



**Aneurin Bevan Health Board**

# **Policy for Safer Manual Handling**

*N.B. Staff should be discouraged from printing this document. This is to avoid the risk of out of date printed versions of the document. The Intranet should be referred to for the current version of the document.*

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## 1 EXECUTIVE SUMMARY

The incorrect moving and handling of loads and people, and prolonged poor working postures has been proven to contribute to the development of musculo-skeletal disorders. This may result in pain, time off work and sometimes permanent disablement. The Manual Handling Operations Regulations 1992 came into force on 1st January 1993 and were amended in 2002 to better integrate the implementation of European Directives 90/269/EEC. These regulations supplement the general duties placed on employers and others by the Health and Safety at Work Act 1974. They include the lifting of loads and in addition the lowering, pushing, pulling, carrying or moving of loads whether by hand or other bodily force.

Aneurin Bevan Health Board is committed to reducing risks and avoiding injury as far as is reasonably practicable by assessing the risks to any person undertaking manual handling or working in prolonged awkward postures. This commitment will be achieved by providing equipment and training and by adaptation of workplace and work methods where applicable.

The most effective way to reduce the risk of musculo-skeletal injury is to avoid or reduce manual handling activities and improve poor working postures as far as is reasonably practicable. In addition, it is recognised that stress can contribute to the development of musculo-skeletal disorders and it is advised this policy be used in conjunction with the Display Screen Equipment Policy, Occupational Health and Safety Policy, Aneurin Bevan Health Board Uniform/Dress Code Policies, Treatment Handling Policy for Physiotherapy employees Treatment Handling Policy for Occupational Therapy employees and Stress Management Policy.

- 1.1 This policy is aimed at all Aneurin Bevan Health Board employees in acute and community settings and applies to all clinical and non-clinical activities.
- 1.2 The policy follows the All Wales NHS Manual Handling Training Passport and information Scheme.

## **2 POLICY STATEMENT**

The Aneurin Bevan Health Board's Health and Safety aim is to eliminate where possible or minimise the number of work related injuries. All employees will be provided with such equipment, information, training and supervision as are necessary to implement the policy and achieve the stated objective.

Under the Manual Handling Operations Regulations (1992) (amended 2002), Aneurin Bevan Health Board accepts responsibility for the assessment and control of risks in respect of potential musculo-skeletal injuries and disorders. This responsibility covers all employees or other persons who may have occasion to visit Aneurin Bevan Health Board premises or who may be affected by the actions of Aneurin Bevan Health Board employees whilst carrying out their duties.

## **3 IMPLEMENTATION**

All divisions and directorates must ensure the policy is implemented by:

- Undertaking risk assessments and implementing appropriate control measures
- Ensuring employees are adequately trained
- Producing and implementing procedures in line with Aneurin Bevan Health Board Policy.

## **4 DISCIPLINARY PROCEDURE**

Any deliberate failure to act in accordance with this policy, could lead to investigation under Aneurin Bevan Health Board's Disciplinary Policy and Procedure

## **5 OBJECTIVES**

The objectives of the policy are to:

- 5.1 Eliminate where possible or reduce the number and severity of musculo-skeletal disorders arising from manual handling activities and prolonged poor postures across Aneurin Bevan Health Board
- 5.2 Outline responsibilities of all employees in relation to manual and handling.

- 5.3 Ensure all significant risks arising from manual handling activity and prolonged poor postures are assessed and that appropriate risk controls are implemented as far as is reasonably practicable.
- 5.4 Promote patient safety by implementing best practice methods of moving and handling using a gentle, sensitive and dignified approach.

## 6 DEFINITIONS

**“Manual handling”** means any procedure, which involves transporting or supporting a load in a static position and includes -: lifting, lowering, pushing, pulling, putting down, carrying, or moving by hand or by bodily force.

It also includes the intentional dropping or throwing of a load whether into a receptacle or from one person to another.

**“Ergonomics”** is the science of fitting the environments to the people working within them and tasks that people perform.

**“Load”** means a “person, animal or a discrete movable object”.

**“Risk assessment”** is the systematic evaluation of the load, environment, task, individual capability and other factors to identify the safest method of handling; being aware of the actual and potential problems and the degree of risk associated with them.

**“Assessed as a risk”** in relation to a manual handling task, means found, as a result of an assessment in accordance with the Manual Handling Operations Regulations 1992, (amended 2002) to be a risk to health and safety.

**“Heavier person”** following risk assessment, anyone whose weight and shape would pose an increased risk to themselves or an employee if they needed assistance to move.

### **“Transfer Specialist”**

A professionally qualified employee who has successfully completed the Aneurin Bevan Health Board Transfer Specialist course to train people handlers; monitor and assess manual handling practice; provide employees with appropriate training; support their line manager to manage manual handling and attend an annual update.

### **“Safer Handling Coach”**

An employee who has successfully completed the Aneurin Bevan Health Board Safer Handling Coach course to train inanimate load handlers; monitor and assess manual handling practice; provide employees with appropriate training; support their line manager to manage risks relating to manual handling and attend an annual update.

### **“Assistant Trainer”**

A clinically based employee (Non professionally qualified) who has successfully completed the Aneurin Bevan Health Board Assistant Trainer course and assists the Transfer Specialist to train practical methods to employees; monitor manual handling practice in the workplace and attend an annual update. The Assistant Trainer will not train in isolation but will assist the training facilitated by the Transfer Specialist.

## **7 RESPONSIBILITIES**

### **7.1 ANEURIN BEVAN HEALTH BOARD RESPONSIBILITIES**

The Chief Executive is given ultimate responsibility by the Board for ensuring the day to day implementation of Health and Safety (which includes Manual Handling).

### **7.2 MANUAL HANDLING TEAM RESPONSIBILITIES**

Each manual handling advisor will:

- 7.2.1 Provide training and ongoing support for Transfer Specialists, Safer Handling Coaches and Assistant Trainers.
- 7.2.2 Provide foundation training for new starters and bespoke training for specialities
- 7.2.3 Provide an advisory service on matters relating to moving and handling, ergonomics and posture issues
- 7.2.4 Support relevant employees to risk assess complex moving and handling activities and implement appropriate control measures.
- 7.2.5 Advise on appropriate moving and handling equipment

- 7.2.6 Undertake workplace assessments in liaison with Occupational Health.
- 7.2.7 Assist with investigations as appropriate following manual handling incidents.
- 7.2.8 The professional lead for manual handling will monitor consistency of standards in line with the All Wales NHS Manual Handling Training Passport and Information Scheme Standards and provide strategic direction for the implementation of best practice.

## **8 SENIOR MANAGERS /CLINICIANS RESPONSIBILITIES**

Managers/Clinicians are responsible for ensuring:

- 8.1 Employees comply with the Manual Operations Regulations (1992) (amended 2002).
- 8.2 Risk assessments are suitable and sufficient and control measures are introduced as far as reasonably practicable to reduce risks of musculo-skeletal disorders
- 8.3 Employees are trained to the All Wales NHS Manual Handling Passport training standards to reduce risk of injury. A person who has been trained as a Transfer Specialist or Safer Handling Coach deliver this training at local level. Assistant Trainers are trained to support Transfer Specialist to facilitate training.
- 8.4 Foundation and update / competency assessments training records are stored securely.
- 8.5 Suitable and sufficient equipment is made available to reduce risks to employees and patients.
- 8.6 Employees with musculo-skeletal disorders are referred to or self refer to Occupational Health for an opinion. Adaptations to work activities and methods are implemented appropriately to meet the needs of the individual and the needs of the service following a risk assessment.

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## **9 WARD, DEPARTMENT, TEAM AND LINE MANAGER RESPONSIBILITIES**

Each ward, department, team and line manager is responsible for ensuring that:

- 9.1 Avoid the need for employees to undertake any manual handling operations so far as is reasonably practicable, which involve risk of injury.
- 9.2 Risk assessments are carried out for any hazardous person or inanimate load manual handling operation and prolonged poor positioning, which cannot be avoided.
- 9.3 A sufficient number of Transfer Specialists, Assistant Trainers or Safer Handling Coaches (at least 1 in 15 in high risk areas such as wards etc. and 1 in 20 in lower risk areas) will have been adequately trained to carry out generic risk assessments of high risk manual-handling operations within their area of responsibility. The risk assessment must be reviewed yearly or when circumstances change.
- 9.4 Where appropriate, professionally qualified people handling employees are trained to complete patient specific risk assessments and care plans. Unqualified clinical employees have a good working knowledge of patient handling care plans to implement prescribed care when moving and handling people.
- 9.5 Employees are allowed time to be adequately trained in manual handling techniques to reduce the risk of injury. Transfer Specialists and Safer Handling Coaches provide the training and must be given the appropriate amount of time to do so. In reference to the staffing agency, the staffing agency managers should ensure bank employees are suitably trained and compliant with Aneurin Bevan Health Board manual handling requirements.
- 9.6 Induction records and checklists, records of training and subsequent update training/competency assessment records are maintained by the department / directorate/ locality and retained for 5 years. All training documentation to be stored in personal files.



- 9.7 Employees from other organisations working on Aneurin Bevan Health Board premises are made aware of their duty to comply with Aneurin Bevan Health Board's Safer Manual Handling policy.
- 9.8 The Manual Handling induction checklist is completed when new employees join Aneurin Bevan Health Board. This will assist in the identification of Passport compliance, present knowledge and future training needs. Foundation training should ideally be undertaken prior to commencement of work or as soon as reasonably practicable. People handling should be avoided until appropriate training is provided.
- 9.9 Employee's absent with musculo-skeletal injuries sustained in or out of work should be referred to the Occupational Health department at the earliest opportunity.
- 9.10 Appropriate equipment is provided and maintained in good working order; replaced when required; visually checked prior to use and mechanical aids such as hoists are subject to 6 monthly statutory examinations by a suitably qualified person.
- 9.11 Manual handling incidents are followed up and / or investigated depending upon the severity or potential severity. All records involving the incident must be documented on or inserted in DATIX web.

## **10 EMPLOYEE RESPONSIBILITIES**

Each employee is responsible for ensuring that:

- 10.1 Equipment is used when provided in order to avoid hazardous manual handling tasks. The equipment is used as instructed, for its intended purpose and in accordance with manufacturer's guidelines.
- 10.2 They attend manual handling training and implement up to date practice in the workplace.
- 10.3 Manual handling operations are undertaken in accordance with training / instruction received and the manager informed of any physical condition which

prevents employees undertaking manual handling tasks safely.

- 10.4 They identify and inform their manager of any new or current activity or equipment, which requires training and risk assessment.
- 10.5 They inform their manager of any equipment that is broken or faulty or that requires a statutory examination. The equipment should be withdrawn from use immediately and repairs or service arranged.
- 10.6 All incidents and accidents involving manual handling are reported via DATIX web

## **11 RISK ASSESSMENTS**

11.1 In order to comply with the Manual Handling Operations Regulations (European Union 1992), the departmental Manager must manage the risk assessment process. Risk assessments can however be delegated to:

- Transfer Specialist (manual handling risk assessments for people and inanimate load handling).
- Safer Handling Coach (manual handling risk assessments for inanimate load handling only).

11.2 Risk assessments must be reviewed periodically, depending on the level of risk or whenever there is a change in the process, the equipment or following an incident.

High risk activity that cannot be controlled locally must be documented in the local risk register.

11.3 Risk assessments must be kept locally at departmental level and must be retained as long as the task/risk exists. The exception is individual patient manual handling risk assessments which remain in the patients case notes.

11.4 If manual handling has been assessed as a risk, the employer must, so far as is reasonably practicable, redesign the manual-handling task to remove the risk.

- 11.5 If removal of a risk is not practicable, the employer must, if feasible, redesign the manual handling task in order to reduce the factors contributing to the risk to a reasonable level.

## **12 MECHANICAL AIDS**

If a manual handling task has been assessed as a risk, Aneurin Bevan Health Board will provide and maintain, as far as is practicable, mechanical aids and specialist equipment for all such tasks to assist the employee carrying out that manual handling task.

## **13 TRAINING**

Training and instruction in safe manual handling methods are to be used in conjunction with other risk control options. It is recognised that sole reliance on training is less effective than controlling risks. Training provided meets the basic standards as laid down in the latest version of the All Wales passport.

- 13.1 The Transfer Specialist, Assistant Trainer and Safer Handling Coach and Assistant Trainers will be supported by their manager to facilitate training sessions / competency assessments for employees within their work area in line with the passport standards.
- 13.2 Annual updates will be provided for Transfer Specialists, Assistant Trainer and Safer Handling Coaches by the Manual Handling team to ensure practice is evidence based and up to date. Each Transfer Specialist, Assistant Trainer and Safer Handling Coach must attend an annual update in order to continue in the role. Trainers who fail to attend following a 2 year period will be required to attend further training and assessment to continue the role by contacting the manual handling team.
- 13.3 Employees must undertake a foundation course in manual handling in line with latest version of the All Wales passport. Thereafter a training needs analysis, update training/competency assessment is required every 2 years for all employee's. The foundation course does not need to be repeated as long as regular updates/competency assessments are completed.

Training requirements should be linked to individuals' Personal Development Review.

- 13.4 New employees who provide evidence of foundation course and update training dates in line with the All Wales passport will be accepted and progress to update training /competency assessment every 2 years.
- 13.5 Module A (theory) can be completed on the Aneurin Bevan Health Board intranet site. Within 3 months this must be followed up by the practical modules relevant to area of work. If not within 3 months the underpinning theory module A, will need to be repeated.
- 13.6 Training records will be kept at department level and be recorded on Electronic Staff Record (ESR) via completed attendance sheets. The manual handling workbook will act as a detailed training record within departments and remains the property of Aneurin Bevan Health Board.
- 13.7 Employees are provided with their own evidence in the form of an All Wales Manual Handling passport.
- 13.8 Aneurin Bevan Health Board is responsible for employees who are Trainers in manual handling techniques and will be covered by Aneurin Bevan Health Board under vicarious liability in the event of any action taken against them relating to the training they are providing on behalf of Aneurin Bevan Health Board.

## **14 GUIDELINES FOR EMPLOYEES ON THE MANUAL HANDLING OF PEOPLE**

- 14.1 When manually handling people privacy and dignity will be maintained and employees will pay due regard to equality and diversity considerations including recognition of gender and cultural sensitive care. E.g. a person may prefer to be cared for by a nurse or midwife of the same gender. Employees must always be sure to give adequate information and opportunity for questions and gain a person's consent before proceeding with care or treatment, (refer to Aneurin Bevan Health Board's Good Practice in Consent Policy).
- 14.2 Employees will assess and provide the appropriate level of assistance to ensure safety of all involved.

14.3 A person who can safely do so must be encouraged to move themselves. Employees must take all reasonable steps to ensure that the person who requires physical assistance understands and agrees to the methods to be used. Consideration must be given to those people for whom English is not their first language and the importance of the interpretation and translation service, (information available via Aneurin Bevan Health Board intranet site)

14.4 People handling carries potential hazards due to the range of issues such as communication difficulties, poor functional mobility of the person, unpredictability, lack of coordination and difficulty cooperating. Therefore, each person must have an up-to-date patient handling risk assessment and care plan using the appropriate Manual Handling Risk Assessment Form, which includes:

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- Person's weight, medical history, functional mobility, mental state and environment
- Manual handling method to be used
- Details of equipment required
- The number of employees required to move the person safely

This assessment must be carried out by a professionally qualified employee who has received training on patient handling risk assessment and care planning.

14.5 If assessment indicates that the person needs physical assistance to move, such as methods and equipment employees should avoid taking the weight of this person and use, e.g.

- Transfer boards, slide sheets
- Mechanical aids such as hoists and slings including type and size
- Specially designed beds and mattresses

- Specialist equipment, e.g. for the heavier or disabled person.

14.6 A detailed handover communication system for people requiring assistance with moving should be implemented.

## **15 EMERGENCY SITUATIONS**

15.1 All manual lifting of a person where employees take the full body weight or most of the person's weight must be eliminated in all but life threatening and emergency situations. Whenever possible, equipment should be used.

15.2 Some situations are foreseeable e.g. person with a history of falls or collapse. All foreseeable emergency situations must have risk assessments in place and suitable and sufficient control measures agreed to reduce injury risks.

15.3 The manual lifting of a person is high risk and considered as a last resort. In life threatening or emergency situation, when there is no other option available, a total of 7-8 people will be required to assist depending on the situation. (Resuscitation Council 2009, Guide to the handling of people 2005).

15.4 If an unforeseen emergency situation occurs in an area without suitable equipment and/or insufficient employee numbers, a risk assessment must be completed after the event and suitable control measures established for the future.

## **16 CONFLICTS IN MOVING AND HANDLING**

16.1 Even when the person and their carers have been fully involved in assessment and planning processes, a small minority may still be reluctant to change existing practices to reduce the risks identified. In such cases employees should:

- Escalate to seek resolution via line manager
- Discuss benefits and safety aspects to all relevant

people

16.2 In the unusual event that all reasonable efforts to provide a safe service fail, the designated manager should contact an Aneurin Bevan Health Board Manual Handling Advisor for advice on possible alternatives.

16.3 If all attempts to provide the service in an acceptable way fail it needs to be escalated to senior management for consideration. Aneurin Bevan Health Board has to balance its legal duties to the employees under Health and Safety legislation against the provision of quality care to the person..

## **17 INDIVIDUALS WHO HAVE DIFFICULTIES EXPRESSING THEIR VIEWS OR MAY LACK MENTAL CAPACITY**

17.1 Where a person may have mental capacity but have difficulties expressing their wishes in relation to moving and handling decisions, all reasonable attempts should be made to ascertain their wishes by use of interpreters, non-verbal communication, and advocate.

17.2 Where a person may lack mental capacity in relation to moving and handling decisions, employees should refer to the Mental Capacity Act 2005 and its Code of Practice (particularly chapters 1-6).

## **18 TREATMENT HANDLING**

Following recognition of the difficulties that exist between safer handling policies and the treatment methods utilised by therapists in delivering the rehabilitation needs of the patient, an All Wales Treatment Handling Group of Occupational Therapists and Physiotherapists, defined treatment handling as "a specialised handling that takes place for a short period of time to facilitate and improve function. It is carried out by therapists and therapy clinical support employees." (All Wales Treatment Handling Group 2002).

Both the Physiotherapy and Occupational Therapy services within the Health Board have developed their own policies to support their own treatment intervention. It is important for care employees to appreciate that the risk assessment processes undertaken by these professions are specific to their treatment interventions and professional knowledge and skills.

Care employees should be aware that treatment handling methods adopted by therapists are specific to treatment and are not to be used as routine moving and handling care practice, unless agreed with Therapist and Care employees and documented in the patient care plan.

All employees within the multi-disciplinary team should be aware of the importance of communication regarding patient handling. This is fully supported by both professions.

## **19 CONTROVERSIAL TECHNIQUES**

All Wales Interim Policies and Procedures for the Protection of Vulnerable Adults from Abuse (POVA) definition of abuse is:

*"Physical abuse is the unnecessary infliction of any physical pain, suffering or injury by a person who has responsibility, charge or care, or custody of, or who stands in a position of or expectation of trust to, a vulnerable person".*

The following people manual handling techniques are considered high risk of injury and harm to both handlers and patients and deemed to be unsafe. (Ruszala, 2005). They should therefore be avoided.

- Drag lift (includes any lift that involves healthcare employees moving/assisting to move the person by linking/supporting under arms or axilla when in bed, standing or walking).
- Armchair or orthodox lift, (lifting a person with one health carer on each side clasping each other's wrists at person's back and under person's thighs).
- Through-arm, hammock or top and tail.
- Front assisted stand and pivot transfers e.g.
  - Clasping hands around health care employees neck
  - When the person places arms around health carers waist and is rocked into a standing position.
- The shoulder lift or Australian lift with carer's shoulders under person's axilla.

## **20 HEAVIER/BARIATRIC PEOPLE**

The prevalence of obesity within the population is increasing in the United Kingdom. A survey from G.P. surgeries in 2008 identified obesity hotspots in Scotland, England and Wales.



The top 5 in the United Kingdom included three localities within Aneurin Bevan Health Board catchment area.

**20.1** The moving and handling obese people presents a foreseeable risk to both the patient and employees.

**20.2** If a heavier person requires assistance to move, detailed risk assessments must be completed for individual handling tasks to enable the appropriate technique and equipment to be used. As a result Aneurin Bevan Health Board recognises specialist equipment may be deemed necessary to reduce risks to patients and employees. If appropriate equipment is unavailable locally, information on bariatric equipment rental companies is available on the manual handling page of Aneurin Bevan Health Board intranet with links to websites.

## **21 FALLS AND THE FALLEN PATIENT**

The emphasis must be on falls prevention and robust risk assessing and planning strategies for those at risk of falling. Refer to Operational Policy and Procedure for the Prevention and Management of Adult In-patient Falls

**21.1** It is generally perceived by healthcare professionals that allowing a person to fall to the ground is unacceptable and is a direct infringement of that individual's duty of care. This creates an ethical dilemma and is particularly emotive as employees feel they must protect those under their care as well as the responsibility of protecting themselves.

**21.2** To catch or control the descent of a falling patient is inherently unsafe for the handler. This is supported by a force calculation as described by Fray, 2003, taking into account body weight, gravity, velocity and the time taken to fall. When arresting a falling patient weighing 60Kgs- (9 ½ stone), the force borne by the handler is equal to 480Kgs (75 stone) of weight. If the patient is out of reach it is unrealistic to be able to lower them to the ground in a safe manner, Resuscitation Council 2009.

### **21.3 Training risks - the falling patient**

Methods for managing the falling patient are discussed in patient handling training but not demonstrated or practiced due to the high risk of injury. Specific instruction on how to manage a falling person is fraught with difficulties due to many variables which include; the environment; functional mobility; size and weight of falling person; physical ability and skill of employees and distance, speed and direction of fall.

### **21.4 The fallen patient**

There are a number of options to raise a fallen patient safely providing the patient has been examined to ensure they are medically fit to be moved.

**21.5** Refer to Diligent Handbook of Transfers 2008 (available via Transfer Specialist) for written and pictorial guidance on handling the falling and fallen patient.

## **22 EQUALITY IMPACT ASSESSMENT**

This policy has undergone a equality impact assessment screening process using the toolkit designed by the NHS Centre for Equality and Human Rights. Details of the screening process are available from the policy owner.

## **23 REFERENCES**

All Wales Interim Policies and Procedures for the Protection of Vulnerable Adults from Abuse, 2010.

All Wales Passport 2003 – version 2.1., updated 2010. All Wales NHS Manual Handling Training, Passport and Information Scheme.

<http://howis.wales.nhs.uk/page.cfm?pid=55>

All Wales Treatment Handling Protocol 2010.  
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Betts M., Mowbray C. 2005. The Guide To The Handling of People; 5<sup>th</sup> Edition; Chapter 18 National Back Pain Association; Teddington

Handbook of Transfers, Diligent UK Version 2008. Gloucester

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Mental Capacity Act. 2005. Code of Practice. 2007; TSO (The stationary Office). London.

Resuscitation Council, 2009. Guidance for safer handling during resuscitation in healthcare settings, Resuscitation Council, London

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Treatment Handling Policy for Occupational Therapy, Aneurin Bevan Health Board.