are entered on the Trust's asset register, as appropriate.

5.4 Employees

Employees are responsible for:

(i) informing their manager about any physical impairment or condition they have which may affect their ability to undertake any moving and handling activity; and

(ii) reporting immediately to their manager any hazards that may affect adversely any manual handling activities performed by either themselves, patients, service users, etc e.g. defective lifting equipment or hazardous environmental conditions.

5.5 Risk, Health and Safety Service

The Risk, Health and Safety Service is responsible, in particular, for:

(i) the provision of specialist advice on the safer moving and handling of inanimate loads;

(ii) undertaking manual handling inspections and audits, in the course of which sampling both the extent to which services are carrying out manual handling risk assessments and the quality of those risk assessment; and

(iii) providing assistance to the Occupational Health Service and managers to rehabilitate employees who have sustained an injury arising from a moving and handling activity.

5.6 Clinical Service Unit Risk, Health and Safety Advisers

The Clinical Service Unit (CSU) Risk, Health and Safety Advisers are responsible, in particular, for:

(i) providing specialist advice to their CSU staff on the safer moving and handling of inanimate and, if possible, animate loads;

(ii) undertaking manual handling inspections and audits, in the course of which sampling both the extent to which services are carrying out manual handling risk assessments and the quality of those risk assessment; and

(iii) assisting the Occupational Health Service and managers rehabilitate CSU employees who have sustained an injury arising from a moving and handling activity.

5.7 Occupational Health Service

The Occupational Health Service is responsible, in particular, for:

(i) upon request, carrying out the pre-employment assessment of the suitability of any applicant for employment with the Trust in which manual handling is an integral significant part; and

(ii) providing advice on the rehabilitation of an employee who is returning to work from an absence due to a injury sustained during a manual handling activity.

5.8 Clinical Audit

The Clinical Audit Service is responsible for auditing the existence and quality of risk assessments that have been carried out for the moving and handling of service users (see appendix 7). Such risk assessments will be incorporated in a patient's Care Plan.

5.8.1 The service will undertake inspections and audits across the Trust, in the course of which sampling both the extent to which services are carrying out patient handling risk assessments and the quality of those risk assessments.

5.9 Capital, Estates & Facilities Department

The Capital, Estates & Facilities Department is responsible, in particular, for ensuring any equipment used for handling activities or lifting operations is adequately maintained and remains safe to use.

5.10 Learning & Development Service

The Learning & Development Service is responsible for arranging the provision of specialist advice on the handling of animate loads.

6. Systems and recording

6.1 Where Recorded:
All Induction attendance for each face to face workshop is recorded on registers in the Exchange based system and into ESR

6.2 Recorded by (name/title):
Learning & Development staff

6.3 When recorded (date):
. By the end of the each face-to-face workshop. All E-learning Induction completions are reported mid-month and end of month and input into Exchange and ESR.

7. Procedures

7.1 Risk Assessment

7.1.1 A suitable and sufficient risk assessment is required when hazardous manual handling is unavoidable. The assessment should identify where the risk lies and identify an appropriate range of ideas and actions for reducing the potential for injury.

7.1.2 Therefore, as stated above, managers must identify the significant manual handling operations undertaken by their staff i.e. those manual handling activities and

operations which pose a significant risk of injury (see appendix 1 for a framework to use when deciding whether an activity poses a significant risk of injury).

7.1.3 Any significant manual handling operations should be risk assessed (by a competent person); the risk assessment should be performed using

(a) for the manual handling of inanimate loads, the form at appendix 2; and

(b) for animate loads (i.e. people), the forms at appendix 2 and 3.

7.1.4 The risk assessment will involve the following process:

(i) avoiding hazardous manual handling operations, where possible, by elimination or automation / mechanisation of the operation;

(ii) where avoidance of hazardous manual handling is not possible, carrying out a full assessment taking into account the following five factors:

T -	task		E
I -	individuals capacity / capability	or	L
L -	load		I
E -	environment		T
E -	equipment		E

and any other factors e.g. equipment, protective clothing and uniform; and

(iii) devising and implementing appropriate steps (an action plan) to reduce the risk of injury to the lowest level reasonably practicable, using an ergonomic approach. Those ergonomic measures are likely to include:

- changing the layout of the workplace;
- job rotation;
- providing equipment e.g. trolleys, hoists, etc; and
- in acute mental health, avoiding as far as reasonably practicable, the need for physical interventions.

7.1.5 The risk assessment should be reviewed either if new information comes to light, if there is a change in the manual handling operation or if a reportable injury / near miss incident has occurred.

7.2 <u>Moving and handling loads</u>

7.2.1 First, ask yourself the question: “Is it <u>really</u> necessary for me to manually handle this load?”

7.2.2 Musculo-skeletal pain can be avoided if loads are moved safely. Therefore, the lifting, lowering, pushing, pulling, carrying or supporting of a load which is likely to cause an injury should be avoided. Where possible, appropriate equipment must be used, e.g.

trolley, sack barrow, hoist etc.

7.2.3 It is not possible to give specific safe weight limits for a person, since the lifting and handling ability of individuals varies greatly, but guidelines do exist (see appendix 1).

7.3 Safer Patient Handling

7.3.1 Patient handling is a common activity in the NHS.

7.3.2 The following patient-handling principles should be observed:

(i) manual lifting of patients (i.e. taking all or most of the patient's weight) should not be undertaken but for exceptional or life-threatening situations. Where the need arises to give assistance to a patient, then a full patient handling risk assessment (see appendix 6) must be carried out. (In a life-threatening or emergency situation, the principles described in appendix 8 should be followed);

(ii) patients should be encouraged and facilitated to assist in their own transfer;

(iii) arising from a suitable and sufficient risk assessment, which will include an action plan (see 5.1, above), the appropriate handling aid/equipment (e.g. hoists, sliding aids or other specialist lifting equipment) should be made available and used to reduce the risk of injury both to staff and to the patient;

(iv) the risk assessment should be incorporated into the patient's care plan stating clearly the patient's movement abilities and needs. The care plan should include instructions on the appropriate moving and handling techniques, equipment to be used (e.g. Hoists, sliding sheets or other specialist equipment) and the number of nurses necessary to undertake the task safely. For further information on care plans, and their implementation and monitoring, you should refer to the Care Programme Approach policy, C2; and

(v) senior management should be familiar with the main issues surrounding assessments, but a specific person, (e.g. Back Care Adviser) should be appointed to co-ordinate the assessments. The co-ordinator should have received training in patient handling assessments.

7.3.3 Applying these principles allows a member of staff, who has received suitable training, instruction and information and who is using the correct equipment, to give some assistance and support to a patient when facilitating transfers from sitting to standing, walking or performing horizontal moves (see appendices 7 and 8).

7.3.4 When handling patients who either are reluctant to move or who present a serious risk of injury from potential violence, this activity can be carried out only by staff who have received adequate information, instruction and training in accordance with the Violence Reduction and Management policy and Mandatory Training policy.

7.4 Manual Handling Aids and Equipment

7.4.1 The correct equipment should be used to assist in moving and handling activities and to perform lifting operations. When selecting equipment you should consult widely and take advice, in particular, from the equipment supplier on its suitability for the manual handling activity or lifting operation.

7.4.2 The managers and supervisors of equipment users must give those users suitable and sufficient information, instruction and training on how to use the equipment safely and, by doing so, ensure they are competent to use the equipment safely. (Information, instruction and training can, usually, be obtained from the equipment supplier.)

7.4.3 That equipment must be adequately maintained, its maintenance documented in accordance with the supplier and manufacturer's instructions, to ensure it remains safe and without risks to health.

7.4.4 All services should maintain an up-to-date list of all such equipment (i.e. an asset register) for the purposes of facilitating this maintenance.

7.4.5 Any equipment associated risks should be escalated and included in the relevant workplace risk register

8. Training

8.1 All staff will receive training in moving and handling in accordance with the Trust's Mandatory Training policy, M12. In particular, they will receive

I. manual handling information during their Induction programme, which is designed to inform them of the existence of this policy and some of its contents;

II. manual handling information during their local induction; and

III. refresher training in accordance with the Trust's mandatory training matrix.

8.2 Any requests for specialist advice, and any associated training, should be made through the Learning and Development Centre (see section 4.8. above). Specialist advice can also be sought directly from appropriate national professional bodies, such as, the Royal College of Nursing (RCN).

9. Monitoring

9.1 Several performance measures will be used to monitor compliance with this policy. The key measures are:

(i) managers carrying out manual handling risk assessments when they are needed and, subsequently, reviewing the assessment where is reason to believe circumstances have changed or, in any event, annually;

(ii) the implementation of action plans arising from manual handling risk assessment;

(iii) the recording, reporting and investigation of all incidents involving manual handling; and

(iv) quarterly, managers reviewing the ward/service manual handling incidents, identifying and analysing any trends and producing appropriate action plans to minimise the risk of recurrence.

9.2 As stated in the Trust Health and Safety policy, directors will have their own arrangements in place to both monitor and ensure compliance with the requirements of the health and safety policy and any related policies, such as this safer moving and handling policy.

9.2.1 In the course of their audits and inspections, the CSU Risk, Health and Safety Advisers and the Clinical Audit Service will assess the extent to which manual handling risk assessments (for, respectively, loads and patients) are being carried out and the quality of those risk assessments. The results of those inspections and audits will be fed back to the service/ward manager concerned for them to take appropriate improvement action if, for example, assessments are not being carried out and/or their quality is poor. Also, those results are reported to the directorate senior management team, included in the periodic reports it receives on health and safety and compliance with the care programme approach policy (which deals with patient care plans), for the director and their senior management team to take, if necessary, appropriate corrective action.

10. Fraud statement

(Not applicable.)

11. Guidance

This policy should be read in conjunction with the following:

Legislation

- Health and Safety at Work etc Act 1974
- Manual handling operations Regulations 1992 SI 1992/2793
-

Guidance from other organisations

- Back in Work 2004 (DoH)
- Backs 2005 (HSE)
- The Guide to The Handling of People 6th Edition 2011 – (BackCare, RCN, NBE)

- Professional guidelines and code of practice (NMC, COT, CSP, Unison, COR, etc)
- Safer Handling of People in the Community 1999 (BackCare)
  Revitalising Healthcare 2000 (HSC)
- Manual Handling Assessments in Hospitals and the Community, 2003 (RCN Guide)
- MSIP – A Practical Guide to Resident Handling, 2004
- Leicester City NHS – Guidance for the Moving and Handling of Patients, 2010

The following publications can be downloaded free of charge from the Health & Safety Executive website (see www.hse.gov.uk):

- Handling Home care, HSG225, ISBN 9780717622283
- Manual Handling Operations Regulations 1992, as amended – Guidance on the regulations, ISBN 071762823X
- Getting to grips with manual handling
- A pain in your workplace? Ergonomic problems and solutions HSG121,HSE Books 1994 ISBN 0 7176 0668 6
- Manual handling in the health services (Third edition) HSE Books 2004ISBN 0 7176 1248 1

12. Supporting documents (trust documents)

This policy should be read in conjunction with the following Trust policies:

- Care Programme Approach, C2
- Health and Safety, H3
- Incident Reporting and Management, I8
- Risk Management strategy and policy, R1
- Violence Reduction and Management, V2
- Managing health and attendance, S8

13. Glossary of terms / acronyms

Ergonomics - the science of matching a job to a worker, based on the worker's physical abilities and psychological requirements, rather than matching the worker to the job.

Load - a discrete movable object.

(Moving)/Manual handling - the transporting or supporting of a load by human effort. It includes the lifting, putting down, pushing, pulling, carrying or moving there of by hand or bodily force.

Musculoskeletal Disorders - Musculoskeletal disorders (MSDs) are problems affecting the muscles, tendons, ligaments, nerves or other soft tissues and joints. The back, neck and upper limbs are particularly at risk.

MSD	Musculoskeletal disorders
CSU	Clinical Service Unit
NHSLA	National Health Service Litigation Authority
NHS	National Health Service
DoH	Department of Health
RCN	Royal College of Nurses

14. Appendices.

Appendix 1 - Risk Assessment filter
Appendix 2 - Manual Handling Risk Assessment (blank form)
Appendix 3 - Manual Handling typical control measures (for use with Appendix 2)
Appendix 4 - Safe Moving and Handling – Guidance on lifting without mechanical aids
Appendix 5 - Content of Manual Handling training (for inanimate and non-violent animate loads
Appendix 6 - Patient Handling Assessment
Appendix 7 - Patient Assessments
Appendix 8 - Techniques for moving and handling of patients

RISK ASSESSMENT FILTER
(to determine whether a more detailed risk assessment is required)

(Reproduced from the HSE Publication, L23: 'Manual Handling – Guidance on the Regulations')

1. Introduction

This filter's use is intended to set out an approximate boundary within which the load is unlikely to create a risk of injury sufficient to warrant a detailed assessment.

This filter is relevant to the following manual handling activities:

(a) lifting and lowering;
(b) carrying for short distances;
(c) pushing and pulling; and
(d) handling while seated.

To use the filter, you will need to refer to the relevant section below on the manual handling activity and consider the guideline figures.

After consideration of the guideline figures, you will need to carry out a more detailed assessment (see Appendix 2) if:

(a) using the filter shows the activity exceeds the guideline figures;

(b) the activities do not come within the guidelines, e.g. if lifting and lowering unavoidably takes place beyond the box zones in Figure 23;

(c) there are other considerations to take into account;

(d) the assumptions made in the filter are not applicable, for example if when carrying the load, it is not held against the body; or

(e) for each task, the assessment cannot be done quickly (say, within 10 minutes).

Some words of caution

(i) The filter is most likely to be useful if you think that the activity to be assessed is low risk - the filter should quickly and easily confirm (or deny) this. If using the filter shows the risk is within the guidelines, you do not normally have to do any other form of risk assessment unless you have individual employees who may be at significant risk; for example pregnant workers, young workers, those with a significant health problem or a recent manual handling injury. However these filter guidelines only apply when the load is easy to grasp and held in a good working environment.

(ii) The filter is likely to be useful if:

(a) there is a strong chance the work activities to be assessed involve significant risks from manual handling; or

(b) the activities are complex.

In either of these cases using the filter may not save any time or effort, so it may be better to opt immediately for the more detailed risk assessment (see Appendix 2).

(iii) The use of the filter will only be worthwhile if it is possible to quickly (say within ten minutes) assess whether the guidelines in it are exceeded.

Application of the guidelines will provide a reasonable level of protection to around 95% of working men and women. However, the guidelines should not be regarded as safe weight limits for lifting. There is no threshold below which manual handling operations may be regarded as 'safe'. Even operations lying within the boundary mapped out by the guidelines should be avoided or made less demanding wherever it is reasonably practicable to do so.

2. Lifting and Lowering

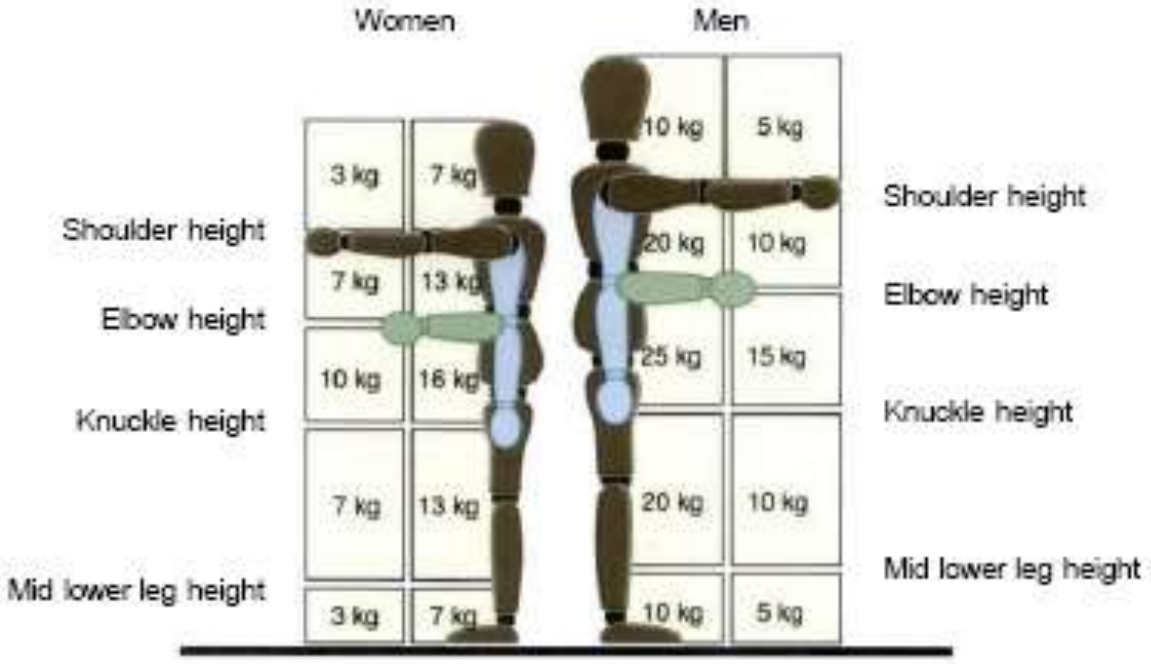


Figure 1 – Lifting and lowering

Observe the ‘Lifting and Lowering’ work activity being assessed and compare it to the diagram. First, decide which box or boxes the lifter's hands pass through when moving the

load. Then assess the maximum weight being handled. If it is less than the figure given in the box, the operation is within the guidelines.

If the lifter's hands enter more than one box during the operation, then the smallest weight figure applies. An intermediate weight can be chosen if the hands are close to a boundary between boxes.

The guideline figures for lifting and lowering assume:

(a) the load is easy to grasp with both hands;
(b) the operation takes place in reasonable working conditions; and
(c) the handler is in a stable body position.

If these assumptions are not valid, it will be necessary to make a full assessment as in Appendix 2.

The basic guideline figures for lifting and lowering in Figure 1, above, are for relatively infrequent operations - up to approximately 30 operations per hour or one lift every two minutes. The guideline figures will have to be reduced if the operation is repeated more often.

As a rough guide:

Where operations are repeated	**Figures should be reduced by**
Once or twice per minute	30%
Five to eight times per minute	50%
More than 12 times per minute	80%

Table 1 – Reduction factors for repeated operations (i.e. repeated either more that 30 times per hour or more than one lift every 2 minutes

Even if the above conditions are satisfied, a more detailed risk assessment should be made where:

(a) the worker does not control the pace of work;

(b) pauses for rest are inadequate or there is no change of activity which provides an opportunity to use different muscles; or

(c) the handler must support the load for any length of time.

3. Twisting

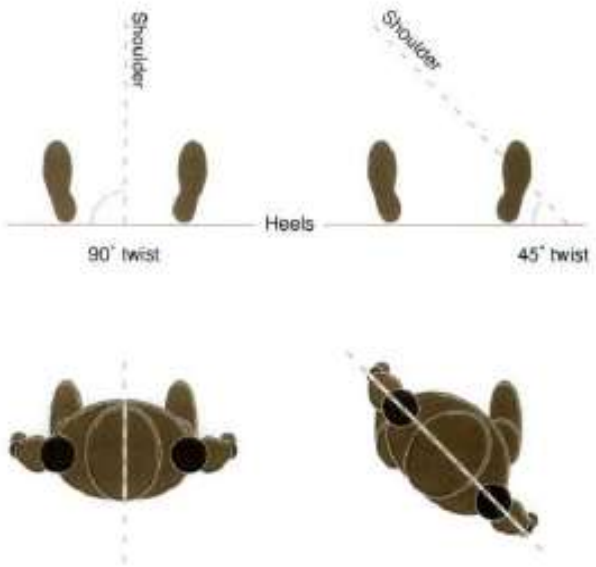


Figure 2 – Assessing twist

In many cases manual handling operations will involve some twisting, ie moving the upper body while keeping the feet static (see Figure 2, above).

The combination of twisting and lifting and twisting, stooping and lifting are particularly stressful on the back. Therefore, where the handling involves twisting and turning then a detailed assessment should normally be made.

However, if the operation is:

(a) relatively infrequent (up to approximately 30 operations per hour or one lift every two minutes); and

(b) there are no other posture problems,

then the guideline figures in Figure 1, above, can still be used, but with a suitable reduction according to the amount the handler twists to the side during the operation. As a rough guide:

If handler twists through (from front)	**Guideline figures (see Figure 1) should be reduced by**
45^0	10%
90^0	20%

Table 2 – Reduction factors for twisting and turning

Where the handling involves turning, ie moving in another direction as the lift is in progress and twisting, then a detailed assessment should normally be made.

4. Guidelines for carrying

The same guideline figures, above, used for lifting and lowering (see Figure 1, above) can be applied to carrying operations where the load is:

(a) held against the body; and

(b) carried no further than about 10 m without resting.

Where the load can be carried securely on the shoulder without first having to be lifted (as, for example when unloading sacks from a lorry) the guideline figures can be applied to carrying distances in excess of 10 m.

A more detailed assessment should be made for all carrying operations if:

(a) the load is carried over a longer distance without resting; or

(b) the hands are below knuckle height or above elbow height (due to static loading on arm muscles).

5. Guidelines for pushing and pulling

For pushing and pulling operations (whether the load is slid, rolled or supported on wheels) the guideline figures in the table below (see Table 3) assume the force is applied with the hands, between knuckle and shoulder height. It is also assumed that the distance involved is no more than about 20 m. If these assumptions are not met, a more detailed risk assessment is required.

Load weight v Gender	Men	Women
Guideline for stopping or starting a load	20kg	15kg
Guideline for keeping the load in motion	10kg	7kg

Table 3 – Guideline figures for pushing and pulling a load

As a rough guide the amount of force that needs to be applied to move a load over a flat, level surface using a well-maintained handling aid is at least 2% of the load weight. For example, if the load weight is 400 kg, then the force needed to move the load is 8 kg. The force needed will be larger, perhaps a lot larger, if conditions are not perfect (e.g. wheels not in the right position or a device that is poorly maintained).

Moving an object over soft or uneven surfaces also requires higher forces. On an uneven surface, the force needed to start the load moving could increase to 10% of the load weight, although this might be offset to some extent by using larger wheels. Pushing and pulling

forces will also be increased if workers have to negotiate a slope or ramp (see paragraph 164 in the main document).

Even where the guideline figures in table 3, above, are met, a detailed risk assessment will be necessary if risk factors such as uneven floors, confined spaces, or trapping hazards are present.

There is no specific maximum distance over which the load can be pushed or pulled as long as there are adequate opportunities for rest or recovery. If you are unsure, then carry out a detailed risk assessment.

6. Guidelines for handling while seated

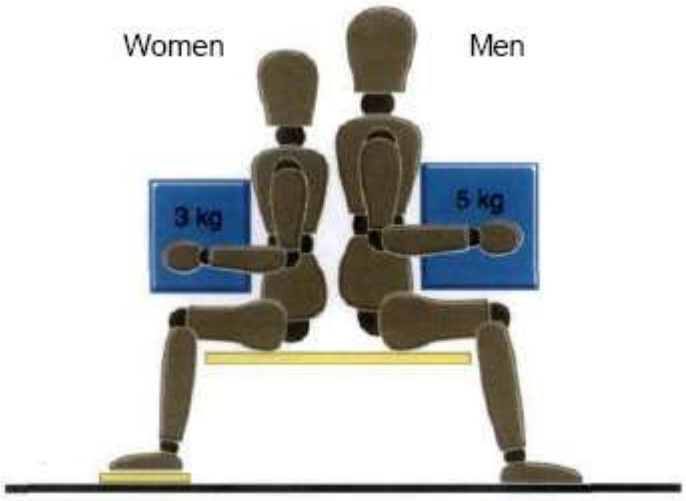


Figure 3 Handling while seated

The basic guideline figures for handling operations carried out whilst seated are shown above in Figure 3 and in the table below:

Men	Women
5kg	3kg

Table 4 – Guideline figures for handling whilst seated

These guidelines apply only when the hands are within the box zone indicated. If handling beyond the box zone is unavoidable, a more detailed assessment should be made.

6. Number of lifters versus their Combined Capacities

The table below provides guideline figures on the combined lifting capacity of several people. If there is any doubt about the combined capacity, a more detailed assessment should be made.

	1 person	2 people	3 people
Men	**25kg (55lbs)**	**33.3kg (73lbs)**	**37.5kg (82lbs)**
Women	**16kg (35lbs)**	**21.3kg (47lbs)**	**24kg (53lbs)**

Table 5 – Guideline figures for combined lifting capacities of 2 to 3 people

7. Recording findings and reaching a decision

Table 5, below, can be used to record the results of your use of the filter.

For each task, use the filter to assess each of the activities involved (some tasks may only involve one activity, e.g. lifting and lowering, while others may involve several).

Identify whether each activity being performed comes within the guidelines and if there are other considerations to take into account (it may be helpful to make a note of these). Then make a final judgement of whether the task needs a full risk assessment.

Remember you should be able to apply the guidelines and make a judgement quickly; if not, then a full risk assessment will be required (see Appendix 2).

Task……..			
Activity	For each activity, does the task fall outside the guidelines? Y/N?	Are there any other considerations which indicate a problem? Y/N? (Indicate what the problem is, if possible)	Is a more detailed assessment required? Y/N?
Lifting and lowering			
Carrying			
Pushing and pulling			
Handling whilst seated			

Table 5 – Record of Application of guidelines

Appendix 2

Manual Handling Risk Assessment		
Premise details		
Name of assessor:		**Date of assessment**
Identified Manual Handling Tasks		
Tasks	**Who might be harmed**	**Significant risk of injury? (yes/no)**
1. e.g. lifting parcels weighing more than 10 kgs	e.g. porters	Yes
2. e.g. moving office furniture	e.g. porters	Yes
3. etc	etc	
4.		
5.		
6.		

Does the TASK involve:	Task	No?	YES? (If, yes, what's the risk of injury?) If High or Medium, additional control measures are needed			Control measures to be implemented	Date to be completed	To be completed by:
			High	Medium	Low			
1. Holding the load away from the trunk?	1							
	2							
	3							
	4							
	5							
	6							
2. Twisting, stopping?	1							
	2							
	3							
	4							
	5							
	6							
3. Lifting or reaching above shoulder level?	1							
	2							
	3							
	4							
	5							
	6							
4. Carrying long distances?	1							
	2							
	3							
	4							
	5							
	6							
5. Strenuous pushing or pulling?	1							
	2							
	3							
	4							
	5							
	6							

Does the TASK involve:	Task	NO	YES? (If, yes, what's the risk of injury?) If High or Medium, additional control measures are needed			Control measures to be implemented	Date to be completed	To be completed by:
			High	Medium	Low			
6. Unpredictable movements?	1							
	2							
	3							
	4							
	5							
	6							
7. Repetitive handling?	1							
	2							
	3							
	4							
	5							
	6							
8. Insufficient recovery time?	1							
	2							
	3							
	4							
	5							
	6							
9. Work rate imposed by process?	1							
	2							
	3							
	4							
	5							
	6							
10. Handling whilst seated?	1							
	2							
	3							
	4							
	5							
	6							

Is the LOAD:	Task	NO	YES? (If, yes, what's the risk of injury?) If High or Medium, additional control measures are needed			Control measures to be implemented	Date to be completed	To be completed by:
			High	Medium	Low			
11. Heavy?	1							
	2							
	3							
	4							
	5							
	6							
12. Bulky/unweildy?	1							
	2							
	3							
	4							
	5							
	6							
13. Difficult to grasp?	1							
	2							
	3							
	4							
	5							
	6							
14. Unstable or/and unpredictable?	1							
	2							
	3							
	4							
	5							
	6							
15. Sharp or otherwise potentially damaging?	1							
	2							
	3							
	4							
	5							
	6							

Does the LOAD have or Is the LOAD:	Task	NO	YES? (If, yes, what's the risk of injury?) If High or Medium, additional control measures are needed			Control measures to be implemented	Date to be completed	To be completed by:
			High	Medium	Low			
16. Slippery surfaces eg fluid presence?	1							
	2							
	3							
	4							
	5							
	6							
Does the ENVIRONMENT have	**Task**	**NO**	**YES? (If, yes, what's the risk of injury?) If High or Medium, additional control measures are needed**			**Control measures to be implemented**	**Date to be completed**	**To be completed by:**
			High	**Medium**	**Low**			
17. Variation in floor level or work surfaces?	1							
	2							
	3							
	4							
	5							
	6							
18. Hot/humid conditions?	1							
	2							
	3							
	4							
	5							
	6							
19. Strong air movements?	1							
	2							
	3							
	4							
	5							
	6							

Does the ENVIRONMENT have	Task	NO	YES? (If, yes, what's the risk of injury?) If High or Medium, additional control measures are needed			Control measures to be implemented	Date to be completed	To be completed by:
			High	Medium	Low			
20. Constraints on posture?	1							
	2							
	3							
	4							
	5							
	6							
21. Poor lighting?	1							
	2							
	3							
	4							
	5							
	6							
Will the INDIVIDUAL require	**Task**	**NO**	**YES? (If, yes, what's the risk of injury?) If High or Medium, additional control measures are needed**			**Control measures to be implemented**	**Date to be completed**	**To be completed by:**
			High	**Medium**	**Low**			
22. Unusual strength?	1							
	2							
	3							
	4							
	5							
	6							
23. Special training/information?	1							
	2							
	3							
	4							
	5							
	6							

Will the INDIVIDUALS	Task	NO	YES? (If, yes, what's the risk of injury?) If High or Medium, additional control measures are needed			Control measures to be implemented	Date to be completed	To be completed by:
			High	Medium	Low			
24. Clothing create a hazard?	1							
	2							
	3							
	4							
	5							
	6							
25. Personal protective clothing creates a hazard?	1							
	2							
	3							
	4							
	5							
	6							
26. Be aware of the emergency procedures?	1							
	2							
	3							
	4							
	5							
	6							
Vulnerable Users - is the user a (or) does the user have:	**Task**	**NO**	**YES? (If, yes, what's the risk of injury?) If High or Medium, additional control measures are needed**			**Control measures to be implemented**	**Date to be completed**	**To be completed by:**
			High	**Medium**	**Low**			
27. Young persons (18 years and under)?	1							
	2							
	3							
	4							
	5							
	6							

Vulnerable Users - is the user a (or) does the user have:	Task	NO	YES? (If, yes, what's the risk of injury?) If High or Medium, additional control measures are needed			Control measures to be implemented	Date to be completed	To be completed by:
			High	Medium	Low			
28. Pregnant?	1							
	2							
	3							
	4							
	5							
	6							
29. Health problems?	1							
	2							
	3							
	4							
	5							
	6							
30. An injury?	1							
	2							
	3							
	4							
	5							
	6							
31. Disabled?	1							
	2							
	3							
	4							
	5							
	6							
32. Other hazards (please state)?	1							
	2							
	3							
	4							
	5							
	6							

Date all action points are to be implemented by	Person responsible for monitoring implementation and progress of action points	Name and signature of manager confirming all control measures have been implemented	Date that risk assessment should be reviewed

Manual Handling typical control measures

Does the TASK involve:	Control measures to be implemented
1. Holding the load away from the trunk?	Provide mechanical assistance
	Reduce the weight of the load, the frequency and the distance of the task
	Hold the load closer to the body
	Any other suitable control measure (please state)
2. Twisting, stopping?	Provide mechanical assistance
	The maximum weight limitation must be reduced by 10% where the handler twists through 45 degrees or by 20% where twisting through 90degrees
	Reduce weight of load, frequency of the load
3. Lifting or reaching above shoulder level?	Relocate items. Relocate heavier items where it's possible to lift from waist height.
	Ensure weights do not reach over 7kg for a woman and 10kg for a man at shoulder height
	If handler holds loads at a distance from the body at shoulder height the weight should not exceed3 kg for a woman and 5kg for a man
4. Carrying long distances?	Mechanical assistance provided
	Ensure route is clear of obstructions
	Ensure handler can rest every 10 metres if needed
	Reduce weight of load, frequency of task
5. Strenuous pushing or pulling?	Mechanical assistance provided
	Ensure the force of having to stop or start a load does not exceed 16kg for women or 25kg for men
	Ensure the force of keeping the load in motion does not exceed 7kg for women or 10kg for men. A spring loaded weight can be used to assess this.

Does the TASK involve:	Control measures to be implemented
6. Unpredictable movements?	Secure the load
	Reduce the weight of load, frequency of task
	Stabilise the centre of gravity to avoid top-heavy loads
	Fill containers properly with fluid rather than half filled
7. Repetitive handling?	Reduce the frequency of the task, weight of load etc
	Job rotation
	Limit repetitiveness
	Regular breaks from the activity
8. Insufficient recovery time?	Ensure rest is relative to the intensity of the work.
	Provide suitable rest facilities
	Programme rests into the work schedule
9. Work rate imposed by process?	Give individuals control of start/stop process
	Rest time
	Breaks to complete other tasks to reduce fatigue
10. Handling whilst seated?	Avoid lifts from floor level
	Swivel action seats that are secured on floor that can be adjusted to suit height of task
	Ensure loads do not weigh over 3kg for a women and 5kg for a man

Is the LOAD:	Control measures to be implemented
11. Heavy?	Ensure loads do not weigh over 16kg for women and 25kg for men at knuckle height
	Ensure loads do not weigh over 10kg for women and 15kg for men at elbow height
	Maximum weight limitations will be needed to be reduced by 30% where operation is repeated once/twice a minute or by 50% where operation is repeated five to eight times a minute and by 80% for operations repeated more than twelve times a minute.
12. Bulky/unweildy?	Repackage item (consider possible use of handles)
	Divide load into more manageable pieces
	Consider team handling
13. Difficult to grasp?	Same controls as above
14. Unstable or/and unpredictable?	Move in a safe environment (good conditions – not snowy, windy etc)
	Use slings or other aids for more effective control
	Ensure containers holding liquids are well filled to minimise liquid movement
	Secure loads more effectively eg to more stable brackets
	Provide personal protective clothing
15. Sharp or otherwise potentially damaging?	Contain/package the load to avoid direct contact
	Provide appropriate guarding around the load to prevent sharp injuries.
	Heavy duty gloves or other appropriate gloves may be needed.

Does the LOAD have or Is the LOAD:	Control measures to be implemented
16. Slippery surfaces eg fluid presence?	Competent drainage system
	Use of slip-resistant surfacing
	Robust system for cleaning of spillages
	Appropriate footwear to be worn
Does the ENVIRONMENT have	**Control measures to be implemented**
17. Variation in floor level or work surfaces?	Task to be carried out on single level
	Use mechanical assistance to move load between levels
	Gentle slopes provided between two levels
	Work from ladders is avoided, where possible.
	Suitable footwear provided
18. Hot/humid conditions?	Relocate work to better conditions
	Use of PPE (gloves, hats etc)
	Use of fans/heaters to control environment
	Use thermometers to monitor temperatures
19. Strong air movements?	Steady/secure bulky and unwieldy loads
	Use of different route
	Control of air movements

Does the ENVIRONMENT have	Control measures to be implemented
20. Constraints on posture?	Move obstructions before handling
	Use a different route where there are no constraints
	Re-arrange gangways and other working areas so adequate space can be given
	Ensure sufficient clear floor space and headroom
21. Poor lighting?	Introduce more natural light
	Provide artificial light
	Provide emergency lighting
Will the INDIVIDUAL require	**Control measures to be implemented**
22. Unusual strength?	Identify those who are susceptible and reduce the need to use extra strength when conducting the activity
	Use mechanical assistance
	Make these tasks one off short duration jobs for those that are capable of handling the load
	Make the load lighter, reduce frequency etc
23. Special training/information?	Provide manual handling training
	Provide training on use of equipment
	Monitor handlers technique
	Repeat training at suitable intervals
	Mark load with weight and any other relevant information

Will the INDIVIDUALS	Control measures to be implemented
24. Clothing create a hazard?	Provide suitable clothing
	Provide clothing that does not prevent dexterity or inhibit free movement
	Conceal fasteners, pockets or any other features on which loads may snag
25. Personal protective clothing creates a hazard?	Provide suitable PPE for the task eg PPE that neither restricts movement nor had features
	Store and maintain properly.
26. Be aware of the emergency procedures?	Ensure adequate emergency procedures exist
	Review documentation at suitable intervals
	Provide appropriate signage to convey message
	Provide appropriate staff training
Vulnerable Users - is the user a (or) does the user have:	**Control measures to be implemented**
27. Young persons (18 years and under)?	No child (young workers under school leaving age) shall be employed to do this work
	Young persons not to carry out any significant tasks unless it's part of their training, they are supervised by a competent person and the risk has been reduced to a reasonable level
	Provide suitable training
	Parents/guardians to be informed of the risks
	Provide specific required equipment

Vulnerable Users - is the user a (or) does the user have:	Control measures to be implemented
28. Pregnant?	Keep records from worker's doctors of pregnancy
	Have on-going discussions with the worker about their limitations and abilities throughout pregnancy
	Adapt the task to avoid standing for long periods at a time.
	Review task in the last three months of pregnancy, gradually removing the need for manual handling
	Liaise with the Occupational Health Service or the worker's doctor if more information is required
29. Health problems?	Monitor health problems, assessing their impact on the worker's ability to perform manual handling.
	Consult the Occupational Health Unit
	Discuss the limitations and abilities of the worker with the person in question
	Stop the worker from completing the task
	Adapt the task to suit the needs of the handler
	Monitor the ability of the worker
	Provide more mechanical assistance
30. An injury?	Same controls as above
31. Disabled?	Consult with the individual in question about limitations and abilities of the worker
	Adapt the task to suit the needs of the individual so they are not disadvantaged more so than able bodied people
	Consultation with the Occupational Health Service
32. Other hazards (please state)?	
Date all action points are to be implemented by	Name and signature of manager confirming all control measures have been implemented

Safe Moving and Handling - Guidance on lifting without mechanical aids

First, always ask yourself the question: "Is it really necessary for me to manually handle this load?"

Musculo-skeletal pain can be avoided if loads are moved safely. Therefore, the lifting, lowering, pushing, pulling, carrying or supporting of a load which is likely to cause an injury should be avoided. Where possible, appropriate equipment must be used, e.g. trolley, sack barrow, hoist etc.

It is not possible to give specific safe weight limits for a person, since the lifting and handling ability of individuals varies greatly, but guidelines do exist (see appendix 1).

Before attempting to handle a significant load manually, you must have carried out a manual handling assessment and implemented the findings:

Only if it is safe to do so, should you attempt to handle the load manually, without aids.

Prepare the area and the load, as usual (see appendix 1); then prepare yourself:

- Remove rings and watches prior to commencing any manual handling.
- Ensure gloves are worn when handling sharp or slippery objects.
- Keep your feet apart with one foot slightly in front of the other to provide better balance.
- If the load is on the floor, place your feet on either side of the load, bend your knees and keep your back naturally erect (i.e. spine-in-line).
- Grip the load with the whole of both hands, ensuring you have a secure hold.

Then, carry out the move:

- Hold the load as close to your body as possible - bend your arms and keep them near to your body.
- Only move the load when you are ready and have control.
- Head to start the movement - Look straight ahead.
- Straighten your knees as you lift, thereby using your leg muscles to aid the lift.
- Keep your back naturally erect (spine-in-line).
- Rest the load on a firm object if it is necessary to change your grip whilst carrying the load.

When lifting or moving a load with another person:

- Where possible, choose someone of similar height and weight to yourself.
- Make sure they understand what is going to happen and what is expected of them.
- Identify who will lead the move.
- Agree in advance and subsequently use clear commands using 'ready', 'steady', followed by a word describing what you are about to do e.g. "ready, steady, lift"; "ready, steady, push" etc.

See appendix 1, for weight guidelines for Multiple Person Lift

In summary,

1. Keep close to the load
2. Relax knees
3. Offset feet
4. Avoid stooping
5. Use an open palm hold
6. Lead with the head
7. Move feet
8. Avoid twisting
9. Vary positions frequently

Under no circumstances should staff use the following (high risk, unsafe) patient handling techniques

- DRAG LIFT (underarm drag lift) - a nurse places a hand or an arm under the patient's axilla.
- ORTHODOX LIFT - two nurses stand either side of the bed and lift a patient on their clasped wrists under the patient's back and thighs.
- LIFTING WITH THE PATIENTS ARMS AROUND THE NURSES NECK
- FRONT TRANSFERS WITH A NURSE - nurse in front of the patient when lifting a patient from sitting to standing [Pivot Transfer, Bear hug, Elbow lift].
- TWO SLING LIFT
- AUSTRALIAN LIFT (SHOULDER LIFT)
- THROUGH ARM / COMBINED LIFT
- MOVING A PATIENT ACROSS THE BED BY LIFTING
- LIFTING A PERSON FROM THE FLOOR
- LIFTING A PERSON INTO / OUT OF BATH

Appendix 5

Content of manual handling training (for inanimate and non-violent animate loads)

The Manual Handling Training will include information on the following, as appropriate:

- Spinal mechanics and function
- Importance of back care and posture, risk factors of back pain
- Current relevant legislation and professional guidelines where relevant.
- Assessment of risks:
    - Tasks (including unexpected);
    - Loads (both inanimate and human);
    - Environment and importance of good housekeeping
    - The limits of individual capacity (their own and that of others)
    - Equipment
- Local policies
- Importance of ergonomic approach
- Principles of normal human movement and promotion of client independence (where relevant)
- Safe management of inanimate loads
- Handling strategies for clients with impaired mobility (where relevant)
- Dealing with unpredictable occurrences
- Use of equipment
- Problem solving

NB The content of training for staff who deal with clients/patients who themselves pose a serious risk of injury arising from potential or actual violence physical aggression can be found in the Violence Reduction and Management policy, V2.

Appendix 6

PATIENT HANDLING ASSESSMENT

Name: _____ Ward / Dept: _____ Age: _____

Gender:__M/F_____Weight:_____ Height, (approx): _____

Have you identified a handling risk/need? YES / NO
e.g. the patient has temporary or permanent mobility problems

If no, please sign and date the form below and no further action is required. If yes, then please complete both the form below and the one overleaf

Assessment stage	Initial	1st Review	2nd Review	Comments e.g. is special eqpt required?
Reason for review				
Is there a behavioural pattern that may affect the handling?	Yes/no (delete one)	Yes/no (delete one)	Yes/no (delete one)	
Is the patient **able / willing to cooperate**?	Yes/no	Yes/no	Yes/no	
Can the patient **understand** simple instructions / **communicate**?	Yes/no	Yes/no	Yes/no	
Can the Patient **maintain a sitting position?**	Yes/no	Yes/no	Yes/no	
Is the Patient **able to weight bear during transfers / stand / walking?**	Yes/no	Yes/no	Yes/no	
Can the patient **independently Turn in bed**? Move **up the bed**? Get **in/out of bed**? Get **in/out of chair** / **toilet / commode**? Get **in/out of bath/shower**? (see overleaf)	Yes/no Yes/no Yes/no Yes/no Yes/no	Yes/no Yes/no Yes/no Yes/no Yes/no	Yes/no Yes/no Yes/no Yes/no Yes/no	
Is the patient able to **use both upper limbs to push/pull / grip** with both hands? (If using only one, specify which side)	Yes/no	Yes/no	Yes/no	
Any **history of dizziness or falls**?	Yes/no	Yes/no	Yes/no	
Any handling constraints e.g. pain, skin condition, sensory impairments, etc. (please specify in the comments box)?	Yes/no	Yes/no	Yes/no	

Handling assessment completed by:

Initial review	**Name**	**Signature**	**Job Title**	**Date**
1st review	**Name**	**Signature**	**Job Title**	**Date**
2nd review	**Name**	**Signature**	**Job Title**	**Date**

PATIENT HANDLING (CARE TASKS) PLAN / PROFILE

Patient's Name: _____

Assessment stage		**Initial**	**1st Review**	**2nd Review**
Reason for review				
Care task	**No of staff required**	Insert the method and/or equipment to be used ***(If a hoist is used, enter the sling size & measurement below*)***	Insert the method and/or equipment to be used	Insert the method and/or equipment to be used
Movement in Bed				
Into or out of bed *Sitting up in bed* *Moving up the bed*				
Turning in bed				
For Changing / Washing / Repositioning				
Sitting to standing				
Chair to chair / commode				
Toileting				
Washing / Bathing				
Mobilising / Walking				
Emergency evacuation				
**If a sling hoist is to be used, enter here measurements of* *(i) for Liko Slings: hip to hip,* *(ii) for Arjo slings: coccyx to top of head.*				

Handling plan completed by

Initial review	**Name**	**Signature**	**Job title**	**Date:**
1st review	**Name**	**Signature**	**Job title**	**Date:**
2nd review	**Name**	**Signature**	**Job title**	**Date:**

Appendix 7

PATIENT ASSESSMENTS (suggested equipment)

Where necessary, risk assessments should be carried out to facilitate the safer moving of the patient using the following manoeuvres described below. Including where appropriate the use of relevant handling aids, ensuring the health and safety of both staff and patient.

Maneouvre	Suggested equipment
1. Sitting, Standing and Walking - Moving patient forward/backwards in a chair - Sitting to standing from a chair - Standing to sitting in a chair - Sitting to standing from edge of bed - Standing to sitting on edge of bed - Assisted walking - The falling patient - Raising the fallen patient	- Slide sheets, (including one-way glide sheets) - Handling sling - Handling belt
2. Bed Mobility - Turning in bed - Getting in and out of bed - 30 degree tilt - 180 degree turn - Fitting and removing slide sheets - Sliding the supine patient up/down the bed - Sliding the seated patient up/down the bed - Sitting a patient from lying - Sitting a patient up and onto edge of bed - Correct posture whilst feeding patient - Correct posture whilst examining/treating a patient	- Flat and/or tubular slide sheets - Handling sling - Turntable - Bed ladder - Hand blocks - Leg raiser
3. Lateral Transfers - Lateral supine transfer from bed to trolley/trolley to bed - Standing transfer from bed to chair/chair to bed - Seated transfer from bed to chair/chair to bed - Transfer from chair to chair/commode - Transferring to toilet with minimal assistance - Transferring to toilet using commode	- Lateral transfer board (full length) - Straight and curved transfer boards - Glide sheets - Turntable - Handling belt - Stand and turn disc

4. Hoisting - Fitting a sling with patient in bed - Fitting a sling in bed using glide sheet - Fitting a sling with patient in chair - Fitting a sling in chair with glide sheets - Hoisting from bed to chair - Hoisting from chair to bed - Hoisting patient from floor - Use of stand-aid hoist - Transferring to toilet using stand-aid hoist - Transferring to toilet using sling-lifting hoist	- Sling lifting hoist, (capable of lifting from the floor) - Stand-aid hoist - Slings, (various sizes)

Appendix 8

TECHNIQUES FOR MOVING AND HANDLING OF PATIENTS

1.0 Commands Used When Moving and Handling Loads

The command to be used when manoeuvring a patient is:"**Ready, Steady** (where the word "**Go**" is used in this procedure, the operator should use an action word e.g. sit, roll, slide).Using an action word helps the patient understand and also avoids any confusion.

1.1 Procedures for Seated Patients

1.1.1 Sitting Back In a Chair
Ensure the patient is sitting in the correct size of chair. The patient should be able to have their bottom at the back of the seat and still be able to have their feet flat on the floor, with their knees at hip height. If this is not possible; i.e. for very short patients, the patient should be given a footrest to rest their feet on.

1.1.2 Consider ways to prevent slipping:
- One-way slide sheet.
- Where appropriate, use a moulded or angled chair.

1.1.3 Ways to sit back in the chair.
- Encourage the patient to move themselves back in the chair.
- The patient stands and steps back before sitting down.
- The patient stands up, the carer pushes the chair (if the chair is easily moveable) to the back of the patients legs, or the carer/carers stand the patient and a third carer pushes the chair to the back of the patients legs.
- If the patient is unable to move themselves, staff should reposition them using a standard or hoist.

1.2 Cardiac Arrest in a Chair

IF A PATIENT HAS A CARDIAC ARREST WHILST SITTING IN A CHAIR, DO NOT ATTEMPT TO LIFT THE PATIENT BACK INTO BED.

Call for assistance - a minimum of two carers are required.

SLIDE THE PATIENT ONTO THE FLOOR.

Any manoeuvre involving a patient who has arrested is a high risk one.
- Two carers kneel in front of the patient.
- The carers place their outside hands behind the patient's bottom at the level of the seat cushion. Using their inside hands, they take hold of the patients legs, securing a hold at the back of the calves behind the patients knees.

From this position, the carers perform a backwards weight transfer manoeuvre: on the

command ‘GO,' they sit back from a high kneeling position onto their heels, keeping their outside arms as straight as possible and maintaining a good posture .

This manoeuvre will slide the patient forwards, their bottom moving clear of the chair cushion. The two carers can now release the patient; the momentum caused by the manoeuvre, combined with gravity and the patients weight will cause the patient to slide out of the chair and onto the floor.

To protect the patients head, a third carer places a pillow behind the patient’s head as the patient is sliding out. The pillow may be kept in place by the two kneeling carers until the patient is on the floor. The patient is now in a position to be resuscitated. This manoeuvre can be made a little easier if the carers initially ‘sweep’ the patient’s feet forwards. This can be done by standing either side of the patient and placing a foot behind the patient’s ankles. On the command ‘GO,’ the carers ‘sweep’ the patient’s feet forwards, which will move the patients bottom forward in the chair and so make the full move that much easier.

1.3 Sitting to Standing

A patient should be assessed for their ability to stand with or without assistance, and an appropriate height chair should be provided. Where appropriate, the patients walking aid should be placed within easy reach of the operator.

To encourage independent standing, ask the patient to:
- Move their bottom forward in the chair.
- Place their feet apart, one foot slightly in front of the other.
- Place their hands on the arms of the chair.
- Ask the patient to look forward.
- Ask the patient to lean forward so that their head is over their toes.
- A rocking motion at this stage may help some patients; rocking forwards in time with the commands "Ready, Steady... ...."
- The patient is instructed to push with their hands and stand up on the command ‘Stand'.
- If the patient uses a walking aid, the carer gives it to them after the patient has stood up.

1.3.1 Where assistance is required:
- The carer should stand on one side of the patient, facing the patient side on.
- The carer adopts a wide base, placing one foot level with the patients feet
- The carer places one arm around the patient’s waist or the flat of their hand in the small of the patients back, and the other hand resting on the patients shoulder. To do this, the carer must bend their knees **not** their back _ The same procedure as above can then be followed: On the command ‘GO' the carer performs a sideways weight transfer manoeuvre from leg to leg in the direction of the move, their body weight going through the patient via their forearm thus assisting the patient to stand.
- Alternatively, the carer stands close to the side of the patient, facing the same way as the patient. The carer places their outside foot level with the patient’s feet and the other comfortably behind, adopting a wide base.
- Placing their hands on the patient as above, on the command `GO' the carer performs a forward weight transfer manoeuvre from leg to leg assisting the patient to stand. If two carers are required, one stands on each side of the patient and proceeds as above.

- Where a handling belt is assessed as appropriate, the same procedure can be followed holding onto the handles of the belt instead of holding the patient directly. The carers must not use the handling belt to lift patients.
- If the patient is not able to raise his bottom off the chair, then a standing aid or hoist must be used.
- A patient must not be supported in standing if they are unable to take any weight through their legs.

1.4 Bed to Chair, Chair to Commode, Toilet to Wheelchair

It is essential that an assessment of the patient's own capabilities is carried out and recorded on the individual patient Moving and Handling Risk Assessment form (see Appendix 6). This should be amended as the patient's condition changes. From this assessment, the correct transfer technique and the most appropriate equipment is used.

1.5 Patients who can stand but have difficulty turning or taking steps

There are three methods that may be considered depending on the assessment of the patient:
1. Patients who use a transfer board should be assessed by a therapist. Place the chair at 60° to the bed. Place one end of a transfer board under the patient's thigh nearest the chair, and the other end position onto the chair. The patient should reach across to the far arm of the chair, and slide their bottom along the board until safely positioned in the chair. These patients should have good sitting balance and upper body strength.
2. A turntable may be used for patients who can stand and have a good balance but are unable to take steps.
3. Stand Aid or Hoist.

1.6 Patients who are unable to weight bear

These patients must not be moved manually. There are only two methods to be considered:
- The use of a hoist / stand-aid.
- The use of a transfer board if assessed as safe to do so.

1.7 Toileting a patient

It is a very high risk activity to support a patient whilst attempting to attend to their hygiene and/or rearranging their clothing.

Carers must not 'hold' a patient up whilst performing this activity. To reduce the risk:

- Always refer to the patient's Moving and Handling Risk Assessment.
- If assessed as necessary, two carers may be required, one to assist the patient to stand, and another to attend to the patients hygiene and rearrange their clothing.
- Make appropriate use of available aids to assist the patient to safely stand e.g. toilet rails, zimmer frame, stick.
- Where a patient is unable to stand safely, use a stand-aid or a hoist.

2.0 Procedure for Walking with a Patient

- The patient's ability to walk must be assessed.
- The patient must be able to weight bear bilaterally and take steps without manual assistance.
- The patient may wear a transfer belt and use an appropriate aid where necessary e.g. walking frame, stick.
- If using a handling belt, hold one handle on the side of the patient. If using a hand hold for reassurance, the patients arm/s should be straight, hand pressing down on to the carers flattened hand. Thumbs should not be interlocked, this enables carers to release their grip quickly and safely if the patient should fall.
- Face the direction you are going and ensure a clear path.

Do not attempt to hold a patient up if they begin to fall.

3.0 Procedures for the Manual Handling of Falling / Fallen Patients

The patient should be risk assessed and recommendations / guidance for carers should be followed. If a patient does fall, there is a significant risk of injury to the carer. If the patient becomes unsteady and is close to a chair / bed, then the carer should guide them into the chair or onto the bed. The carer should not 'lower' the patient as this will involve taking their weight. If the patient is in close physical contact at the moment of collapse the following steps are recommended:

- Release your hold on the patient.
- Do not attempt to hold the patient up.
- When the patient is on the floor the carer can then put them into the recovery position; check for injury, summon help etc. If the patient is out of the carers reach, it is unrealistic to try to rush to rescue them. The carer will not be close enough to get into position in time.

In this situation, there is no safe way of dealing with a falling patient, other than to allow them to fall. Where possible, carers should endeavour to remove items of furniture etc that may harm the patients fall.

In the early stages of walking with a patient or if the risk assessment indicates a patient has a history of falls, two or three carers should walk with the patient, one of them following the patient pushing a wheelchair.

4.0 Procedure for Getting a Patient off the Floor

Always use a hoist if the patient is unable to get up independently by:

- Assess the patient for any injuries and get medical assistance where necessary.
- Ascertain whether the patient can get off the floor independently and/or with verbal guidance. Do not offer the patient any physical assistance – the patient may grab hold of the carer's hand/arm/shoulder/neck and cause an injury.
- If the patient is unable to get off the floor, make them comfortable with pillows and blankets.
- When the patient is able to be moved safely, clear the area.

- If necessary, slide the patient into a space that allows for easier access for the hoist. A minimum of three carers will be required to perform this task.
- Place a pillow under the patient's head, and an evacuation sheet, blanket or bed sheet under the patient's body by rolling using the standard procedure (See section 6.1). One carer protects the patient's head; two carers pull the blanket at the patient's feet, if the feet are nearest to the exit. This should be done with the carers standing with their knees bent and their backs straight, not twisted.
- If the patient's head is nearest the exit, the blanket is pulled out head end first. Once the patient is appropriately positioned, use a hoist to return the patient to their bed / chair.
- Insert the hoist sling by rolling the patient using the standard procedure (See section 6.1).
- Position the hoist. The patient's legs may have to be raised to enable the sling to be secured to the hoist. Raise the patient from the floor, ensuring that they are in a sitting position. Do not attempt to take the weight of the patient's head: rely upon a high backed sling.

Do not attempt to manually lift anyone off the floor. Always use a hoist.

5.0 Cardiac Arrest - Patient Collapses to the Floor

The patient should not be manually lifted from the floor. The patient should only be moved if not moving them would put the patient and/or healthcare staff at risk of further harm.
If the patient recovers, they should be hoisted into bed. However, using a conventional sling to do this will put pressure on the patient's abdomen and put the patient at risk of re-arresting; therefore a stretcher type sling should be used. If a stretcher sling is not available, the patient may be placed in a conventional sling so long as it is possible to ensure that they are hoisted in the supine position. If this is not possible, the patient should be made as comfortable as possible and not moved until the Paramedics arrive with a stretcher.

6.0 Procedures for Moving and Handling of a Patient on a Bed

6.1 Rolling / Turning A Patient
This procedure can be used for all of the following manoeuvres:
- Rolling / Turning a patient.
- 30° Tilt.
- Insertion/removal of a slide sheet under a patient.
- Insertion/removal of a hoist sling under a patient on a bed.
- Insertion/removal of a hoist sling under a patient on the floor.
- Insertion/removal of a transfer board under a patient.
- Bed bathing a patient.
- Application of or changing the dressings of a patient whilst in bed.
- Changing of bed linen whilst the patient is in the bed.

If the patient is able to co-operate and move themselves, ask them to do so. If not:
- Raise the bed to at least waist height. Turn the patients head in the direction of the turn i.e. away from the carer.
- A second carer must be on the other side of the bed to ensure the patients safety.
- Cross the patient's arms.
- Raise/bend the patients leg nearest to the carer so that their foot is as near to their bottom

as possible. If this is not possible, cross their ankles.
- The carer gently pushes against the patient's shoulder and hip so the patient will easily turn over onto their side, assuming the recovery position. The 'receiving' carer maintains the patient's position and safety by resting their hands on the patient's shoulder and the uppermost side of the knee.

Alternative Procedure
For rolling patients onto their side where the patient is either:
- On a trolley
- On a treatment couch i.e. narrow surfaces
- On the floor
- On a divan bed

The carer follows the above 'Standard Procedure' but pulls the patient over and toward them . This is because the carer does not have to compromise their posture by leaning across to reach the patient (due to the narrow surface) and to push roll the patient on a narrow surface constitutes an unnecessary risk.

In an environment where the patient is on a fixed low bed with access on one side only, the carer may put one knee on the bed and use either of the above procedures, dependent upon their maintenance of good posture.

6.2 Lying to sitting on the edge of the bed
- Ask the patient to do as much as possible for themselves, but where necessary and appropriate, use one or two carers to assist.
- The patient rolls on to their side and swings their legs over the side of the bed. The patient can then push up, using their arms, into a sitting position.
- Where assistance is required, roll the patient as in the standard procedure, but with both of the patients legs raised / bent. The patient slides their feet over the side of the bed, the carer places one hand under the patients shoulder (between shoulder and bed) and one hand on the patient's hip/thigh.
- The patient is moved into a sitting position by the carer transferring weight from leg to leg in the direction of the foot of the bed. At the same time the carer transfers their body weight through patient's hip/thigh. This manoeuvre will swing the patient's legs around and down, their upper body following into a sitting position. The emphasis on the weight transfer should mean that almost all the force exerted goes onto/through the patient's hip/thigh, and therefore minimal effort is required from the carers hand under the patient's shoulder, i.e.

The carer is NOT lifting the patient up by their shoulder.

- Always hoist if the patient is unable to assist.

6.3 Lying to sitting in bed

For the following manoeuvres, the patient must have sitting balance. If not, then they must either be hoisted and / or cared for in a profiling bed. If the patient cannot sit up unassisted, they may be able to use a Jacob's ladder or bed lever to assist them. If not, advise them to

roll onto one side, and then push themselves up into a sitting position.
If the patient is unable to do any of the above, then use the following method:

- Adjust the height of the bed so that the carers can comfortably adopt an upright kneeling position either side of patient; facing the head of the bed, their inside knees on the bed at the patients hip level.
- The patients' arms should be folded, and their chin on their chest. The carers outside hands go under the patients shoulder.
- Prior to the manoeuvre, advise the patient to breathe out on the command 'GO' this will help to prevent them stiffening / resisting the manoeuvre.
- On the command `GO' the patient is moved into a sitting position by the carers 'sitting' on their heels in a weight transfer manoeuvre. If this has to be a regular occurrence for whatever reason, then consider nursing the patient on a sheet and use this to sit the patient forward:
- The carers take up position as above. Using their inside arms, they grasp and take up any slack in the sheet, positioning their hands dose to the patients' shoulders. Keeping their arms straight, the carers perform the same weight transfer manoeuvre to sit the patient up. Ensure that the sheet is in good condition, i.e. not torn.
- Once the patient is sat up, one carer can support the patient. To reduce the risk to its lowest level, patients who require assistance to sit up should be nursed on a profiling bed.

6.4 Lying to sitting on a trolley

This manoeuvre may also be used for a patient in bed where both carers can easily access the patient. If the patient has sitting balance but is unable to sit themselves up, use the following method:

- Ensure that the patient is on a draw sheet and that it is under their shoulders. As there is little or no room for the carers to place their knees on the trolley safely, this manoeuvre is carried out with the carers standing.
- Adjust the height of the trolley to waist height, one carer standing each side of the patient, facing the patients face.
- Using their inside arms, they grasp and take up any slack in the draw sheet, positioning their hands close to the patient's shoulders.
- The carers adopt a wide base, placing their inside foot at about a pace's distance behind their outside foot
- On the command ‘GO' the carers, keeping their arms straight, step back onto their inside foot, performing a weight transfer manoeuvre in the standing position. Once the patient is sat up, one carer supports the patient, whilst the other raises the backrest of the trolley. If the patient is unable to assist, consider the use of a hoist.

7.0 Devices to Prevent Patients Slipping Down the Bed

Nurse the patient in an electric profiling bed.

7.1 Manoeuvres up the Bed

A patient should not be routinely moved up the bed. It should only be done if there is a

medical reason for doing so, or at the patient's specific request. These manoeuvres should only be carried out if assessed to be safe to do so. If in doubt, don't do it.

- The patient should move themselves with or without the help of a slide sheet and/or hand blocks. If the patient is able to walk, then stand the patient out of bed and walk them back to the top of the bed.
- If the patient can stand but has difficulty taking steps or is attached to equipment of any kind, stand them up and move the bed down until the correct position is reached.
- Where assessed to be appropriate, carry out a recognized manoeuvre with a slide sheet.
- Use a hoist to lift the patient clear of the bed. Move the bed down using two carers, until the patient is over the head end of the bed (it may be necessary to move the hoist backwards to do this) and then lower the patient back into the bed. Push the bed back up against the wall. This manoeuvre is easier than manoeuvring the hoist with patient in situ. To make more space around the bed:
- Draw curtains/screens around other patients.
- Move tables, chairs, lockers out of the way.
- Move the bed into a central (more spacious) area.

8.0 Moving up the Bed

8.1 The Patient who cannot Sit-Up

In order to minimise risk to the lowest reasonable level, such patients should be nursed in an electric profiling bed. Prior to doing any manoeuvre, prepare the bed area - i.e. brakes on, create as much space as possible.

- Always use the hoist if there are no suitable alternatives.
- When a patient is not able to sit unsupported, or is in a semi recumbent position; a slide sheet can be used to slide the patient higher up the bed.

8.2 To position a Slide Sheet under a Patient with 2 Carers

- Raise the bed to at least waist height. Turn the patients head in the direction of the turn, i.e. away from the carer.
- A second carer must be on the other side of the bed to ensure the patients safety and to foster their confidence.
- Roll the patient onto their side using the standard procedure (see section 6.1).
- Ensure the slide sheet is facing the correct way and is `slippery' in the desired direction. Position the half-rolled slide sheet as far as it will go under the rolled patient. Alternatively, the slide sheet can be placed under the bed sheet.
- If using large "open' slide sheets, place two sheets on top of one another, directly under the patient.
- Repeat manoeuvre from other side of bed to unroll the rest of the slide sheet.

8.3 To position a Slide Sheet under a Patient with Three Carers

- One standing at the head end of the bed, facing the foot end with the backrest off. This carer grasps the upper part of the slide sheet (or the top slide sheet if using two large `open' types) at either side of the patients head, just above their shoulders. The carer supports the patient’s head. Ensure that any stack in the slide sheet is taken up. One on each side of the

patient facing each other. These carers grasp the upper part of the slide sheet (or the top slide sheet if using two large ‘open' types) at points level with the patient’s shoulders and hips. Ensure that any slack in the slide sheet is taken up. All carers hold the slide sheet dose to the patient’s body, unless doing so means that any carer compromises their posture by over-stretching. In which case, grasp the slide sheet in a position most comfortable for the carer.
- The carer at the head end places one foot behind the other, adopting a wide base, ready to perform a backwards weight transfer manoeuvre in the direction of the move.
- The carers at each side of the patient bend their knees and adopt a wide base, ready to perform a sideways weight transfer manoeuvre in the direction of the move, avoiding twisting _ On the command ‘GO', slide the patient up the bed in short stages, weight transferring from leg to leg in the direction of the manoeuvre.
- Remove the slide sheet as above, i.e. roll the patient from side to side. An alternative method is to grasp the lower surface of the slide sheet(s) at the patient’s ankles or knees, and gently but firmly pull backwards (towards the patient’s head) until the slide sheet(s) are removed.
- Where a patient presents carers with infection control issues, disposable (single patient use) slide sheets may be used if there are not enough normal slide sheets available to cover for the consequential laundry of infected equipment.

8.4 To position a Slide Sheet under a Patient with two or four carers

One carer on each side of the bed (two carers on each side of the bed if four staff are available) and now follow as above except that there is no carer at the head of the bed.

8.5 Bed Bathing / Sheet Changing

- Always get the patient to do as much as possible for themselves.
- A minimum of two carers are required if the patient is not able to assist in movement.
- Ensure that the bed is at least at waist height.
- When turning the patient use the standard procedure, i.e. push, do not pull the patient into the recovery position. If this is either impractical or unsafe, use the Alternative Procedures (see Section 6).
- Avoid bending and twisting.

8.6 Inserting a Bed Pan whilst the Patient is in Bed

- Ask the patient to do as much as possible to help e.g. use a monkey pole, or ask the patient to "bridge" - i.e. The patient lies on their back, both knees flexed, feet flat on bed, forearms and hands flat on bed (palms down). The patient pushes down on their hands and feet to raise their hips.
- A patient can be rolled on to a bedpan.
- Hand blocks.
- If this is not possible the hoist must be used.

Do not attempt to lift the patient onto the bedpan.

9.0 Bed to Bed, Bed to Trolley, Trolley to Bed

Assess the patient, and if fully co-operative and fully conscious encourage them to transfer independently. If not, use the following procedure:

- Obtain a transfer board.
- Minimum of three carers.
- Remove the head of the bed.
- The patient should be off centre in the bed, towards the side that they are going to transfer from.
- Place the transfer board under the patient by rolling, using the standard procedure i.e. push; do not pull the patient into the recovery position. If the patient is lying on a narrow surface it may not be safe to use the standard procedure. In this case carers should use the Alternative Procedure.
- Place the transfer board under the patient and bed sheet/draw sheet. Leave enough of the transfer board exposed so that a safe and effective ‘bridge' is made between the bed and the trolley.
- Position the trolley parallel and as close as possible to the bed. Ensure that the trolley and bed brakes are on. If using three carers, ensure that the far cot-side on the trolley is raised for the patient’s safety. In order to minimise carer effort, gravity and the patient's weight can be utilised by raising the bed approximately 2" higher than the trolley. The manoeuvre will therefore involve pushing the patient downhill to approximately waist height. The carers stand at the head, feet, and near side of the patient.
- The carer at the side places their hands on the patient’s hip and shoulder. The carer stands with one foot behind the other; ready to perform a forward weight transfer manoeuvre which will push the patient in the direction of the transfer on the command 'GO'.
- The carer at the head end takes up all the slack in the sheet, supporting the patient’s head and pillow. The carer at the foot end supports the patient's feet in the same manner. The carers at the head and feet ends stand with their feet apart adopting a wide base. On the command ‘GO' they transfer weight from one leg to the other in the direction of the move, avoiding twisting.
- On the command ‘GO' move the patient mid-way.
- The ‘pushing' carer then walks round to the other (receiving) side and helps to manoeuvre the patient the remaining distance by moving the patient towards them. The carer grasps the draw sheet at the patient's shoulder and hip level, and performs a weight transfer manoeuvre by stepping backwards on the command ‘GO;’ with the other two carers moving as above.

If a fourth carer is available, they stand at the receiving side of the bed and when the patient is in mid position, they can grasp the sheet at the patients shoulder and hip level and weight transfer backwards, completing the manoeuvre.

If the transfer board is not immediately and easily removable, move the bed away from trolley, roll the patient off the transfer board in the standard manner and the other carers pull out the transfer board.

10.0 30° Tilt (Preston K.W. 1988)

If a patient needs to be turned regularly for relief of pressure areas, 30° tilting should be used by the following:

- Three soft pillows are needed to support the trunk and lower limbs, plus a minimum of two are required for the head and neck.
- Place the patient centrally in the bed in the recumbent or semi recumbent position.

- The assisting carer tilts the patient away from them, using the standard procedure for rolling, the roll only requires to be approximately 30°.
- The first pillow is placed length ways at an angle of approximately 45°, with a comer of the pillow positioned carefully to fill the small of the back,
- Do not over do this - a pillow depth of 1.5 - 2" is usually adequate.
- Gently allow the patient to roll back onto the pillow.
- Check that the patients' shoulders and thoracic spine are supported.
- The patients leg (on the same side as the inserted pillow) is supported next, using a pillow under its entire length, the pillow being moulded around the limb with the patients heel extending over the end to prevent heel pressure.
- The third pillow is inserted at an angle to support the other leg from the back of the knee to the ankle, leaving the heel unsupported.
- A carer can check that there is a clearance between the patient's sacrum and the mattress by checking with their flattened hand - it should be easy to put a hand in the slight gap created.
- Support for the feet may be necessary to prevent foot drop.

11.0 HOISTING PRINCIPLES

(i) Unless otherwise dictated by the patient's risk assessment/care plan, use a minimum of two carers when hoisting.
(ii) Storage / not in use. Ensure the brakes are on when the hoist is not in use. Ensure electric hoists are left on charge when not in use.
(iii) Safe Working Load (SWL) This should be clearly marked on every hoist. If in doubt, check with the manufacturer. Never use a hoist to lift a patient who exceeds the safe working load.
(iv) Service checks. Hoists and slings should be inspected twice a year.
(v) Moving a hoist. Always push where possible and keep close to your body. Mobile hoists are designed to transfer patients; they are not designed to transport patients.
(vi) Use of hoist legs. Use handset controls to alter position of legs if the hoist is electric. Avoid kicking the hoists legs into position if the hoist is manual. Alter the hoists leg angles appropriately when positioning patient in a bed/chair etc.
(vii) Use of spreader bar. Do not push or pull excessively. Protect the patient's head from potential injury.
(viii) Use of brakes. Brakes should be OFF except when in storage, being used on an incline, or when adjusting a hoisted patient's clothing i.e. prior to toileting.
(ix) Explanation to user. Communicate with your patient and where possible obtain their consent and cooperation.
(x) Slings. Use the appropriate sling for the hoist. Irrespective of manufacturer, ensure that the hoist/sling interface is compatible. Use appropriate size sling for the patient. For general purpose slings this means that the sling should fit from the top of the patient's head to the base of their spine.
(xi) Manual override. All electric hoists have a manual override which can be operated in the event of a power failure. Carers should familiarize themselves with the override system on their hoists. For comprehensive guidance to the safe use of hoists, refer to the manufacturer's instructions for care and use of their hoists.

12.0 Use of Wheelchairs to Move Patients

When using a wheelchair to move a patient, staff should follow the principles of safe handling

and in particular the following:

- Keep the load close.
- Maintain good posture.
- Push rather than pull.
- Use your leg muscles to do the work.
- Avoid twisting.
- Do not lift.
- Plan ahead.
- Avoid unsuitable environments. Wheelchairs should be treated as any other piece of moving and handling equipment; staff should consider the following points before using one to move a patient:
- Is the wheelchair suitable for the patient?
- Is the wheelchair well maintained?
- Does it need two people to push it?

Additional factors should be considered if the wheelchair is to be used outside of the clinical environment (e.g. visits to the shopping facilities, the Health Centre etc.), a risk assessment should be made to determine whether or not any of the following would pose a potential risk:

- Has the vehicle been fitted with a suitable wheelchair access / security system?
- How far is the car park from your destination? Are the weather conditions going to make it difficult to manoeuvre the wheelchair? Will kerbs be a problem?
- Is there suitable access? Is it wide enough? Is there a threshold / doorsill?
- Are there any obstacles to negotiate?
- Are there suitable toileting facilities?
- Are there ramps; if so are they steep or slippery?
- Will there be crowds? Will it be noisy? Will the lighting be adequate?

It is the responsibility of the individual member of staff to decline to undertake a task if they consider it to be unsafe for either themselves or to the patient, this principle is enshrined in the ‘duty of care’ to oneself and to others.