

## MOVING AND HANDLING POLICY

		POLICY
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<b>Target Audience</b>	All Trust employees including those managed by a third party organisation on behalf of the Trust	
<b>Review Date</b>	February 2022	
<b>Sponsor (Position)</b>	Chief Nurse	

<b>Author (Position &amp; Name)</b>	Moving and Handling Co-ordinator	
<b>Lead Division/ Directorate</b>	Corporate	
<b>Lead Specialty/ Service/ Department</b>	Training Education and Development	
<b>Position of Person able to provide Further Guidance/Information</b>	Moving and Handling Co-ordinator	
<b>Associated Documents/ Information</b>		<b>Date Associated Documents/ Information was reviewed</b>
<p>The following documents are available to order for use in practice from the Trusts forms management system:</p> <ul style="list-style-type: none"> <li>• Moving and Handling Risk Assessment</li> <li>• Moving and Handling Care Plan</li> </ul> <p>The following document is available for use on the Moving and Handling Intranet Pages</p> <ul style="list-style-type: none"> <li>• Documentation and Care Plan for Safe Moving and Handling of the Bariatric Patient</li> </ul>		7 <sup>th</sup> February 2020

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## APPENDICIES

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<a href="#">Appendix 6</a>	Self-assessment competency Form for Moving and Handling Equipment	07/02/2020
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## 1.0 INTRODUCTION

- 1.1 This policy is issued and maintained by The Chief Nurse on behalf of the Trust, at the issue defined on the front sheet, which supersedes and replaces all previous versions. This policy refers to moving and handling within Sherwood Forest Hospitals NHS Foundation Trust. (SFHFT)

## 2.0 POLICY STATEMENT

- 2.1 The purpose of the policy is to ensure all staff are aware of and comply with the relevant legislation, the associated guidance and professional standards concerned with moving and handling.
- 2.2 This policy applies across all SFHFT clinical and non-clinical areas; at all sites (King's Mill Hospital, Newark Hospital, Mansfield Community Hospital) and to all SFHFT employees, contractors, agency staff, students, voluntary workers and people on work experience.
- 2.3 Where contractors, agency staff, student or voluntary workers are involved in manual Handling on Trust premises, the Ward and Department Leader/Person in charge shall ascertain the employee's level of skill and knowledge. No person shall be required to carry out any moving and handling tasks beyond the scope of their skill and training.
- 2.4 Contractors acting on behalf of the Trust are expected to liaise with the Trust's Moving and Handling Co-ordinator on all matters relating to moving and handling training to ensure that overall the Trust's training strategy is robust and not compromised by different work groups applying different principles to moving and handling.
- 2.5 The Trust is committed to complying with accident prevention legislation (i.e. Health and Safety at Work Act (HASAWA) 1974 and Management of Health and Safety at Work Regulations (MHSWR) 1999, the Manual-Handling Operations Regulations (MHOR) 1992, the associated guidance and professional standards, together with a robust risk management process.
- 2.6 The Trust aims wherever practicable, to reduce the need for manual-handling either by eliminating such risks or by reducing the risk of moving and handling injuries by providing information, appropriate training, assessment and instruction on how to ensure the safe lifting, transportation of loads or patients in the work place.
- 2.7 The Trust's commitment is supported through the implementation of a 'minimal lifting' policy that is promoted by the provision of information, equipment, training to all its employees by the moving and handling co-ordinator, deputy moving and handling coordinator and the link champions. This applies to both object and patient handlers.

## 2.8 Object handling

Manual handling of inert loads/objects will be avoided or eliminated as far as is reasonably practicable by the use of mechanical aids, or controlled as far as practicable by organisational means such as instruction, training and supervision.

A safer handling approach incorporating the principles of safe handling (POSH) will be applied to all load/object handling situations based on a risk assessment, which takes into account factors such as size, shape, weight and design of the load/object.

Available equipment should be used whenever possible in effort to reduce risk for the handler.

Whenever possible the risk of injury from load/object handling problems should be reduced by

- Risk elimination and risk reduction strategies will follow the ergonomic approach using T.I.L.E. process (Task, Individual Capability, Load and Environment) as a basis for risk assessment.

## 2.9 Patient handling

Each in-patient will have an individual risk assessment taking into account their individual needs, capabilities and circumstances. The assessment will be completed as part of the in-patient assessment process, after transfer to a new area, or as the patient's condition changes. [Appendix 1](#)

The risk assessment will follow a balanced decision making approach which considers:

- The persons human rights, assessed needs and wishes as well as the need to protect staff from injury
- The person and, when appropriate those working on their behalf, will be actively involved in the moving and handling assessment and decision making process. Where the person lacks mental capacity decisions will be made which reflects their rights under the SFH Mental Capacity Act (MCA) policy V5 2019
- The persons privacy and dignity will be respected when being moved
- A problem solving approach will be adopted which considers the use of a variety of handling methods and equipment to reduce the risk of injury. The independence of the person will be encouraged at all times.
- Following assessment, a written individual handling plan will be produced which will be reviewed when circumstances change if the patient is transferred to another ward or after a period of 7 days if no changes occur. [Appendix 2](#)
- The moving and handling risk assessment and the handling plan should be available to staff to access within the in patients nursing documentation
- Manual lifting of people, which involves taking the full body weight, will be avoided wherever possible by encouraging independence and the appropriate use of hoists, sliding aids and other specialised equipment.
- There will be situations where handling equipment will not be required and

manual handling techniques may be used based on an individual risk assessment provided they follow the principles of safe handling

- High risk handling techniques e.g. manual handling of the full body weight may be required in a small number of cases particularly in exceptional circumstances or emergencies where a patient is at very high risk of harm.
- Patients must be risk assessed for their handling needs during the admission process, or reviewed as their condition changes or after being transferred to a different ward/clinical area.
- Patients will be encouraged to be as independent as possible during their stay. If this is not achievable then staff must use equipment that is appropriate to reduce the risk of falls or musculoskeletal injury for both patients and staff alike.

### 3.0 DEFINITIONS/ ABBREVIATIONS

'The Trust':	Means the Sherwood Forest Hospitals NHS Foundation Trust.(SFHFT)
'Staff':	Means all employees of the Trust including those managed by a third party organisation on behalf of the Trust.
Manual handling	The Manual Handling Operations Regulations (MHOR) 1992 refer to manual handling operations as “a means of transporting or supporting of a load (including the lifting, putting down, pushing, pulling, carrying or moving thereof “ by hand or bodily force)
Load	Anything which is moveable, e.g. inanimate object, person or animal
Minimal Lifting	By introducing a 'Minimal Lift' policy the Trust recognises that there will always be an element of our work that requires some form of manual handling. This form manual handling should be based on an appropriate handling risk assessment.
Champion	Members of staff that are employed by Sherwood Forest Hospitals NHS Foundation Trust and are indirectly part of the Moving and Handling Coordinators team. They will have attended the relevant patient handler or load handler course organised and delivered by the Moving and Handling Coordinator (MHC) or the Deputy Moving and Handling Co-ordinator. The champion is then required to attend an annual review relevant to their practice organised by the MHC It is the champions responsibility to work with the MHC and the (D)MHC to provide cascade training to their work colleagues within their area of work and to return any completed registers or self-evaluation competency forms to the MHC or the (D)MHC
MHC	Moving and Handling Coordinator
(D)MHC	(Deputy) Moving and Handling Coordinator
OLM	Oracle Learning Management System
ESR	Electronic staff records

## 4.0 ROLES AND RESPONSIBILITIES

### 4.1 Service Line Managers, Heads of Nursing and Midwifery, Matrons and Allied Line Managers are responsible for:

- a) Ensuring that the staff are informed of their responsibility to ensure that the appropriate moving and handling training is undertaken. Managers will ensure that sufficient time is made available for staff to undertake the required training.
- b) Implementation of the Moving and Handling Policy and ensure that all staff comply with the Moving and Handling Policy.
- c) Staff accessing the appropriate training and seeking advice of further training in the event of being involved in an incident.
- d) Any department based training is recorded and reported to the Information and Quality Team
- e) Responding to requests for remedial action to minimise risks identified by risk assessments, audit or inspection. This may be achieved by allocating funds for the procurement of equipment or by making changes to working practices to reduce the risk of injury or ill health
- f) Ensuring that business plans and action plans capture any resource implication, related to moving and handling, identified by audit, risk assessment or incident investigation.
- g) Provide support to all Ward and Department leads (Clinical and Allied) to facilitate the implementation of their responsibilities within the moving and handling policy.

### 4.2 All Ward and Department leaders (Clinical and Allied) are responsible for:

- a) Ensuring all staff within their area are aware of and complies with the moving and handling policy.
- b) Ensuring that Champions are supported to complete an annual audit of the standards set out in the Moving and Handling Policy.
- c) Reporting any incident resulting in injury or near miss involving moving or lifting operations through the Datix incident reporting system.
- d) Ensuring that all non-routine and difficult moving and handling tasks are risk assessed in partnership with the Moving and Handling Co-ordinator or the Champions and any control measures are communicated to all staff involved.
- e) Assessing and identifying any shortages in the provision of moving and handling



equipment. The Ward and Department leader will consult and seek the advice from the Moving and Handling Co-ordinator before purchasing equipment, changing practice, procedure or changing the layout of areas that will impact on moving and handling activities.

- f) Ensuring that all moving and handling equipment is used, cleaned and maintained according to the Lifting Operations & Lifting Equipment Regulations (1998), the Provision & Use of Work Equipment Regulations (1998) and the manufacturer's instructions.
- g) Ensuring all staff as indicated in the mandatory training policy receives a moving and handling update annually. Ensuring all new starters have had their knowledge and skills assessed before carrying out any moving and handling tasks and regular DSE users complete a VDU self-assessment.
- h) Ensuring that their area has at least one moving and handling Champion to provide practical training and support to all staff.
- i) Providing support and opportunity for Champions to attend an annual update to enable them to provide moving and handling equipment training, support and advice to colleagues in their areas.
- j) Ensuring that all staff as indicated in the mandatory training policy have completed a moving and handling update on an annual basis through the appraisal system.
- k) Working in partnership with the Moving and Handling Co-ordinator, Deputy Moving and Handling Co-ordinator to investigate any incident resulting in injury or near miss involving moving or lifting operations.
- l) Ensuring that there is adequate provision of manual-handling equipment whenever this is reasonably practicable

### **4.3 Champions**

- a) No person will undertake the Champion role unless they have their Ward or Department leader's support to undertake the role and have completed either the two-day patient handling champion course or the one-day load handling champion course
- b) The Champion will maintain their own competence, knowledge and skills in moving and handling by attending annual review training.
- c) The Champion will, with the support of the Ward or Department Leader carry out the annual moving and handling audit. Cascade any identified control measures to all staff. Assist the Ward or Department leader in the assessment of non-routine or difficult moving and handling tasks.

- d) Liaise with the Moving and Handling Co-ordinator and the Ward or Department Leader concerning identified moving and handling issues within their area of work. Provide a point of contact between the Ward or Department Leader and staff for moving and handling issues. Cascade information to all staff, including the Ward or Department Leader.
- e) Demonstrate and reinforce safe and best practice at all times, using approved procedures and equipment in training and in practice.
- f) Provide local moving and handling equipment training, supplying the Moving and Handling Co-ordinator with accurate training records of each member of staff who attends training, using the appropriate register and self-assessment competency documents. Copies of which should be sent to the Moving and Handling Co-ordinator. This will then be inputted onto the Oracle Learning Management (OLM) system by the Information and Quality Team. The original competency documents and/or handling checklist should be retained by the staff member as evidence for appraisal. [Appendix 3](#) [Appendix 4](#) and [Appendix 13](#)

#### 4.4 Employees Duties:

##### All Employees:

- a) Must not expose himself, herself or any other person to any risk or injury whilst carrying out any moving and handling tasks. All employees should ensure they have received the relevant training in either patient or object handling. Patient handlers can use their knowledge to undertake object handling but object handlers will require additional training for the moving and handling of patients.
- b) Must adhere to the principles of safe handling (POSH), maintain an offset base, keep the load close to the body, keep a mobile base, avoid top heavy postures, avoid twisting, avoid sustaining holds, avoid fixed holds, lead with the head, maintain the S-Curve of the spine and apply the TILE risk assessment process (Task, Individual Capabilities, Load and Environment) to all moving and handling activities.
- c) Report any moving and handling incident to their Ward or Department Leader and complete an incident form using the Datix system
- d) Report any defective moving and handling equipment or any deficit in moving and handling equipment to their Ward or Department leader as soon as is reasonably practicable. Defective equipment should be removed from use, cleaned; a contamination form should be completed and attached to the equipment ready to be repaired. The equipment details should be reported to SFS (Skanska Facilities Service) via the help desk quoting the unique identification number (silver label) attached to all moving and handling equipment [Appendix 5](#) Any scales weighing issues need to be reported to MEMD, giving the MEMD number and attaching a contamination form on the equipment.

If required a replacement should be requested as necessary via the MHC or the Equipment Library.

- e) Inform their Ward or Department Leader and the Moving and Handling Co-Ordinator of any concerns, difficulties or changes of circumstances, environmental or procedural, regarding the carrying out of any moving and handling tasks in their area.
- f) Any member of staff who has an injury or health condition that may affect their ability to carry out moving and handling tasks safely should inform their Ward or Department leader/person in charge as soon as possible. Referral may be made to Occupational Health by the Ward or Department Leader.
- g) Pregnant staff need to inform their Ward or Department Leader of their condition, as soon as possible. This is to ensure that the appropriate individualised risk assessment can be completed, to reduce any risk before they continue to undertake moving and handling tasks.
- h) Always follow protocols and the handling plan developed through the completion of the risk assessment and use the moving and handling equipment provided.
- i) Must ensure that they have accessed the relevant equipment training and completed the relevant competency document before using any moving and handling equipment. [Appendix 6](#)
- j) Attend an annual Mandatory Update as per the Trust Mandatory Training policy

#### **4.5 The Moving and Handling Coordinator and (D) MHC Responsibilities:**

- a) Develop and review the Trusts Moving and Handling Policy, which will be based on risk assessment and audit in both clinical and non-clinical areas.
- b) Assist with development of generic risk assessments of the work environment in relation to moving and handling tasks.
- c) Carry out an annual audit of practice in partnership with champions and Ward or Department Leaders
- d) Provide advice on design and layout of work areas to minimise any risks arising from moving and handling activities.
- e) Complete individual risk assessments for difficult or non-routine handling tasks. Liaise with the occupational health team regarding employees who have been identified that on their return to work may experience problems with moving or handling objects or patients.

- f) Assist in the development of procedures for regular/routine object and patient moving and handling tasks.
- g) Give advice on the assessment, identification, standardisation and purchase of moving and handling equipment, including the specifications for equipping new facilities.
- h) Devise and deliver training courses for new and existing champions, mandatory updates and clinical induction days. Develop training materials and provide access for champions to aid standardisation of training across the Trust.
- i) Develop and maintain systems to ensure the cascade of information to all Champions.
- j) Reports back to the Heads of Nursing, Line Managers, Ward and Department Leaders and champions with results from the annual audit policy.
- k) Reports back to the Heads of Nursing, Line Managers, Matrons, Ward or Department leaders on an annual basis with any training issues that need to be highlighted.

#### **4.6 The Occupational Health Department**

Are responsible for:

- a) Providing screening as appropriate, for new employees and where appropriate, health checks for those returning to work. The health screening/checks will assess the employee's fitness to undertake the work they will be carrying out.
- b) Provide guidance to Ward and Department Leaders regarding specific elements of an individual's job that may be difficult to perform, due to temporary or permanent limitation on their ability to move or handle objects or patients
- c) Liaise with the Moving and Handling Co-ordinator regarding employees who have been identified that on their return to work may experience problems with moving or handling objects or patients. Referrals to the Moving and Handling Coordinator can be made using the referral forms in place, email referral or telephone referral. [Appendix 7](#)

### **5.0 APPROVAL**

Health and Safety Committee

### **6.0 DOCUMENT REQUIREMENTS**

6.1 The manual handling of any load or patients in a manner, which has the potential to cause personal injury to the patient or the member of staff involved in the manoeuvre,

is not permitted. Full use of safe systems of work, protocols and equipment must be employed, to reduce risks arising from moving and handling tasks.

**6.2** The Trust recognises that manual moving and handling may need to take place in some circumstances, but this must be avoided wherever possible, through the use of moving and handling equipment. Where manual lifting cannot be avoided this should be done following a full risk assessment with the development of a handling plan, which should be fully documented in the patient's inpatient documentation. For object moving and handling a risk assessment [Appendix 8](#) and handling plan should be produced. The Trust is committed to and supports a 'minimal lifting' policy.

**6.3** Identification of risk, the manual handling risks associated with carrying out work related activities. The identification of risks arising from work-related tasks or activities will continue to be undertaken by ward and departmental leaders and will be identified with specific reference to safety inspections, investigations of incidents, complaints and claims. The manual handling operations regulations 1992 give specific legal duties for manual handling at work. Under these regulations the Trust has a legal duty, so far as is reasonably practicable to ensure that:

- The need for hazardous moving and handling is avoided or, when it cannot be avoided, an assessment is made of the operation and where there is risk of injury, appropriate steps are taken to reduce the risk to the lowest level reasonable practicable.

The assessment must follow the ergonomic approach and take into account the following factors:

- Characteristics of the load
- Physical capabilities of the individual worker
- The working environment
- The requirements of the task
- Other factors e.g. clothing and footwear, handling equipment

Risk assessments for manual handling are reviewed regularly (Patient risk assessments as a minimum weekly, if patients condition changes and if patient moves ward/Dept and object risk assessments as a minimum once a year) and when circumstances change e.g. changes in service delivery and changes to the working environment. The moving and handling of loads has four core dimensions for consideration in assessing manual handling tasks.

These are:

- The task being undertaken
- The individuals involved
- The load to be moved
- The environment in which this occurs.

This is often summarised as TILE

- 6.5** All incidents involving injuries or near misses where lifting operations are implicated will be investigated and any remedial measures implemented.
- 6.6** All non-routine and difficult moving and handling tasks will be risk assessed in conjunction with the Moving and Handling Co-ordinator and with support where necessary of the Health and Safety Manager. Any risks identified that cannot be managed by Link Champions and their Ward and Department leaders will be escalated to the Moving and Handling co-ordinator. In turn any issues that cannot be resolved by the Moving and Handling Co-ordinator or the Health and Safety Manager will be reported to the Health and Safety Committee for inclusion of the Trust Risk Register.
- 6.7** For patient handling a patient risk assessment will be completed as part of the patient admission process (when the patient's condition is stable) and reviewed as/when the patient's condition changes or the patient is transferred to a new area within the Trust. A patient-handling plan will be formulated if indicated by the risk assessment. Object handling tasks will have a general risk assessment for the activity and a manual-handling plan for the task. Generic risk assessments will be reviewed annually. The completion of the patient risk assessment documentation is monitored through the auditing of the patients nursing documentation as part of the annual moving and handling audit.
- 6.8** The patient handling plan should be completed stating the number of handlers and the name of the equipment used for the task. The Patient Handling Plan will be reviewed weekly or when the patient's condition changes. [Appendix 2](#)
- 6.9** Bariatric Care statement of intent. The following guidelines set out the Trusts arrangements for providing information on how to manage a bariatric patient during their stay; also how to access the appropriate equipment to move and handle these patients. The documentation and care plan for the safe moving and handling of the bariatric patient [Appendix 10](#) (click on "bariatric care" tab) and the bariatric patient admission flowchart [Appendix 9](#) (click on "bariatric care" tab) have been developed so to enable staff to care for all patients in an appropriate, sensitive and safe manner, maintaining their dignity at all times and recognising the need for specialist equipment as necessary. Whenever a patient 25 stone/160kg or over is admitted to the Trust the documentation and care plan for the safe moving and handling of the bariatric patient should be considered if the patient is unable to move themselves independently and/or specialist equipment is required. This should be completed to ensure that the most appropriate moving and handling equipment is made available and safe moving and handling practices are used. The flowcharts provide site specific information. [Appendix 9](#) (click on "bariatric care" tab)
- 6.9.1** Information for the handling of Bariatric/Heavier patients (above 25 stone/160 kg)
- All patients must be weighed on arrival to the hospital or during the admission period (unless there is a clinical justification for not doing so)
  - Patients must have a patient moving and handling risk assessment [Appendix 1](#). completed during the admission process. if the patient has a body weight score of above

- 8 on the risk assessment, documentation and care plan for the safe moving and handling of the bariatric patient may be required if the patient is not independent with their moving and handling needs or needs specialist equipment. This care plan must be kept up to date and travel to all departments with the patient. If extra resources are required the assessor must inform the appropriate manager as soon as is practicable so arrangements can be made.
- All equipment must be used in accordance with manufacturer's guidelines and any training provided.
- All standard hospital equipment is suitable for use by patients weighting up to 25 stone (160kg) with the exception of :
  - Bed-side chairs
  - Commodes
  - Hi low beds (Richmond, Parkhouse)
  - Hi low beds (Sidhil Innov8)

For weight limits of equipment see information on the Medical Equipment intranet or Moving and handling intranet, or on the equipment itself.

- If the required equipment is not available in the ward/dept/MEMD then the equipment will need to be hired from an approved company (we use 1<sup>st</sup> call mobility but the MHC or deputy can advise on other approved companies if equipment not in stock via 1<sup>st</sup> call mobility) details on equipment hire are available on the moving and handling intranet. (you can hire anytime, 24/7, 365 days a year) Staff should ensure that the safe-working load is not exceeded when equipment is provided for the patient.
- Facilities for weighing the bariatric/heavy patients are available:
  - Emergency Department (scales built into the floor) in Kings Mill Hospital
  - The Baros beds have integral weighting scales.(the bed scales need to be zeroed before the patient is placed on the bed.)
  - At Mansfield community there are hoists with scales available
  - At Newark Hospital they have a Baros bariatric bed with integral bed scales and assorted hoists with scales available
- When arranging for the patients discharge:
  - Ensure that all appropriate agencies involved are provided a copy of the patients moving and handling assessment plan
  - If an ambulance is required for discharge, ensure that Ambulance control is given sufficient time and information to arrange for the appropriate transport and support to be available.
  - Following discharge, any equipment hired or loaned by the ward, must be cleaned/disinfected in accordance with the infection prevention and control policy before being returned.
- The mortuary staff must be informed when a patient weighing more than 20 stone (130 kgs) dies, to ensure that an appropriate method of transfer is arranged and

suitable storage space is available. See flow chart for process to follow when contacting the porters to aid on the transfer of the deceased bariatric patient [Appendix 11](#) (click on “bariatric care” tab)

## 6.10 Retrieval of patients who have fallen;

### 6.10.1 For those patients who have fallen but after examination there are no signs or Suspicions of fractured limbs/bones the following processes/equipment can be used:

- Placing a chair or some other firm support in front of the patient, encourage them to get onto all fours and using the chair for support encourage them to get up at their own pace and comfort
- Use full sling and hoist to enable the patient to be lifted from the ground, ensure the patients weight is within the Safe working load of both the hoist and sling
- Use the Arjo scoop and Arjo hoist to facilitate a horizontal lift from the floor
- Use the Hoverjack/Hovermatt system to facilitate a horizontal lift from the floor

### 6.10.2 For those patient who have fallen and it is believed that there is a suspected fractured neck of femur, the following equipment can be used:

- The Arjo scoop (159 kg) and Arjo hoist to facilitate a horizontal lift from the floor with a system that supports the fracture and reduces the risk of further displacement.
- A flat lift using minimum 6 staff with emergency lifting blanket
- The Hoverjack/Hovermatt (SWL up to 500 kg) system to facilitate a horizontal lift from the floor with a system that supports the fracture and reduces the risk of further displacement..

### 6.10.3 For those patients who fall and there is the suspicion that there may be spinal Injuries or neck injuries then the following equipment should be used:

- Spinal boards, spinal scoops (SWL 159 kg) bariatric spinal board, (SWL 500 kg) head blocks and straps should be used as appropriate. (Contact ED staff to lead process)
- A lift from the floor can then be completed once the spine is stable by either a manual lift if enough numbers of staff are available to do so safely, following a risk assessment of the process (6 minimum) or by using the HoverJack/Hovermatt system. [Appendix 12](#) (click on “equipment” tab)

Each ward and department area should have access to an emergency lifting blanket, (SWL 191 kg). A minimum of 6 people would be needed to use this system to lift safely from the floor. By using the long handles a patient can be moved along the floor to an area to allow safer working if needed.

- **6.11** The implementation of moving and handling must take into account the identified health care needs of patients, along with their expressed wishes, religious and cultural needs, and should aim to maintain patient integrity, dignity and privacy throughout.



## 7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

Minimum Requirement to be Monitored  (WHAT – element of compliance or effectiveness within the document will be monitored)	Responsible Individual  (WHO – is going to monitor this element)	Process for Monitoring e.g. Audit  (HOW – will this element be monitored (method used))	Frequency of Monitoring  (WHEN – will this element be monitored (frequency/ how often))	Responsible Individual or Committee/ Group for Review of Results  (WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)
Duties of the staff	Deputy Director of Training Education and Development, Information and Quality team	Reports sent highlighting compliance and non-compliance	Annually	Divisional Leads, Service line managers, Ward/ Department Leaders.
Duties	Moving and Handling Coordinator	Audit which includes observation of practice and testing of knowledge	Annually post audit  Bi-monthly attendance, annual feedback post audit	Matrons, Ward and department leaders Health and safety committee
That all permanent staff complete moving and handling training, in line with the training needs analysis	Deputy Director of Training Education and Development, OLM coordinator	Training is entered and recorded in the OLM (oracle learning management system) held within the training education and development department Audit which includes observation of practice and testing of knowledge	Ongoing through annual compliance reports and monitored by Workforce and OD Committee	Divisional leads, service line managers, Ward/department leaders



<b>Minimum Requirement to be Monitored</b>  <b>(WHAT – element of compliance or effectiveness within the document will be monitored)</b>	<b>Responsible Individual</b>  <b>(WHO – is going to monitor this element)</b>	<b>Process for Monitoring e.g. Audit</b>  <b>(HOW – will this element be monitored (method used))</b>	<b>Frequency of Monitoring</b>  <b>(WHEN – will this element be monitored (frequency/ how often))</b>	<b>Responsible Individual or Committee/ Group for Review of Results</b>  <b>(WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)</b>
<p>How the organisation follows up non-compliance with moving and handling training</p>	<p>Deputy Director of Training Education and Development, Information and Quality Team</p> <p>Deputy Director of Training education and Development</p>	<p>Reports sent out highlighting compliance and non-compliance.</p> <p>DNA E-mails sent to all ward leaders asking them for reason for DNA and providing intranet link for course bookings for staff member to rebook</p>	<p>Monthly</p> <p>Post mandatory updates</p>	<p>Divisional leads service line managers, ward/department leaders</p>
<p>How the organisation takes action in the event of persistent non-attendance</p>	<p>Deputy Director of Training Education and Development, OLM coordinator</p>	<p>Reports are sent highlighting staff who persistently fail to attend and complete their mandatory training within 3 months of their expiration date. They are identified and referred to the relevant directors for remedial action to be taken.</p>	<p>Monthly</p>	<p>Divisional leads, Service line managers, Ward/Departmental leaders</p>
<p>Arrangements for access to appropriate specialist advice</p>	<p>Moving and Handling Coordinator</p>	<p>Specialist advice can be sought from the list of people below as and when needed: Moving and Handling Coordinator Deputy Moving and Handling Coordinator</p>	<p>On –going</p>	<p>Health and safety committee, ratified by the risk committee. Once policy updated made accessible to all staff within the Trust via the intranet/staff bulletin.</p>

<b>Minimum Requirement to be Monitored</b>  <b>(WHAT – element of compliance or effectiveness within the document will be monitored)</b>	<b>Responsible Individual</b>  <b>(WHO – is going to monitor this element)</b>	<b>Process for Monitoring e.g. Audit</b>  <b>(HOW – will this element be monitored (method used))</b>	<b>Frequency of Monitoring</b>  <b>(WHEN – will this element be monitored (frequency/ how often))</b>	<b>Responsible Individual or Committee/ Group for Review of Results</b>  <b>(WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)</b>
		Moving and handling Champions Moving and handling policy  Moving and handling web page on the Trust intranet pages	On-going review, minimum of annually	
Risk assessment of the moving and handling of patients or objects	Moving and handling coordinator  Ward leaders and all registered nursing staff involved in inpatient care	Moving and Handling Policy  In patient documentation, patients moving and Handling risk assessment	Reviewed every 2 years  Completed during , admission stage of the patient to an inpatient area, as their condition changes, if they move to another area or at least once a week.	Health and safety committee, ratified by the risk committee  Matrons, Ward and department leaders Health and safety committee  Department leaders,
Moving and handling generic handling plans	Moving and Handling coordinator,	Ad hoc object handling risk assessments completed for non-generic tasks	Audited as part of the moving and handling	

<b>Minimum Requirement to be Monitored</b>  <b>(WHAT – element of compliance or effectiveness within the document will be monitored)</b>	<b>Responsible Individual</b>  <b>(WHO – is going to monitor this element)</b>	<b>Process for Monitoring e.g. Audit</b>  <b>(HOW – will this element be monitored (method used))</b>	<b>Frequency of Monitoring</b>  <b>(WHEN – will this element be monitored (frequency/ how often))</b>	<b>Responsible Individual or Committee/ Group for Review of Results</b>  <b>(WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)</b>
<p>Patient handling plans</p>	<p>Moving and Handling coordinator</p> <p>Ward leaders and all registered nursing staff involved in inpatient care</p>	<p>Plans updated within the patients in patient documentation</p>	<p>annual audit</p> <p>Ongoing, ad hoc basis reviewed at least annually or as the process alters.</p> <p>Annually</p> <p>Weekly as minimum, as the patient's condition alters, on transfer to a new area of care.</p> <p>Nursing metrics Moving and handling audit, annually</p>	<p>Updates fed back to all staff through various lines of communication</p> <p>Ward and department leaders</p> <p>Matrons, Ward and department leaders Health and safety committee</p>

## 8.0 TRAINING AND IMPLEMENTATION

- 8.1** The Trust operates a cascade system of training and assessment which run side by side with the training offered by the moving and handling team with the provision of equipment training in individual work areas across SFHFT by the Champions. A Champion will be nominated for this role from each area/ward/department where the moving and handling of either patients or objects takes place. The Champion will attend either the two-day training patient handler course or the one-day load handler trainer course provided by the Moving and Handling Co-ordinator, the Deputy Moving and Handling Coordinator within Training, Education and Development .The Champion will then attend a Champion review annually.
- 8.2** The Champion will provide support/advice/training on equipment as required for staff in their work area, by guiding them through the self-assessment documents and ensuring that a copy of the self-assessment competency forms will then be sent to the Training and Education Department/Moving and handling Coordinator/(D)MHC for inclusion of the data onto the OLM data base by the Information and Quality Team
- 8.3** Employees identified in the Trust's Mandatory Training Policy will attend a mandatory update annually. All non-attendees will be identified and the relevant action taken according to the Mandatory Training Policy, Sections 9.3 and 9.4
- 8.4** Hard FM Providers and Soft FM Providers working in partnership with the Trust provide moving and handling training as part of an induction programme and as part of an annual update process. Records are kept by all providers working in partnership with the Trust.
- 8.5** The Champion will assess the competency of the staff in their area that has not been captured by the induction process. The assessment is made up of three moves:
- Patient Handlers, Slide up the bed, Lateral Transfer and Sit to Stand. The assessment covers the following:
    - Was the load assessed
    - Was the procedure planned
    - Was a team leader identified
    - Was the environment prepared for the procedure to be carried out smoothly
    - Was the appropriate handling aid used
    - Did the procedure ensure that the correct posture was adopted throughout and was the correct hold used?
    - Was the appropriate procedure selected for the patient
    - Was the procedure explained to the patient
  - Object Handlers, Lift from Floor, Lift from Waist Height and Lift from height. The assessment covers the following:
    - Was the load assessed
    - Was the procedure planned
    - Was a team leader identified

- Was the environment prepared for the procedure to be carried smoothly
- Was the appropriate handling aid/hold used
- Did the procedure ensure that the correct posture was adopted throughout and the correct hold was used

A copy of the completed register and moving and handling assessment sheet will be sent to the Training Education & Development Department/Moving and Handling Team for inclusion on the OLM data base by the Information and Quality Team

Where an area does not have a Champion, the manager in consultation with the staff member should ensure that the assessment is undertaken as soon as reasonably practical by contacting the Moving and Handling Team for advice/support on how this can be achieved.

## 9.0 IMPACT ASSESSMENTS

### 9.1 Equality Impact Assessments

The Trust is committed to ensure that none of the policies procedures and guidelines, discriminate against individuals directly or indirectly on the basis of gender, colour, race, nationality, ethnic or national origins, age, sexual orientation, marital status, disability, religion, beliefs, political affiliations, trade union membership and social employment status. An Equality Impact Assessments has been undertaken on this draft policy and has not indicated that any additional considerations are necessary

## 10.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

### 10.1 Legislation/national guidance

Health and Safety at Work Act 1974 (HASAWA 1974)  
HSE (2004) Manual Handling Operations Regulations 1992 (as amended) Guidance on Regulations, L23. The Stationery Office  
Backcare (2011) "The Guide to Handling of People" a systems approach (6th Edition)  
Management of Health and Safety at Work Regulations, 1999 (MHSAW 1999)  
HSE, Provision and Use of Work Equipment Regulations, 1998 (PUWER 1998)  
HSE, Lifting Operations and Lifting Equipment Regulations, 1998 (LOLER 1998)  
NHSLA (2012) Risk Management Standards

### 10.2 Associated SFHFT Documents:

Health and Safety Policy V7 2019  
Pressure Ulcer Prevention and Management Policy V3 2018  
The Prevention of Patient Falls Policy V8 2019  
Operating Policy for Infection Prevention and control V6 2017  
Policy for the management of decontamination and disinfection of healthcare equipment within healthcare settings V1 2017  
Policy regarding safe linen management V8 2019  
Privacy and Dignity Policy (including same sex accommodation non-compliance reporting procedure) V4 2018  
Information on religious beliefs.

Mental Capacity Act (MCA) Policy V5 2019  
Medical Device Management policy V3.3 2017  
Medical Equipment User Training Policy V8 2020

## 11.0 APPENDICES

Refer to list in contents table



## APPENDIX 12 - EQUALITY IMPACT ASSESSMENT FORM (EQIA)

<b>Name of service/policy/procedure being reviewed: Moving and Handling Policy</b>			
<b>New or existing service/policy/procedure: Existing</b>			
<b>Date of Assessment: 7<sup>th</sup> February 2020</b>			
<b>For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)</b>			
<b>Protected Characteristic</b>	<b>a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?</b>	<b>b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?</b>	<b>c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality</b>
<b>The area of policy or its implementation being assessed:</b>			
<b>Race and Ethnicity</b>	None	This policy will encourage a culture that does not tolerate any form of abuse including abuse rooted in discrimination	None
<b>Gender</b>	None	This policy will encourage a culture that does not tolerate any form of abuse, however, some staff may mistakenly view a particular gender as being more vulnerable to violence and abuse	None
<b>Age</b>	None	This policy will encourage a culture that does not tolerate any form of abuse including abuse rooted in discrimination.	None
<b>Religion</b>	None	This policy will encourage a culture that does not tolerate any form of	None

		abuse including abuse rooted in discrimination. There is a need for a clear system for reporting hate incidents	
<b>Disability</b>	None	Produced in font size 12. Use of suitable technology to view electronically. Alternative versions can be created on request	None
<b>Sexuality</b>	None	This policy will encourage a culture that does not tolerate any form of abuse including abuse rooted in discrimination. There is a need for a clear system for reporting hate incidents	None
<b>Pregnancy and Maternity</b>	None	Not applicable	None
<b>Gender Reassignment</b>	None	This policy will encourage a culture that does not tolerate any form of abuse including abuse rooted in discrimination. There is a need for a clear system for reporting hate incidents	None
<b>Marriage and Civil Partnership</b>	None	This policy will encourage a culture that does not tolerate any form of abuse including abuse rooted in discrimination.	None
<b>Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)</b>	None	The social profile of some patients attending certain departments may mean staff are exposed to a higher risk of abuse including abuse rooted in discrimination	None

**What consultation with protected characteristic groups including patient groups have you carried out?**

None for this version, in that all previous principles remain in accordance with previous version (which was subject to consultation) and this version is primarily a reformat and codification of agreed practices.

**What data or information did you use in support of this EqIA?**

Trust policy approach to availability of alternative versions.

**As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments?**

No

**Level of impact**

Low Level of Impact

**Name of Responsible Person undertaking this assessment:**

Tina Worboys

**Signature:** TDWorboys

**Date:** 7<sup>th</sup> February 2020