**MANUAL HANDLING POLICY**

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**Changes to Manual Handling Policy (since last update in January 2020)**

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| **Version No.** | **Updated by** | **Updated on** | **Description of Changes** |
| 7.0 | Manual Handling  Advisor | Apr 2014 | Trust Arrangements for the dissemination Implementation and Access to the policy |
|  | Manual Handling  Advisor | Sep 2017 | Policy Statement- adding Introduction, scope and documentation. |
|  | Manual Handling  Advisor | Jan 2020 | Updated Document |
|  | Manual Handling  Advisor | Jan 2020 | Additional Roles and Responsibilities:- Chief Executive, Board of Directors, Directorate Management Teams, Ward/ Line Managers, Health and Safety Advisor, Occupational Health Advisors, Procurement Manager, Medical Devices Management Centre, Therapists, Employees, Trust arrangements. |
|  | Manual Handling  Advisor | Jan 2020 | Clarity of Legislation Requirements’- additional employees duties, definitions, policy statement, including the Mental Capacity Act |
|  | Manual Handling  Advisor | Jan 2020 | Training:- amendment to courses currently in place, changes to patient handlers theory and non-patient handlers theory updates, Patient Handlers/Non Patient Handlers Keyworkers courses and patient handlers/non patient handlers updates, MLE (theory) Management of Non Attendance. |
|  | Manual Handling  Advisor | Jan 2020 | Management of the heavier (Bariatric) patient  Specific manual handling training for speciality areas. |
|  | Manual Handling  Advisor | Jan 2020 | Emergency Patient Handling Situations  Amend and Update Appendixes A,B,C,D,E,F,G, |
|  | Manual Handling  Advisor | Oct 2023 | Purpose Updated – (Paragraph 2)  Patients Lacking Capacity section added (Paragraph 2)  Equipment Provision – Medserve Added (Paragraph 5)  Duties of Trust Manual Handling Trainer added - Paragraph 3 |

1. **Quick Reference Guide**

Salisbury NHS Foundation Trust is committed to protecting the health and safety of its staff and patients and recognises that safe manual handling practice is fundamental to the prevention of injury and ill health.

In accordance with The Health and Safety at Work Act (HASAWA) 1974 the Manual Handling Operations Regulations (MHOR) 1992 amended 2002, Lifting Operations Lifting Equipment Regulations (LOLER 1998) Provision and Use of Work Equipment Regulations (PUWER 1998) and the Management of Health and Safety at Work Regulations 1999, it is advised that the working environment within the establishment is safe and adequate for the type of work to be undertaken. The above acts impose duties on the employer (The Trust) to manage the risks associated with the manual handling of loads.

It is the intention of Salisbury NHS Foundation Trust to reduce the risks associated with manual handling.

The regulations identify a hierarchy of duties to which the Trust must adhere:

* Avoid hazardous manual handling operations so far as is reasonably practicable.
* Assess any hazardous manual handling operations that cannot be avoided.
* Reduce the risk of injury to the lowest level so far as is reasonably practicable.
* Identify the weight of the load and/or the weight distribution of the load where it is reasonably practicable to do so.

The implementation of this policy will also contribute to service delivery by reducing injuries and ill health, improving patient care and patient experience, reducing unnecessary losses and liabilities. The Trust is therefore dedicated to providing financial assistance to provide relevant manual handling equipment, based on suitable and sufficient risk assessments.

1. **Purpose**

To ensure the safety and welfare of its employees, and members of the public, the Trust is committed to ensuring that the requirements of the Manual Handling Operations Regulations (MHOR) are implemented.

The organisation is committed to minimising the risk of musculoskeletal injuries to all employees.

This policy applies to staff directly employed by Salisbury NHS Foundation Trust, agency, bank, and volunteers; it outlines the responsibilities of all staff and the organisation with regard to their role in developing and implementing this policy. This includes a description of the consideration that any staff, arranging for, or supervising external contractors must take to encourage their adherence to the principles of this policy. This policy extends to all manual handling activities, sites, buildings, and areas where the Salisbury NHS Foundation Trust owes a duty of care and responsibility to employees and patients.

This policy provides guidance to Directors, Managers, and employees on the arrangements regarding manual handling operations throughout Salisbury NHS Foundation Trust and provides standards of practice through awareness, training, and adequate resources, which enables Salisbury NHS Foundation Trust to:

* Minimise all hazardous manual handling as far as reasonably practicable.
* Assess the risks associated with manual handling and take appropriate action to reduce such risks, including the handling of patients.
* Carry out risk assessments to ensure progressive improvements in manual handling e.g., by promoting the safe use of mechanical aids and handling equipment.
* Provide all staff with manual handling training appropriate to their role/function with the aim of avoiding the need for hazardous manual handling.
* Eliminate manual handling operations that may incur a significant risk of injury wherever this is reasonably practicable, where this is not possible, risks must be reduced to the lowest level.
* Where possible, put in place automation and mechanical aids to assist in manual handling duties.
* Whilst comprehensive, this document is not exhaustive and as such all managers and employees must take reasonable care of their health and safety and that of others who may be affected by their activities, particularly patients.

The purpose of having a system that supports the management of risks associated with manual handling is to: -

* Identify the risks.
* Identify unsafe methods of work.
* Prevent injury.
* Ensure that appropriate equipment is available.
* Provide a safe working environment where manual handling takes place.
* Ensure that staff have sufficient knowledge and practical skills to undertake manual handling tasks appropriate to their employment.

**Scope**

All staff employed by Salisbury NHS Foundation Trust, (plus) contract,

Bank/temporary, volunteers, locums, and students within Salisbury NHS

Foundation Trust. It also has implications on patient care and patient safety.

**Documentation**

This document will be reviewed regularly and updated as deemed necessary.

Salisbury NHS Foundation Trust will ensure that the health and safety requirements highlighted in the Manual Handling Operations Regulations (1992) amended 2002 are implemented in those premises owned or operated by the Trust also where staff are engaged on Trust business outside of Trust premises must also adhere to this policy.

**Requirement for Safer Manual Handling**

In the instance of a patient or relatives’ refusal to allow the use of manual handling equipment where it has been assessed as a requirement for safer handling, all considerations and alternatives/techniques and equipment must be explored in collaboration with the Trusts Manual Handling Advisor.

To enable staff to facilitate safe transfers, hoisting may be the only safe alternative. It will be explained to the patient that if hoisting is the preferred safe method for transfer/ pressure relief or treatment, then without the use of equipment patients may be at risk and staff safety may also be compromised.

Therefore, if there is a refusal by the patient/relative to allow equipment to be used for transfers/rolling etc. for treatment/procedures there is a possibility that treatment cannot commence due to safety issues. It is the intention of the Trust to ensure that best and safe practice is adhered to at all times.

**Patients Lacking Capacity**

Sometimes it will be necessary to provide care and treatment to patients who lack the capacity to make decisions related to the content of this policy. In these instances, staff must treat the patient in accordance with the Mental Capacity Act 2005 (MCA 2005).

* A person lacking capacity should not be treated in a manner which can be seen as discriminatory.
* Any act done for, or any decision made on behalf of a patient who lacks capacity must be done, or made, in the persons Best Interest.
* Further information can be found in the MCA policy, and the Code of Practice, both available on Microguide.
* There is no single definition of Best Interest. Best Interest is determined on an individual basis. All factors relevant to the decision must be taken into account.

1. **Duties**

**Chief Executive Officer**

The **Chief Executive Officer-** has the overall accountability to ensure the development, implementation, and monitoring of the policy.The Chief Executive Officer ofSalisbury NHS Foundation Trust is responsible for ensuring the organisation complies with all relevant Health & Safety legislation of which manual handling is a part. The Chief Executive Officer will ensure that sufficient resources are provided to enable this policy to be implemented and to remain effective.

**Employer's Duties**

To provide a safe working environment, to ensure so far as reasonably practicable, the health, safety and welfare of all staff and others who may be affected by their work. To comply with the Manual Handling Operations Regulations 1992, the Trusts Training Needs Analysis, and the Manual Handling Policy. Manual handling training will be provided for staff who handle loads - both patient handlers and non-patient handlers (where deemed appropriate.)

Regulation 3 (1) of the Management of Health and Safety at Work Regulations 1999 requires employers to make a suitable and sufficient assessment of the risks to the health and safety of their employees while at work.

In terms of manual handling, the employer has a duty to:

1. Avoid manual handling operations which may cause injury.
2. Assess adequately any hazardous operations that cannot be avoided.
3. Once assessed action must be taken to remove or reduce to the lowest level the risk of injury so far as is reasonably practicable.
4. Conduct risk assessments which are reviewed when required or as circumstances change.
5. Provide appropriate and adequate training.
6. Have a written manual handling policy.
7. Provide appropriate equipment including mechanical aids.

**Employees Duties**

1. Attend manual handling practical update training as set out in the Trusts TNA.
2. Report and document any manual handling incidents/accidents or near misses onto Datix.
3. Employees are required to take reasonable care of their own health and safety and that of others (including patients), who may be affected by what they do or not do.
4. Make full and proper use of any system of work equipment provided for use by the employer, following safe systems of work and only using equipment which they have been trained to use.
5. New (employee) patient handlers must **NOT** undertake any practical manual handling tasks if they have not received manual handling practical training. Supervision must be given until such a time manual handling practical training has been given.
6. New (employees) non patient handlers unless otherwise stated will not be required to undertake manual handling practical training at Trust Induction but will be required to complete their MLE manual handling theory on commencement and every 3 years thereafter. In house practical manual handling awareness training will be provided and delivered by the department manual handling keyworker.
7. Staff who move and handle patients must where appropriate attend practical manual handling update training 2 yearly arranged by the patient handling Keyworker for the ward/department and or the Trust Manual Handling Trainer.
8. Every employee has a legal duty to co-operate with their employer to enable them to carry out their health and safety duties.
9. Remove, label and report hoists which is faulty to MDMS.
10. Not to misuse any equipment designed for manual handling and not to tamper or alter the manufacturer’s design of manual handling equipment.
11. To inform their ward/line manager of any change in their individual ability to undertake manual handling.
12. To implement safer manual handling practices within their daily working remit determined by appropriate risk assessment.
13. To report any manual handling adverse events including near misses in accordance with the Trust policy.
14. Each time manual handling is required the employee must evaluate the situation. They must judge whether the task is within their capabilities, knowledge, skill, experience, and responsibility. They must ensure that they have sufficient information concerning the load.
15. Assist and co-operate with any investigations into manual handling incidents.
16. Staff must wear appropriate clothing and footwear (open toed, high heeled shoes or sandals) must not be worn when carrying out patient manual handling tasks.
17. Check the safe working/operating load of equipment and identify whether or not it is suitable for the patient and the task.

**Directorate Management Teams**

Some of the tasks listed below may be delegated to the ward/line managers, but the Directorate Managers will take the ultimate responsibility.

1. Will liaise/discuss and involve the Trust Manual Handling Advisor in all aspects of serious manual handling incidents and will inform the Trust Manual Handling Advisor of the outcomes.
2. Shall monitor the provision of manual handling training in their areas of responsibility and report any concerns to the Manual Handing Advisor as soon as possible.
3. Ensure that staff receive appropriate manual handling training.
4. To ensure that the Risk Register is kept up to date and review dates and action plans are acted upon.
5. Provide the appropriate equipment required as indicated by the manual handling risk assessments and/or manual handling audit.
6. Provide adequate staffing levels to permit safer manual handling.
7. Ensuring compliance with this policy and ensure that systems are in place to identify and assess manual handling risks and be able to implement a safe system of work.

**Ward/Line Managers**

Ward/Line managers have an important role to play in the provision of a safe working environment for staff, patients and visitors including the safe handling of loads on a day-to-day basis. With support from their Directorate Management Team their responsibilities are:

1. To be directly accountable to their directorate management team for managing all manual handling risks that affect all staff, patients, and visitors within their work remit.
2. To ensure that specific manual handling risk assessments are completed and documented when the need for manual handling cannot be avoided.
3. Ensuring that resulting action plans are implemented, and in the event of any changes to these plans, these changes are documented, signed, and dated.
4. Ensuring that all documentation relating to manual handling risk assessments and action plans are reviewed, amended, when necessary, kept up to date and readily accessible for any potential litigation / audit purposes.
5. To implement health and safety standards within their service including those relating to manual handling.
6. To maintain their own manual handling competencies as appropriate for their role.
7. To support the Manual Handling Advisor in the promotion and enforcement of best and safe practice and in the safe use of moving and handling equipment.
8. To ensure their local area /department have a nominated Manual Handling keyworker or access to a keyworker.
9. To be proactive in releasing the manual handling Keyworkers in order for them to provide practical manual handling update training to staff.
10. For the keyworker to be able to attend their own manual handling Keyworkers update. Also, to enable the keyworker to take on additional roles of evaluating the patient manual handing risk assessments.
11. To ensure that staff report and record all manual handling incidents on Datix and the managers, along with the MHA if appropriate, investigate and take actions to remove and reduce the risk of further occurrence.
12. To refer staff to Occupational Health in the event of staff requiring assessment and/or advice in order to be assessed as fit for work or to remain at work or return to work,
13. Advise the Divisional Management Team of any possible changes in the workplace, staff, or work activities.
14. Ensure that any faulty manual handling equipment is withdrawn from service immediately and reported for prompt repair or replacement hoists, beds contact MDMS.
15. Ensuring that new or any existing handling equipment / medical device has been registered with the Medical Devices Team and is recorded in the Medical Devices Inventory.

**Health & Safety Manager, Health & Safety Advisor**

* To work alongside the Manual Handling Advisor when undertaking investigations into incidents relating to load handling.
* To investigate/report all RIDDOR incidents to the HSE and other outside organisations.
* To distribute to the Health & Safety Committee the yearly reports from the Manual and Handling Advisor.

**Physiotherapists and Occupational Therapists**

Due to the nature of their work, which includes some specialist therapeutic manual handling, Physiotherapists and Occupational Therapists shall have their own manual handling keyworker to deliver their update training. Advice can be sought from the Manual Handling Advisor.

Occupational therapists and Physiotherapy staff will be updated with practical skills 2 yearly by their own departmental therapy Keyworkers. Theory via (MLE) will need to be completed 2 yearly and passed prior to attending a practical training session.

Practical training registers, declaration of health and practical assessment forms should be sent to the Manual Handling Advisor who will then ensure the individual staff members learning plan on MLE is updated.

**Tissue Viability Specialist Nurses**

Provide advice on specialist pressure relieving equipment and on tissue viability and pressure care issues, which may have an impact on moving and handling.

In some instances, the TV team may liaise with the Manual Handling Advisor in providing departments with advice, on request, concerning moving and handling problems with the aim of reducing the risk of injury to staff.

**Procurement of Moving & Handling Equipment**

There are a large number of Manufactures and Suppliers providing a very wide range of moving and handling related equipment. However, to ensure safety, quality, efficiency, and cost effectiveness as well as a consistent approach to moving & handling issues across the Trust, managers must seek advice from the Trust Manual and Handling Advisor, Infection Control team/other specialised advisors, prior to procuring any of these items.

**Medical Device Management Service**

Medical Devices must ensure that prior to manual handling equipment being purchased advice is sought in accordance with the guidelines provided by the Trusts Manual Handling Advisor.

The Manual Handling Advisor must be consulted if new/replacement equipment is to be purchased which potentially may have an impact on the delivery of patient manual handling, safety, and ergonomic environmental factors.

Consult with the Manual Handling Advisor in the refurbishment of Trust premises where manual handling issues are pertinent.

It is also vital that manual handling equipment is trialled prior to purchase whenever possible to prevent the purchase of ineffective/inappropriate equipment.

**Trust Manual Handling Advisor (MHA)**

Should have attended a recognised Back care course (i.e., Loughborough University), be a Member / Registered Member of National Back Exchange (NBE 2004) Safety and Health (IOSH)/ Royal Society for the Prevention of Accidents and attend regular forums to maintain their practice current.

The Manual and Handling Advisor shall be the Trust’s centre of expertise and knowledge with regard to all matters relating to moving and handling and shall give advice and support to managers, manual handling keyworkers and staff with regard to risk assessments, equipment, and training.

The Manual Handling Advisor will:

1. Provide and undertake professional leadership for manual handling matters.
2. Provide all managers and staff with expert advice in all aspects of manual handling to enable the Trust to adhere to the Manual Handling Operations Regulations '92 amended 2002 along with any other relevant linked legislation, professional body guidance and to the Trust Manual Handling policy.
3. Monitor manual handling incidents including RIDDOR incidents.
4. Investigate manual handling incidents recorded on DATIX and record the outcomes in order to give proactive and preventative advice for the future.
5. Implement and monitor appropriate evidence-based training to all staff in accordance with the NHS Resolution standards, HSE expectations and Trust Policy.
6. Train nominated staff to a recognised standard in order for them to act as manual handling clinical/nonclinical Keyworkers.
7. Advise the ward managers, directorate manager’s re- equipment needs for safer manual handling.
8. Submit and provide an annual report regarding manual handling to the Health and Safety committee in order to maintain and develop the manual handling culture across the Trust, to an optimal and recognised standard.
9. Work with the Trust Procurement team NHS supplies, Medical Devices Group, Infection Control, and other teams as appropriate.
10. Ensure that patient manual handling risk assessments are completed and updated as necessary, and any action required as a result of these assessments is undertaken and implemented.
11. Assist and oversee ward managers with generic and individual person specific job/task risk assessments Inc. ergonomic task/job analysis if appropriate and ensure any remedial action is implemented as soon as possible.
12. Work alongside staff in times of complex handling cases.
13. Maintain a high standard of knowledge and skills in terms of manual handling by means of continued appropriate training, networking, and updates in current safe and best practice.
14. Provide specialised training for staff in departments/wards where manual handling is specific to the role.ie ITU, Theatres, Midwives, Children’s services, spinal unit, and Accident/Emergency department.
15. Review the content of all the manual handling training courses to ensure compliance with current legislation and best/safe practice.
16. Undertake random spot compliance checks of wards/departments and feedback to the directorate senior nurse and ward managers.
17. Document in the patients care plan accurate precise information relating to any manual handling treatment/equipment provided for that patient.
18. Ensure that training sessions are monitored and reviewed regularly to ensure that they are up to date in terms of current recommended best practices recognised by the Health and Safety Executive (HSE), The Royal College of Nursing (RCN) as well as the National Back Exchange (NBE).

19. Work with a member of staff in the workplace who has been identified as encountering problems with patient moving and handling. This may be by Occupational Health or Manager’s referral.

**Trust Manual Handing Trainer**

The Trust Manual Handling Trainer duties will cover:

1. To facilitate and assist with the planning, preparation, delivery, and assessments of moving and handling training at Trust Induction and ward updates.
2. To raise the profile of safe moving and handling and reduce the risk of injury to staff and patients.
3. To assist with clerical input associated with the preparation and data collection of training programmes, course administration and clerical duties.
4. Assist with the LOLER 6 monthly inspections.
5. To assist and co-ordinate the moving and handling resources for the Trust i.e., plus sized patient equipment.
6. To work unsupervised when planning and preparing the relevant training sessions.
7. Perform quality control assessments of the equipment.
8. To follow and facilitate others to adhere to the professional guidelines and standards, Trust policies, procedures, protocols, and guidelines relating to moving and handling.

**Patient HandlingKeyworkers**

1. Assist the Trust MHA in promoting the culture of best and safe working practice in terms of manual handling including the importance of appropriate risk assessment within the local ward/departmental working environment.
2. To act as a local role model in best and safe practice in terms of manual handling.
3. To be a point of contact for clinical staff on matters relating to manual handling.
4. To provide 2 yearly clinical practical update training on safer handling techniques as advised by the Manual Handling Advisor.
5. To produce an inventory for the Manual Handling Advisor of all manual handling equipment and aids used in their wards/departments.
6. To encourage/promote safe working practice at all times and report any concerns of malpractice immediately to their ward/department leads and the Trust Manual Handling Advisor to ensure prevention of accidents and injuries.
7. To attend 2 yearly updates arranged by the Trusts Manual Handling Advisor in order to maintain knowledge, skills and competencies required to provide training.
8. Send copies of registers, health declaration and practical forms, to the Manual Handling Advisor to enable staff members learning plan on MLE to be updated.
9. Shall ensure that staff and themselves have completed and passed their online MLE manual handling theory, prior to attending a practical update.
10. To assist the department leads in the completion of manual handling risk assessments and to undertake risk training.

**Non-Patient Manual Handling Keyworkers**

1. To act as a local role model in best and safe practice in terms of manual handling.
2. To be a point of contact for non-patient handlers.
3. To assist the Trust MHA in promoting the culture of best and safe working practice in terms of manual handling including the importance of appropriate risk assessment within their own local departmental working environment.
4. To provide where required 3 yearly practical non- patient handling updates for staff within their areas.
5. Shall ensure that staff and themselves have completed and passed their online theory, prior to attending a practical update.
6. Send copies of registers, health declarations and practical form to the MHA to enable staff members learning plan on MLE to be updated.
7. To attend 3 yearly updates arranged by the Trusts Manual Handling Advisor in order to maintain knowledge, skills and competencies required to cascade training.
8. To assist the department leads in the completion of manual handling risk assessments.

1. **Definition**

**Definition of Manual handling -** means the transporting or supporting of a load by hand or bodily force. This includes pushing, pulling, lifting, lowering, carrying, this includes the use of hoists or mechanical aids.

1. **Equipment provision, maintenance, and guidelines for use**

In order to comply with the MHOR”92, PUWER” 98 and LOLER “98 all lifting equipment should be assessed that it is in good condition and working order prior to each use. It is the duty of all staff using the aids to do this. If there is any doubt, then the aid must be taken out of service and marked clearly that it should not be used, and the procedure of reporting faulty equipment followed as per Medical Devices policy dictates. The Trust MHA should also be informed.

**No** member of staff should use specific handling aids unless they have received appropriate training either by the Trust MHA the local MH keyworker, Trust Manual Handing Trainer or by the appropriate Equipment Sales Representative.

Lifting equipment such as slings, hoists etc., used for lifting people must be subject to a thorough inspection every 6 months and serviced annually.

This service contract has been awarded to Medserve and all Trust owned hoisting equipment must have a valid service sticker attached to the device advising when it was last serviced and when the next service is due. If there is not a valid service sticker visible, please take the equipment out of use and report it directly to MDMS who will arrange a service visit.

This inspection contract has been awarded to Medserve and all hoists and slings must have a valid in date tag attached to the device advising when the next inspection is due. This occurs every 6 months.

If manual handling hoisting equipment is out of date, then it must be isolated, not used and MDMS and the MHA contacted.

Please refer to the Medical Devices Policy on the Microguide for more information or contact the Medical Devices for advice and support.

Once the inspection has been completed, the hoists will have a tag that will read “NEXT INSPECTION DUE” and the relevant month and year will follow. The slings will have a tag that will read “NEXT INSPECTION DUE” and the relevant month and year will follow. These tags must not be removed by staff.

All slings will have an additional green tag attached stating the SWL (Safe Working Load). This must not be removed by staff.

Note that the PFI (Private Finance Initiative) Services Provider is similarly responsible for examination and maintenance of fixed assets in the PFI buildings Inspection and Service of hoists and overhead hoists.

1. **Risk Assessment**

Risk assessments are a legal requirement and are undertaken within the Trust in line with the guidance set out in the Risk Management Strategy, Policy, and Risk assessment Process. Any risk which poses a significant risk to staff, visitors, patients, or contractors must be formally documented using the Trusts standard Risk assessment form. Employees that are particularly at risk, such as young or inexperienced, new, or expectant mothers, lone workers, night workers should be considered in any risk assessment.

Where there is a manual handling risk a moving and handling risk assessment form must also be completed. Risk assessment forms can also be found on the Trust Intranet site. The Manual Handling Risk Assessment Form should be used for general manual handling activities (e.g., kinetic handling) and the Nursing Assessment Record and Care Planning Document should be used for patient handling.

Risk assessments should be used as a proactive tool to assist staff in identifying manual handling risks before they are realised, to ensure that action plans can be made and that risks are eliminated or reduced to the lowest level practicable. Risk assessments should be reviewed regularly to ensure that they are kept up to date. All staff should be aware of them and have open access to risk assessments relevant to the daily tasks they perform. Staff must follow all actions and guidance given within the assessment. Any action plans made as a result of a risk assessment should be completed as soon as is reasonably practicable. Risk assessments must be reviewed and updated as necessary in response to any incident which poses a significant risk to staff, patients, visitors, or contractors.

The Trust has a formulated risk register, which includes details of all risks identified from any source. The risk register includes risks arising from health and safety issues (this includes moving and handling / ergonomic risks) and is compiled in three sections (Trust wide, Directorate and Departmental).

Additional advice and support or urgent advice regarding manual handling risks can provided by the Manual Handling Advisor.

Outside normal working hours, urgent advice, and support regarding the clinical care of people that use our services is available via the ‘on call Manager’ (duty on call rota).

Task based risk assessments need to be conducted to ensure that all day-to-day activities and other foreseeable eventualities are planned for to ensure safe working practice and environment. These assessments should consider the following components: (TILEE or O)

1. **T**ask
2. **I**ndividual capability
3. **L**oad (object / person)
4. **E**nvironment
5. **E**quipment and or **Other**

The procedure should be in line with the guidelines of the Health and Safety legislation and guidance Inc. MHOR 1992, and in accordance with the Trust Risk Management Policy and Procedure.

There are 5 types of Manual Handling Ergonomic risk assessment:

1. Generic
2. Patient Specific Handling Profiles
3. General lifting and carrying
4. Pushing and pulling of loads
5. Ergonomic Task Analysis

All patients must have a documented handling and mobility risk assessment undertaken preferably within 6 hours of admission to assess the correct equipment and safe system of work that is required for that patient. This can be found in the Nursing Assessment Record and Care Planning Document.

The risk identified must be reviewed as appropriate and particularly when or if there are any significant changes in the patients’ medical condition. These must be used as part of the patients care plan and once the assessment has been made, then action plans should be documented and implemented as soon as practically feasible. The undertaking of these assessments is the responsibility of the departmental/ward/line manager and the manual handling keyworker.

Ergonomic task analysis may be undertaken by the Trust Manual Handling Advisor, and the ward/departmental managers, and a copy will be sent to the Directorate Manager for inclusion on the Trust Risk Register.

The frequency of updating patient specific manual handling risk assessments may be more regular depending on the needs of the individual, always refer to the patients specific handling profile in the Nursing Assessment Record and Care Document.

When any member of staff returns to work following a period of absence, they may require a manual handling risk assessment. The Manual Handling Advisor will assist where a more detailed risk assessment is required.

1. **Reporting of adverse and serious incident**

Any accident/ injury sustained, or adverse event occurring whilst moving and handling loads/patients whilst at work **MUST** be reported immediately to the person in charge and recorded on Datix.

The Trust actively promotes an open and fair culture within risk management that encourages the honest and timely reporting of all adverse events and near misses in order that learning can occur, and risks minimized.

The process to be followed after an adverse event or near miss is described within the policy. In brief the steps are as below:

1. An Adverse Event Report is completed, and an initial grading of impact of the event is made, the form is then sent to the Risk Management office within 12 hours of the event. Anyone mentioned on the report must be notified. If the event is categorised as a Serious Incident (SI) the SI Immediate Response Policy must be followed.
2. A nominated Senior Manager undertakes further investigation and root cause analysis if necessary.
3. Learning from adverse events and near misses is shared in all areas in which the same or similar event might occur.

Should the adverse event be classified as a Serious Incident in which one or more individuals are involved in an event that is likely to produce significant legal, media or other interest the Serious Incident Immediate Response Policy must be followed (Microguide).

1. **Dissemination and Implementation**

This document will be implemented throughout the organisation following approval by the JCC and signed off by OD&P Board.

It will be stored electronically, any copies that are printed will only be valid at the time of print.

The policy will be reviewed every three years by the MHA or earlier if appropriate.

This will take into account any changes to legislation that may occur or guidance from the Department of Health or the NHS Executive.

1. **Points of contact for advice on manual handling**

There are local patient manual handling and non-patient manual handling Keyworkers within Salisbury NHS Foundation Trust. The ward/departmental managers will be able to give information of who their Keyworkers are and which areas they are in.

The manual handling Keyworkers will be able to advise staff on issues relating to manual handling, however, should the advice involve more complex factors or if the local manual handling keyworker is not available then staff should contact the Trust MHA on bleep 1013, or ext. 5836.

If the MHA is not available and specialist patient handling equipment is required, then Medical Devices can be contacted for advice on equipment only.

1. **Monitoring and compliance the effectiveness of this policy**

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| **Elements to be monitored** | |
| Induction and Mandatory  Training compliance figures.  Annual targets for staff attendance and compliance at training are set by the Board (80%) target. | Education department compliance reports from MLE, Senior ward leads, Directorate Leads and MHA to follow up. |
| Moving and Handling Key Worker training and keyworker updates | Health and Safety. |
| Risk Assessment training | Health and Safety.  Manual Handling Advisor |
| Moving and Handling Incidents/Datix reports and RIDDOR reports. | Reporting trends of manual handling is monitored by the Health and Safety Committee on an ongoing basis. The committee receives all quarterly incident reports (both Health & Safety and Patient Safety) Manual Handling Advisor annual report to H&S Committee. |
| The number of Bariatric requests for specialist advice, equipment and in-patient/out-patient referrals. | Manual and Handling Advisor |
| 100% of mechanical manual handling equipment is subject to appropriate planned 6 monthly LOLER inspection and yearly service. | MDMS  Manual and Handling Advisor |
| Policy reviewed every three years or as when legislation, practice, and techniques change. | Manual and Handling Advisor |
| The use of agreed manual handling techniques including equipment. Unplanned compliance spot checks. | Manual and Handling Advisor  Manual Handling keyworkers  Trust Manual Handling trainer compliance checks to feed back to the Manual Handling Advisor and escalated if required. |

1. **References**

* Health and Safety at Work Act 1974
* Management of Health and Safety at Work Regulations 1992 (amended 1999)
* Workplace (health, safety, and welfare) Regulations1992
* Manual Handling Operations Regulations 1992 (amended 2002)
* Provision and Use of Work Equipment Regulations 1998
* Lifting Operations and Lifting Equipment Regulations 1998
* The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (amended 2002)
* Human Rights Act 1998
* Equality Act 2010
* Mental Capacity Act 2005
* Care Standards Act 2000

Should be used in conjunction with the following Trust policies, which can be found on the Intranet:

* Risk Management Policy and Strategy
* Adverse Events Policy
* Managing Attendance Policy and Procedures
* Health and Safety Policy
* Bare Below the Elbow (BBE) & Uniform Policies and Work wear guidance.
* Bed rail Policy
* Transportation Policy
* Slips Trips and Falls Policy
* Decontamination of Medical Devices, Patient Equipment & Endoscopes Policy
* Infection Control Policy
* Fire Policy
* Resuscitation Policy
* Display Screen User Policy
* The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Regulation 16 Safety, availability, and suitability of equipment

Salisbury NHS Foundation Trust promotes a minimum lifting policy in line with the following agencies and Codes of Best practices:

* Health and Safety Executive (HSE)
* Manual Handling Operations Regulations 1992 amended 2002
* The Provision of Use of Work Equipment Regulations 1998
* The Chartered Society of Physiotherapists (CPS)
* A guide to the Manual Handling in Physiotherapy 2008
* The College of Occupational Therapy (COT)
* The Management of Health, Safety and Welfare issues for NHS staff 2005
* The National Back Exchange (NBE)
* The guide to the Handling of People) HOP6) 2011
* Standards in Manual Handling third edition 2010
* Manual Handling of Children Volume 2 2011
* Health and Safety at Work Act 1974
* Management of Health and Safety at Work Regulations 1992 (amended 1999)
* Workplace (health, safety, and welfare) Regulations1992
* Lifting Operations and Lifting Equipment Regulations 1998
* The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (amended 2002)
* Human Rights Act 1998
* Equality Act 2010
* Mental Capacity Act 2005
* Care Standards Act 2000

The Guide to the Handling of Patients rev”d 5th Edition 2005-RCN, NBE and Back Care.

Back Care (2011) The guide to the handling of people 6th Ed Teddington Back Care ISBN 978-0953052813

National Back Exchange (2014) Moving and Handling of Plus Size People

ISBN: 978-09564838 3-6

National Back Exchange (2014) Safer Moving and Handling in the Perioperative Environment ISBN: 978-0956483850

Salisbury NHS Foundation Trust Equality and Diversity Statement

National Back Exchange Training Standards issue 2, (2006)

Information from National Back Exchange website [www.nationalbackexchange.org](http://www.nationalbackexchange.org)

Risk Assessment and Process Planning for Bariatric Patient Handling Pathways HSE 2007 <http://www.hse.gov.uk/research/rrpdf/rr573.pdf>

Moving and Handling patients with Acute or Suspected Spinal Cord Injuries Multidisciplinary Association of Spinal Cord Injury Professionals (MASCIP) [www.mascip.co.uk](http://www.mascip.co.uk)

1. **Appendices**

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| **Appendix** | **Title** | **File** |
| A | Q&As | **https://mg.salisbury.nhs.uk/media/3851/appendix-a-qas.docx** |
| B | Procedure for the monitoring and inspection of patients own sling | **https://mg.salisbury.nhs.uk/media/3853/appendix-b-procedure-for-the-monitoring-and-inspection-of-patients-own-sling.doc** |
| C | Manual Handling Course | **https://mg.salisbury.nhs.uk/media/3850/appendix-c.doc** |
| D | Non-patient Handling Course | **https://mg.salisbury.nhs.uk/media/3849/appendix-d.doc** |
| E | Patient Handling | **https://mg.salisbury.nhs.uk/media/3848/appendix-e.docx** |
| F | Patient related equipment management | **https://mg.salisbury.nhs.uk/media/3854/appendix-f-patient-related-equipment-management.doc** |
| G | Definitions | **https://mg.salisbury.nhs.uk/media/3855/appendix-g-definitions.docx** |
| H | Equality Impact | **https://mg.salisbury.nhs.uk/media/3847/appendix-h.doc** |

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| --- | --- |
| **Post Holder /Author Responsible for Policy:** | Manual Handling Trainer |
| **Date Revised:** | July 2023 |
| **Approved By:** | September H&S Committee |
| **Ratified by:** |  |
| **Next Due for Review:** | October 2026 |