



**Public – To be published on the Trust external website**

# **Manual Handling of People Procedure**

**Ref: HS-0001-012-v2.1**

**Status: Approved**

**Document type: Procedure**

**Overarching policy: Health and Safety Policy**

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## 1 Introduction

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The moving and handling of people is a regular task in our Trust, which if not done safely, can cause serious injury to service users and staff.

Poor moving and handling practice can lead to:

- \* back pain and musculoskeletal disorders, which can lead to inability to work
- \* moving and handling accidents – which can injure both the person being moved and the employee
- \* discomfort and a lack of dignity for the person being moved
- \* Trust staff must take action to prevent or minimise the risk of injury.

This procedure concentrates on reducing the risk from people handling.

This procedure links to Our Journey To Change (OJTC) for both patients and staff. By adhering to this procedure we will improve patient safety and patient dignity. We also improve experience for our colleagues by creating a safer workplace fit for purpose.

### To co-create a great experience for our patients, carers and families, so you will experience:

- **Outstanding** and compassionate care, all of the time.
- **Access** to the care that is right for you.
- **Support** to achieve your goals.
- **Choice** and control.

### To co-create a great experience for our colleagues, so you will be:

- **Proud**, because your work is meaningful.
- **Involved** in decisions that affect you.
- **Well led** and managed.
- That your workplace is **fit for purpose**.

### To be a great partner, so we will:

- Have a **shared understanding** of the needs and the strengths of our communities
- Be **working innovatively** across organisational boundaries to improve services.
- Be **widely recognised** for what we have achieved together.

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## 2 Purpose

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Following this procedure will help the Trust to:-

- Ensure all patients requiring manual handling will have a documented Patient Moving and Handling Risk Assessment in place.

- Ensure that patients who do not require manual handling have this documented.
- Provide a safe and healthy working environment for all its employees and others affected by their undertakings as required under the Health and Safety at Work Act 1974.
- Minimise musculoskeletal disorders to staff caused by manual handling tasks and comply with the requirements of the Manual Handling Operations Regulations 1992 (as amended 2004).



The aim of the procedure is to avoid manual lifting of people in all but exceptional situations. Hoists, standing aids, sliding aids and other specific moving and handling equipment should be used.

### 3 Who this procedure applies to

This procedure is relevant to all employees within TEWV NHS FT who use Manual Handling of People as part of their roles and responsibilities.

Engagement with both the Health, Safety, Security and Fire Group and the Medical Devices Management Group has been conducted to reflect how staff might be affected by this procedure.

This procedure aligns to the Trust values, so that staff and service users affected are treated with compassion, respect, responsibility. This is clearly reflected in the section “Patient Moving & Handling”.



#### Respect

- Listening
- Inclusive
- Working in partnership



#### Compassion

- Kind
- Supportive
- Recognising and Celebrating



#### Responsibility

- Honest
- Learning
- Ambitious

### 4 Related documents

- ✓ This procedure describes what you need to do to implement the Manual Handling of People section of the Health and Safety Policy.

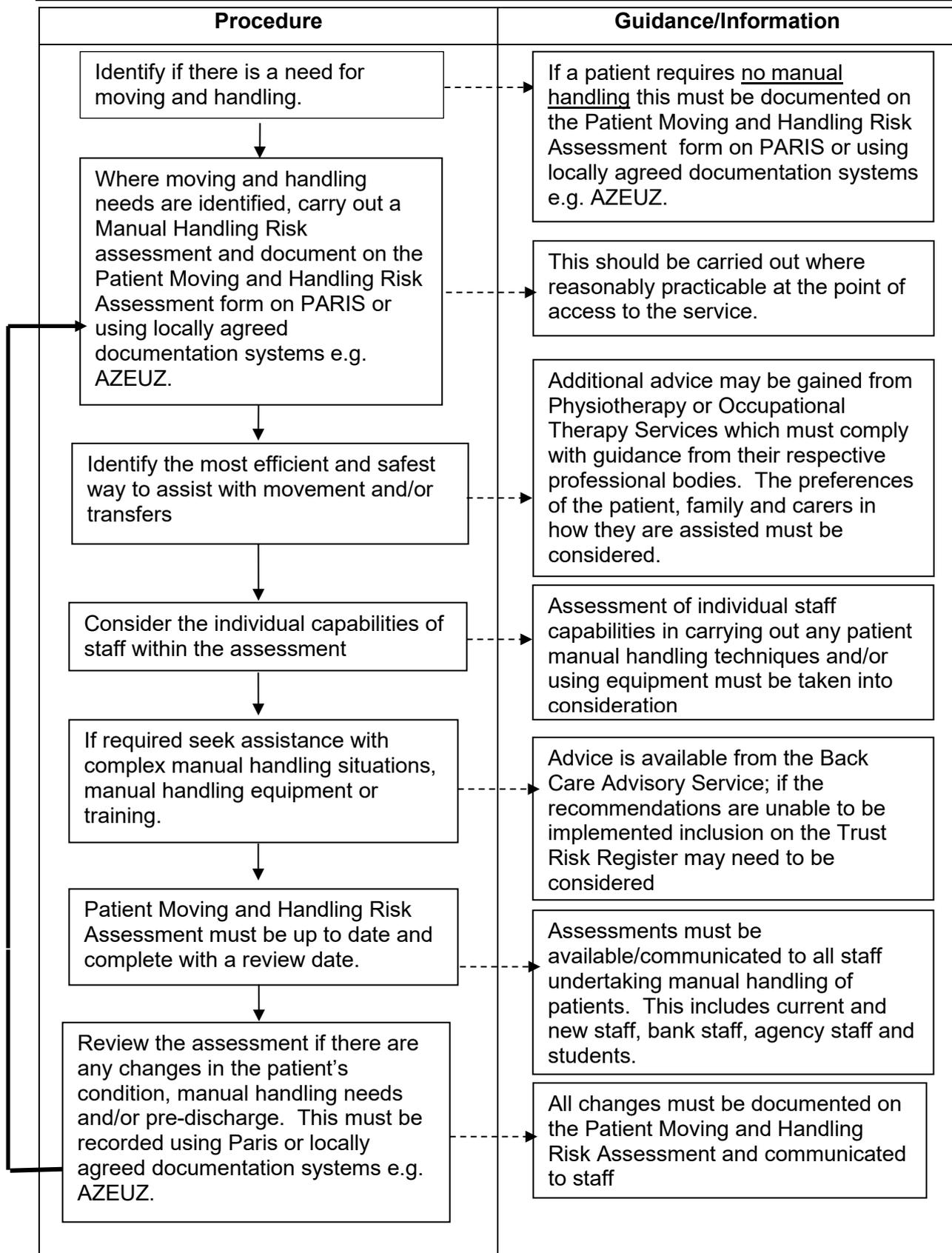


The Health and Safety Policy defines roles and responsibilities relevant to procedures described in this document.

## 5 Patient Moving & Handling

- All new In-patients must have a Patient Moving and Handling Risk Assessment initiated and documented on Paris where reasonably practicable within six hours of admission.
- Non in-patients may access community staff from a range of services. The level of input required will be determined by individual patient needs. Moving and handling of people assessments and subsequent interventions undertaken by TEWV staff must be fully documented following the guidance in this procedure. This may be completed using locally agreed documentation systems e.g. Paris, AZEUZ.
- Where individual handling needs have been identified each patient (In-Patient or Community) must be individually assessed taking into account their preferences, the preferences of family and carers, individual needs, capabilities and circumstances, the rehabilitation and development needs with consideration to the importance of patient and staff safety.
- A problem solving approach will be adopted which considers the use of a variety of handling techniques and equipment to reduce the risk of injury. Patient independence will be encouraged at all times.
- Consider the capabilities of staff within the assessment – It is the responsibility of each individual to report their own health, fitness and capabilities in relation to moving and handling to their relevant manager/supervisor.
- Following assessment a Patient Moving and Handling Risk Assessment must be produced for the individual which must be reviewed within a year, when the patient's condition and/or manual handling needs change or at the point of pre-discharge if this is before the yearly review is due. Following any review of the Patient Moving and Handling Risk Assessment it must be updated and all advice, actions or recommendations fully documented. This must then be made the primary patient moving and handling record.
- Patient Moving and Handling Risk Assessments must be up to date and complete with a review date. – Assessments must be available to all staff undertaking manual handling of patients. This includes current and new staff, bank staff, agency staff and students.
- The Patient Moving and Handling Risk Assessment must have all relevant information included taking into consideration the number of staff required (single handed care or multiples of staff), the time needed, specific equipment, techniques and specific communication.

## 6 Flow Chart



## 7 Definitions

Term	Definition
Manual Handling	The Transporting of a load (including lifting, putting down, pushing, pulling, carrying or moving) by hand or by bodily force or the supporting of a load in a static posture. The load may be either animate (person or animal) or inanimate (box or trolley). Manual Handling Operations Regulations 1992, (as amended 2004).
Ergonomic Approach	Practical and scientific approach of people in relation to their working environment and concerned with the design of safe systems of work and fitting handling tasks to people to make them safer and easier to perform.
Patient lifting equipment	Hoists, Stand Aids, Slings, Flat Lifting Equipment, Lifting Slings, Emergency Lifting Sheets.
Patient non-lifting equipment	Sliding sheets and gloves, handling belt, Rotastand

## 8 How this procedure will be implemented

- This procedure will be published on the Trust's intranet and external website.
- Line managers will disseminate this procedure to all Trust employees through a line management briefing.

### 8.1 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
All staff who use manual handling of patients	Manual Handling of People Training	Session	Annual

## 9 How the implementation of this procedure will be monitored

Auditable Standard/Key Performance Indicators		Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	Clinical Audits	Annual Audits	Back Care Advisory Service Audits Clinical Audit Team
2			

## 10 References

[Moving and handling in health and social care](#), HSE website Sept 2021  
 The Guide to the Handling of People, A Systems Approach 6<sup>th</sup> edition 2011  
 Health and Safety at Work Act 1974  
 The Management of Health and Safety at Work Regulations 2006  
 Manual Handling Operations Regulations 1992 (as amended 2004)  
 The Lifting Operations and Lifting Equipment Regulations 1998  
 The Provision and Use of Work Equipment Regulations 1998

## 11 Document control (external)

To be recorded on the policy register by Policy Coordinator

Date of approval:	13 September 2021	
Next review date:	13 September 2024	
This document replaces:	Ref HS-0001-012.v2	
This document was approved by:	Name of committee/group	Date
	Health, Safety, Security and Fire Group	5th August 2021
This document was ratified by:	Name of committee/group	Date
	Medical Devices Management Group	13th September 2021
This document was ratified by:	Name of committee/group	Date
	n/a	
An equality analysis was completed on this document on:	6 <sup>th</sup> July 2021	
Document type	Public	
FOI Clause (Private documents only)	n/a	

### Change record

Version	Date	Amendment details	Status
1	Nov 2014	New procedure	Withdrawn
2	Jan 2018	<ul style="list-style-type: none"> <li>added words 'moving and' pg2</li> <li>Added 'Ensure that patients who do not require manual handling have this documented' Pg3</li> <li>'specific moving and handling equipment' has replaced 'specialised equipment' pg3</li> <li>Slips, trips and falls policy removed pg3</li> <li>'Care first' removed pg4 and 5</li> <li>Once the plan has been reviewed it should be clearly recorded in the locally agreed documentation system <u>and the</u></li> </ul>	Withdrawn

		<p>care plan itself either re-issued with “Review Completed and Date and signature” or can be signed off by the reviewing healthcare professional has been replaced with - Following any review of the Patient Moving and Handling Risk Assessment it must be updated and all advice, actions or recommendations fully documented. This must then be made the primary patient moving and handling record pg4</p> <ul style="list-style-type: none"> <li>• ‘agency staff’ has been added to point 7 on pg4</li> <li>• Point 8 has been replaced with - The Patient Moving and Handling Risk Assessment must have all relevant information included taking into consideration the number of staff required (single handed care or multiples of staff), the time needed, specific equipment, techniques and communication pg4</li> <li>• the words ‘committee’ replaced with ‘group’ pg9</li> <li>• Update service specific risk assessments e.g. FACE, Samurai to show this has been completed - removed from pg5 point 2 in guidance.</li> <li>• ‘agency staff’ added to point 6 in guidance pg5</li> </ul>	
2	July 2020	Review date extended by 6 months	Withdrawn
2	July 2021	Review date extended to 30 Sept 2021	Withdrawn
2.1	13 Sept 2021	<p>Full review of document with minor wording changes</p> <ul style="list-style-type: none"> <li>• Public – To be published on the Trust external website added to front page</li> <li>• ‘risk assessment and handling plan’ replaced with ‘Patient moving and handling risk assessment’ pg4,5,6</li> <li>• ‘on Paris’ added to pg5</li> <li>• ‘reasonably practicable’ added to pg5,6</li> <li>• ‘SSID’ has been replaced with ‘AZEUZ’ pg5,6</li> <li>• ‘family and cares’ has been added to pg5,6</li> <li>• ‘consideration’ has been added to pg6</li> <li>• ‘specific’ has been added to pg5</li> </ul>	Approved

		<ul style="list-style-type: none"><li>• '2006' added to pg8</li><li>• The word 'management' added to pg9</li><li>• Our Journey to Change text added</li><li>• Transferred to new template</li></ul>	
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## Appendix 1 - Equality Analysis Screening Form

Please note; The Equality Analysis Policy and Equality Analysis Guidance can be found on the policy pages of the intranet

Name of Service area, Directorate/Department i.e. substance misuse, corporate, finance etc.	Nursing and Governance/Back Care Advisory Service			
Is the area being assessed a...	Policy/Strategy	<input type="checkbox"/>	Service/Business plan	<input type="checkbox"/>
	Procedure/Guidance	<input checked="" type="checkbox"/>	Code of practice	<input type="checkbox"/>
	Other – Please state			
Geographical area covered	Trust wide			
Aims and objectives	To set standards in practice to ensure the delivery of patient care is carried out safely and effectively by trust staff			
Start date of Equality Analysis Screening (This is the date you are asked to write or review the document/service etc.)	6 <sup>th</sup> July 2021			
End date of Equality Analysis Screening (This is when you have completed the equality analysis and it is ready to go to EMT to be approved)	6 <sup>th</sup> July 2021			

**You must contact the EDHR team if you identify a negative impact**

1. Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?					
Trust staff and patients					
2. Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups below?					
<b>Race</b> (including Gypsy and Traveller)	No	<b>Disability</b> (includes physical, learning, mental health, sensory and medical disabilities)	No	<b>Sex</b> (Men, women and gender neutral etc.)	No
<b>Gender reassignment</b> (Transgender and gender identity)	No	<b>Sexual Orientation</b> (Lesbian, Gay, Bisexual and Heterosexual etc.)	No	<b>Age</b> (includes, young people, older people – people of all ages)	No
<b>Religion or Belief</b> (includes faith groups, atheism and philosophical belief's)	No	<b>Pregnancy and Maternity</b> (includes pregnancy, women who are breastfeeding and women on maternity leave)	No	<b>Marriage and Civil Partnership</b> (includes opposite and same sex couples who are married or civil partners)	No
<p><b>Yes</b> – Please describe anticipated negative impact/s</p> <p><b>No</b> – Please describe any positive impacts/s      No barriers to implementing this procedure</p>					

<p>3. Have you considered other sources of information such as; legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.? If 'No', why not?</p>		Yes	X	No	
<p><b>Sources of Information may include:</b></p> <ul style="list-style-type: none"> <li>• Feedback from equality bodies, Care Quality Commission, Equality and Human Rights Commission, etc.</li> <li>• Investigation findings</li> <li>• Trust Strategic Direction</li> <li>• Data collection/analysis</li> <li>• National Guidance/Reports</li> </ul>		<ul style="list-style-type: none"> <li>• Staff grievances</li> <li>• Media</li> <li>• Community Consultation/Consultation Groups</li> <li>• Internal Consultation</li> <li>• Research</li> <li>• Other (Please state below)</li> </ul>			
<p>4. Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the following protected groups?: Race, Disability, Sex, Gender reassignment (Trans), Sexual Orientation (LGB), Religion or Belief, Age, Pregnancy and Maternity or Marriage and Civil Partnership</p>					
<p><b>Yes</b> – Please describe the engagement and involvement that has taken place</p>					
<p><b>No</b> – Please describe future plans that you may have to engage and involve people from different groups</p>					
<p>X</p>					
<p>5. As part of this equality analysis have any training needs/service needs been identified?</p>					

<b>No</b>	Please describe the identified training needs/service needs below				
A training need has been identified for;					
Trust staff	No	Service users	No	Contractors or other outside agencies	No
<b>Make sure that you have checked the information and that you are comfortable that additional evidence can provided if you are required to do so</b>					
If you need further advice or information on equality analysis, the EDHR team host surgeries to support you in this process, to book on and find out more please contact the team.					

## Appendix 2 – Approval checklist

	Title of document being reviewed:	Yes/No/ Not applicable	Comments
<b>1.</b>	<b>Title</b>		
	Is the title clear and unambiguous?	yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	yes	
<b>2.</b>	<b>Rationale</b>		
	Are reasons for development of the document stated?	yes	Review and update required
<b>3.</b>	<b>Development Process</b>		
	Are people involved in the development identified?	N/A	
	Has relevant expertise has been sought/used?	N/A	
	Is there evidence of consultation with stakeholders and users?	N/A	
	Have any related documents or documents that are impacted by this change been identified and updated?		The new version will need to be added to the health and Safety Policy
<b>4.</b>	<b>Content</b>		
	Is the objective of the document clear?	yes	
	Is the target population clear and unambiguous?	yes	
	Are the intended outcomes described?	yes	
	Are the statements clear and unambiguous?	yes	
<b>5.</b>	<b>Evidence Base</b>		
	Is the type of evidence to support the document identified explicitly?	N/A	
	Are key references cited?	N/A	
	Are supporting documents referenced?	yes	
<b>6.</b>	<b>Training</b>		
	Have training needs been considered?	no	None required
	Are training needs included in the document?	no	None required
<b>7.</b>	<b>Implementation and monitoring</b>		

	<b>Title of document being reviewed:</b>	<b>Yes/No/ Not applicable</b>	<b>Comments</b>
	Does the document identify how it will be implemented and monitored?	yes	
<b>8.</b>	<b>Equality analysis</b>		
	Has an equality analysis been completed for the document?	yes	
	Have Equality and Diversity reviewed and approved the equality analysis?	yes	
<b>9.</b>	<b>Approval</b>		
	Does the document identify which committee/group will approve it?	yes	Health, Safety, Security and Fire Group Medical Devices Management Group
<b>10.</b>	<b>Publication</b>		
	Has the document been reviewed for harm?	yes	
	Does the document identify whether it is private or public?	yes	public
	If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	n/a	