

Livewell Southwest

**Manual Handling Policy
(Incorporating Therapeutic Handling Guidance)**

Version No 5:4
Review: August 2018

Notice to staff using a paper copy of this guidance

The policies and procedures page of LSW intranet holds the most recent version of this document and staff must ensure that they are using the most recent guidance.

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Advisors and Professional Lead**

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	<p>(PUWER 1998) Manual Handling Assessments in Hospitals and the Community (An RCN Guide) 2003. HSE Getting to grips with manual handling. A short guide. http://www.hse.gov.uk/pubns/indg143.pdf The Guide to the Handling of people 5th Edition. (Backcare in Collaboration with the RCN and National Back Exchange) 2005. Human Rights Act 1998 NHS and Community Care Act 1990 Mental Capacity Act 2005 HSE Handling Home Care: Achieving safe, efficient and positive outcomes for care workers and clients. http://www.hse.gov.uk/pubns/priced/hsg225.pdf National Back Exchange website www.nationalbackexchange.org.uk</p>
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5.4	Reviewed, minor amendments	January 2015	Professional Training and Development Advisors and Professional Lead	Minor changes due to review of training programme and addition of therapeutic handling information

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Manual Handling Policy (Incorporating Therapeutic Handling Guidance)

1 Introduction

- 1.1 This policy has been drawn up with reference to the Health & Safety at Work Act 1974, the Management of Health & Safety at Work Regulations 1999, the Manual Handling Operations Regulations 1992 (as amended), the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995, the Lifting Operations and Lifting Equipment Regulations 1998 and the Provision and Use of Work Equipment Regulations 1998. RCN Guide for Manual Handling Assessments in Hospitals and the Community 2003.
- 1.2 Livewell Southwest recognises and accepts its statutory responsibilities as an employer to avoid hazardous manual handling so far as is reasonably practicable. Livewell Southwest is committed to providing a safe working environment for all of its employees. The organisation will provide safe management systems, equipment and information, training and supervision necessary enabling employees to carry out their duties in a safe manner. The organisation recognises that hazards may exist related to manual handling involving patients and inanimate loads.
- 1.3 This policy includes guidance on Therapeutic Handling, as carried out by suitably qualified professionals (for example Physiotherapists and Occupational Therapists).

2 Purpose

- 2.1 The purpose of the policy is to reduce as far as is reasonably practicable the risk of injury from any manual handling tasks and operations.
- 2.2 A quarter of accidents at work, which result in lost time, injury, cost, time, distress and pressure on other staff can be caused by poor or inappropriate manual handling activities. (Health and Safety Executive, 2014) Therefore this policy outlines the responsibilities of both managers and staff to reduce the risk of injuries occurring while moving and handling patients or inanimate loads.

3 Definitions

- 3.1 **Manual handling:** The legal definition of this in terms of the Manual Handling Operations Regulations 1992 (MHOR), is “any transporting or supporting of a load (including the lifting, putting down, pushing, pulling, carrying or moving thereof) by hand or by bodily force”.
- 3.2 **Load:** Includes any person, patient or client, who requires physical assistance with movement or any piece of equipment that is moved.
- 3.3 **Reasonably Practicable:** The level of risk is balanced against any potential

resource input that is required to remove or reduce the risk.

- 3.4 **Risk Assessment:** This may be generic completed for an area or department or, individual completed as an assessment of any manual handling risks in providing care or rehabilitation for a patient/client.
- 3.5 **Ergonomics:** - Designing the task, workplace and equipment to fit the individual and reduce the risk of strain and injuries.
- 3.6 **Provision and Use of Work Equipment Regulations (PUWER 1998), HSE:** - guidance stating that all equipment provided and used in the course of your employment should be checked prior to its first use and on a regular basis. The regularity will depend on the device or piece of equipment being used.
- 3.7 **Lifting Operations and Lifting Equipment Regulations (LOLER 1998), HSE:** - guidance stating that all equipment used for lifting a person whether a hoist, and any material sling used, or lifts in buildings must be checked by an appropriately qualified person/engineer every 6 months.
- 3.8 **Reporting Incidents, Diseases or Dangerous Occurrences Regulations (RIDDOR 1995), HSE:** - reporting certain accidents and ill health at work is a legal requirement.
- 3.9 **Therapeutic Handling:** also known as treatment handling, or rehabilitation handling. Therapeutic handling can be described as any manual handling carried out by therapists and can include guiding, facilitating, manipulating, stretching, or providing resistance, ie: where force is applied through any part of the therapist's body to any part of the patient (Chartered Society of Physiotherapy (CSP) Guidance on Manual Handling, 2008 p21, Section 2).
 - 3.9.1 Informal Carer: anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support (<http://www.carers.org/what-carer>).
 - 3.9.2 Formal or paid carer: someone who, usually via an agency, is commissioned to provide care to someone who due to illness, disability, a mental health problem or an addiction cannot cope without their support.

4 Duties

- 4.1 The **Chief Executive** has overall accountability to ensure the development, implementation and monitoring of the policy, to meet its legal obligations and to adopt policies and practices which promote safe practice.
- 4.2 The **Director of Operations** has overall responsibility for all aspects of patient care and policy implementation.
- 4.3 The role of the **Locality Manager** is central to compliance with the law and achieving good Moving and Handling practice. References to particular responsibilities are given at intervals throughout this text. Liaison with the

Head of Health, Safety & Security is indicated where appropriate the responsibilities of the Manager include:

- (a) Supervision of staff to ensure that moving and handling activities which involve significant risk of injury, or tasks that are of a repetitive, prolonged nature, which, when performed regularly, could lead to injury, are avoided. Where moving and handling activities cannot be avoided, appropriate risk assessments by competent persons must be initiated by the Manager, with a view to introducing remedial measures and/or reduction of the moving and handling task.
- (b) Ensuring a Pregnant Workers Risk Assessment form is completed for all pregnant workers or women who have recently given birth, with regard to all significant manual handling risks and forwarded to Human Resources. In addition managers are to also ensure the undertaking of risk assessments in respect of young persons in accordance with Management of Health and Safety at Work Regulations 1999 – these too should be forwarded to HR.
- (c) Monitoring of risk assessments to ensure that remedial action has been taken to reduce the risks and that they remain valid and are updated appropriately.
- (d) Ensuring the release of staff for attendance at a mandatory / induction Moving and Handling training course and subsequent update courses.
- (e) Enabling staff to utilise their learning from the training when back in role.
- (f) Determining that all agency staff short-term staff and bank staff have, prior to employment, received appropriate moving and handling training.
- (g) Identification of moving and handling equipment needs through assessment and practical evaluation of equipment suitability and compatibility.
- (h) Liaising with Estates and relevant contractors to ensure that moving and handling equipment is maintained in a safe and serviceable working state.
- (i) That its use remains appropriate to the task for which it is intended and that relevant staff are trained and competent to operate it.
- (j) Keeping accurate records of training given.
- (k) Prior to utilisation of moving and handling equipment, managers shall ensure that staff have been instructed in its use and are competent in its safe operation.

- (l) Identification of moving and handling risks by monitoring practices, auditing department accident/incident reports, by thorough and prompt accident investigation and reporting to the Head of Health, Safety & Security/Manual Handling Advisors.
- (m) Refer to Staff Health and Wellbeing at an early stage if any employee is injured as a result of a manual handling incident. Managers should liaise with the employee and Staff Health and Wellbeing to ensure that any rehabilitation plan to assist the individual in a return to normal working duties is achieved. This may involve providing suitable alternative employment, part-time work, equipment, etc, if this is feasible.
- (n) Ensure that, as an integral part of the Staff Appraisal process, training needs are identified in relation to Manual Handling. Personal Development Plans must be completed in line with the LSW appraisal policy, and specialist training and/or advice identified where appropriate.

4.4 Manual Handling Advisors will:

- (a) Provide mandatory manual handling training, induction and refresher / update training.
- (b) On request, provide on-the-job, bespoke, and specialist training, support and advice to all staff groups.
- (c) Regularly review all incidents relating to manual handling.
- (d) Review and up-date Manual Handling Policy on a two-yearly basis, or before if there are significant changes to practices or legislation.

4.5 Manual Handling Link Workers:

4.5.1 Managers/Team leaders of all areas may nominate a Manual Handling Link Person to assist them in the monitoring of good practice. They will have responsibilities as listed below.

4.5.2 The appointment of link personnel within LSW is essential to produce an effective line of communication between localities and LSW's Manual Handling Advisors, to provide information regarding training, equipment and monitoring the application of manual handling practice in the workplace. The appointed Manual Handling Link Worker may be a registered or non-registered member of staff.

4.5.3 Manual Handling Link Workers will:

- Attend appropriate additional training supplementary to their own Mandatory Training. (This may be from an external training provider).
- They will carry out regular audits of conformity with the manual handling policy, and of equipment and handling aids in their areas. This information will be forwarded to the Manual Handling Advisors on request.

- Link workers will act as a local point of contact for wards/clinics/ departments and teams. The link worker will liaise with the Manual Handling Advisors, who will update them as necessary with regard to current best practice, use of new equipment in their area, and any other local or national initiatives beneficial to this role.
- A Manual Handling Link worker support group will meet on a regular basis to offer support and information for all link personnel within LSW. Locality managers are to ensure that Link Personnel are available to attend.

4.5.4 Supplementary Training of Manual Handling Link Workers (In areas involving patients)

- Incident reporting (Including RIDDOR guidance and the process for RIDDOR reporting in LSW)
- Legislation pertaining to Manual Handling
- Principles of Risk assessment

They will act as a point of contact for personnel who are experiencing manual handling difficulties and if necessary, refer these to the LSW Manual Handling Advisors.

4.5.5 **Link Personnel (In areas not involving patients)**

Supplementary training for Link Persons will include:

- Incident reporting (Including RIDDOR)
- Legislation regarding to Manual Handling
- Principles of Risk assessment
- Local auditing process
- Base Movement Practical / Assessment

They will act as a point of contact for personnel who are experiencing manual handling difficulties and if necessary, refer these to the LSW Manual Handling Advisors.

4.6 The **Estates Department** will maintain equipment in accordance with Provision and Use of Work Equipment Regulations (PUWER) and Lifting Operations and Lifting Equipment Regulations (LOLER), see definitions section 4. The Integrated Community Equipment Store (ICES) having responsibility for equipment delivered, collected and maintained in community settings.

4.7 **Staff** have a duty to:

- (a) Take reasonable care for their own health and safety and that of others who may be affected by their activities.
- (b) Co-operate with their employers to enable them to comply with their Health and Safety duties.

- (c) Attend mandatory moving and handling training at the specified intervals.
- (d) Make use of equipment provided and for which they have received training in its safe use, and in line with manufacturers' instructions.
- (e) Follow the safe systems of work laid down by Livewell Southwest.
- (f) Report any damaged/defective moving and handling equipment via an incident report form to their line manager and/or estates department as appropriate, as soon as possible, so that replacement equipment can be provided and/or repairs made if reasonably practicable.
- (g) Report all accidents/incidents and near misses during their shift to their line managers/supervisors in line with the Incident Reporting Policy. If this is not possible in the community, then reporting must happen within 24 hours according to LSW Record Keeping Policy.
- (h) Report any concerns regarding inappropriate moving and handling techniques to their line manager and/or the Manual Handling Advisors for corrective action. Staff shall comply with (g) above or anonymously via the Whistleblowing Policy, if they feel any action is compromising their own or other's safety.
- (i) Inform their manager or Staff Health and Wellbeing of any physical/medical condition (permanent or temporary) including pregnancy, which may affect their ability to handle a load or client safely.
- (j) Inform the Manual Handling Advisors of any physical/medical condition (either temporary or permanent) including pregnancy, which may prevent their full participation in the manual handling training sessions. Full participation may include being able to replicate the moving of a light load/box. If the employee is not able to participate in any practical element of the training due to either, health issues or unwillingness, this will be recorded on the attendance sheet against the attendee's name. It will however be assumed that he/she has learned the principles of safe handling through attendance of the session. Livewell Southwest will only issue certificates of attendance and not of competency.
- (k) Wear appropriate clothing for their job role, i.e. shoes and clothing that do not restrict/constrain movement and posture when moving and handling. In addition, the dress code should be adhered to in accordance with the Livewell Southwest Uniform Policy.

4.8 Health, Safety and Security Committee will:

- (a) Monitor significant moving and handling incidents / accidents reported through Livewell Southwest's incident reporting procedure, identify any emergent trends and make further recommendations for action as necessary.
- (b) Ensure any significant manual handling risks are recorded in the LSW Risk Register and escalated to the appropriate level dependent on the level of risk (which may include Locality or Corporate level) according to the LSW Risk Management Strategy.

5 Training

- 5.1 All staff are to receive mandatory manual handling instruction and training appropriate to their job roles/work needs. Training requirements and frequencies are specified in the Induction and Mandatory Training Policy.
- 5.2 Training will be provided by the Manual Handling Advisors and locally, if appropriate, by Manual Handling Link Workers.
- 5.3 Managers will be responsible for ensuring that their staff attend an appropriate manual handling training programme, i.e. clinical/non-clinical manual handling training, as identified at their staff appraisal.
- 5.4 Training will include manual handling legislation, spinal biomechanics, ergonomics, client assessment tools, moving and handling techniques, small handling aids and hoists and slings where appropriate. As far as possible, the training will be designed to meet the needs of the individuals on that session. The techniques taught for the movement of loads including equipment where necessary will be based on those specified in the HSE publication "Getting to grips with manual handling. A short guide". This HSE guidance is available at <http://www.hse.gov.uk/pubns/indg143.pdf>.
- 5.5 Techniques used for moving and handling people including where necessary the use of equipment will be based on current best practice.
- 5.6 Local induction training must include manual handling information at a level appropriate to the work environment.
- 5.7 Livewell Southwest will only issue a certificate of attendance and not one of competence following attendance at a mandatory manual handling training session.
- 5.8 All instruction and training will be recorded. Partial attendance may not qualify the individual for certification.
- 5.9 Records of individual staff manual handling training will be recorded in the Electronic Staff Record.
- 5.9.1 All non-attendance of booked training to be monitored and followed up by the Workforce Development Department.

6 Risk Assessment

- 6.1 Local risk assessments for hazardous moving and handling (patient and non-patient) are to be carried out in each department and recorded in the LSW Risk Register according to the Risk Management Strategy.
- 6.2 Specific patient risk assessment form, Moving & Handling Risk Assessment / Care Plan (Appendix B) should be completed by appropriately registered staff (i.e. nurse, occupational therapist, physiotherapist) and held on the patient's clinical records. This assessment does not have to be undertaken by a therapist. At times more complex cases will benefit from a multidisciplinary assessment. **However, the responsibility of safe manual handling of patients lies with every member of the MDT (for example, support workers observing a change in patient's needs or wellbeing can request a registered staff member reviews the risk assessment).** Support from the Manual Handling Advisor in more complex circumstances may be sought by staff.

Patients' ability may vary due to a variety of factors including clinical changes, medication changes, time of day and willingness to comply. All staff should use their clinical judgement and may not be able to undertake handling as planned. The risk assessment/ care plan should be re-evaluated and updated as soon as practicable.

- 6.3 Local non-patient handling risk assessments shall take the following format:
- (a) Examination of the moving and handling operations currently undertaken, taking into account the task, load, environment, clothing and individual capability. The local Risk Assessor should adopt an ergonomic problem solving approach.
 - (b) The completed risk assessment shall highlight any likely risks of injury that may be present.
 - (c) Measures necessary to reduce the risk to the lowest reasonably practicable level shall be identified, with subsequent recommendations made regarding implementation within an action plan.
 - (d) Where specific training is required for implementation of the assessment, the Manual Handling Advisor, in conjunction with the Manager shall draw up a plan of action to be followed by for all affected staff.
 - (e) The risk assessment will be reviewed whenever there is a significant change in the task, staff, load, environment or equipment. The manager will be responsible for taking this action but can delegate to the Risk Assessor.
- 6.4 Risk assessments should be conducted and completed as quickly as is reasonably practicable.
- 6.5 Individualised patient assessments:

- 6.5.1 Appropriately registered nursing staff, occupational therapists or physiotherapists involved in patient handling, who have received current moving and handling training should be able to carry out individualised client handling risk assessments following the agreed pro forma of Moving & Handling Risk Assessment / Care Plan (Appendix B).
- 6.5.2 Clinical and professional judgement must be used and the following rules apply in this regard:
- (a) Where able, patients should be encouraged to move independently with guidance from staff as required. If a patient is required to use a piece of equipment to move or staff are involved in assisting a patient to move using a piece of equipment appropriate training must be provided and undertaken.
 - (b) Operations involving the manual lifting of patients, where reasonably practicable, will be reduced by:
 - (i) Encouraging patients where able, to move independently.
 - (ii) Patients being assessed for and provided with aids to mobility and taught correct use of the equipment.
 - (iii) Teaching appropriate handling techniques to staff involved in clinical contact with patients.
 - (iv) Ensuring that risk assessments are carried out and reviewed regularly or when there is a change in the patient's level of mobility or underlying health condition.
 - (v) Making suitable equipment available to staff, ensuring they are trained in correct checks and use of equipment in line with current Medical Devices policy.
- 6.5.3 Any patient seen in a hospital setting or the community will have an individual risk assessment/care plan completed where deemed clinically appropriate.
- 6.5.4 Information will be provided to patients and relatives informing them that staff will avoid carrying out any hazardous lifting activities and that handling aids and equipment may be used as part of their care. (See Appendix A).
- 6.5.5 All employees involved in the manual handling of patients should be fully aware of safer handling techniques and the principles of avoiding hazardous manual handling operations.
- 6.5.6 The evacuation of patients as a result of life threatening circumstances constitutes an emergency. During these situations, employees must use their own professional judgement and observe the safe principles of manual handling when considering how to move the patient, as far as is reasonably practicable.
- 6.5.7 Staff carrying out inappropriate or unsafe techniques and exposing themselves and others to risk of injury, will be referred for further training and may be subject to disciplinary action in line with the Livewell Southwest's

Disciplinary Policy. Clinical and professional judgement is to be used along with standard working procedures and professional guidelines to determine what an inappropriate technique is.

- 6.5.8 Specific handling requirements following the assessment must be included in the patient's/client's clinical notes/care plan in the home/ward and should be easily accessible to all staff involved in the moving and handling of the patient.
- 6.5.9 Risk assessments should be monitored regularly for effectiveness, and should be reviewed when there are changes in the patient's clinical condition and functional abilities.
- 6.6. Staff working in the community or care settings may need to convey advice on manual handling to carers. When considering the acronym "TILEE" – Task, Individual, Load, Environment, Equipment – the staff member assessing is required to identify that not all individual carers will have been specifically assessed for the task. Any risks identified are based on an "average" fit and well carer.

It is the duty of each employee to take reasonable care of their own health and safety and that of others, and to co-operate with the employers in discharging their duties under the Health and Safety at Work Act (1974).

The employer of the carers has a duty to provide the risk assessment and safe system of work for the workers providing the care. They should complete a risk assessment and develop a safe system of work/handling plan for their employees to follow.

Professionals that have prescribed any piece of equipment – for example slideboard, patient turner, hoist, slide sheets - have a duty under various and professional standards to ensure that others are not placed at risk by their actions, and a handling plan/safe system of work/instructions should be provided to an agency/family member that would be using the equipment. If the equipment supplier does not provide the standard manufacturer's instructions this should be fed back to the equipment supplier urgently.

The Care Quality Commission (CQC) insists that independent care providers conduct their own risk assessments but it would be good practice where multi-disciplinary agency working is involved for risk assessments to be jointly completed.

General risks to an individual participating in these tasks should be identified, but specific carers needs and individual factors need to be assessed by their employer.

Carers should be instructed to inform their manager if they are unable to undertake a moving and handling task due to pregnancy/recent childbirth, breastfeeding, or if they have a current or previous injury/illness. Carers must have attended mandatory manual handling (People Handling) training. Staff

should be competent in the use of the equipment. If in doubt, they should not use the equipment and seek further advice from their supervisor.

See Appendix E for sample template for care agencies.

- 6.6.1 If the person using services is in receipt of Direct Payments (DP) to employ professional carers, then they hold the responsibility for ensuring their carers have had appropriate training. A proportion of the DP budget is allocated for this purpose.

If the person in receipt of DPs has bought any equipment to assist professional carers in their moving or handling, then the person themselves is responsible for the maintenance and repair of this equipment to ensure it is fit to work with.

- 6.6.2 If informal carers are supporting the person receiving LSW services, then they can be assessed using the checklist included in Appendix F. If the informal carer is found not to be competent, then alternative help – either professional or informal – should be sought.

7 Therapeutic Handling

- 7.1 Therapeutic handling can be described as any manual handling carried out by therapists and can include guiding, facilitating, manipulating, stretching, or providing resistance, ie: where force is applied through any part of the therapist's body to any part of the patient (CSP Guidance on Manual Handling, 2008 p21, Section 2). Therapeutic handling can be distinguished from the need to handle patients in order to provide basic care, or move them from place to place, which is commonly referred to as care handling.

- 7.2 Physiotherapy, Occupational Therapy and Nursing are autonomous professions when concerned with the rehabilitation of patients. Manual handling is a core and essential requirement of rehabilitation. It is not always reasonably practicable to avoid manual handling without abandoning the goals of rehabilitation.

Therapeutic handling is manual handling which may involve the taking of calculated risks as part of a treatment or rehabilitation programme. These risks are appropriate and essential if the patient is to progress towards optimal function and their goals of rehabilitation are to be achieved.

- 7.3 Professional Codes of Physiotherapists, Occupational therapists and Nurses:
- Rule 1 of the Chartered Society of Physiotherapy's Rules of Professional Conduct (2002) requires that physiotherapists perform only duties which they are safe and competent to deliver.
 - Occupational Therapists have a duty to perform professional duties to the standard expected of a reasonably skilled Occupational Therapy practitioner (Code of Ethics and Professional Conduct, College of Occupational Therapists (COT), 2010).

- The Nursing and Midwifery Council Code (2008) requires registered Nurses to have the knowledge and skills for safe and effective practice, and to recognise and work within the limits of their competence.

7.4 Although therapeutic handling is most frequently carried out by physiotherapists and occupational therapists, all members of the multidisciplinary team, patients' relatives, friends and carers may be involved.

7.5 Details of delegation of activities can be found in Chapter 4 of the CSP Guidance on Manual Handling (2008); Chapter 4 of the COT Manual Handling Guidance (2006); and a multi-professional document 'Supervision, Accountability and Delegation of Activities to Support Workers' (2006).

7.6 Patient Specific Therapeutic Handling Risk Assessment

7.6.1 This must be carried out by the therapist in charge of the treatment plan and responsible for setting the rehabilitation goals, regardless of who is, and who will be, carrying out the intervention.

7.6.2 A patient-specific therapeutic handling risk assessment will involve:

- Patient assessment.
- Agreement of specific realistic goals (with MDT, patient, family/carers).
- Consideration of the benefit(s) of the intervention versus the risk(s).
- A TILEE assessment (see p50, Appendix 1, of the CSP's Guidance on Manual Handling in Physiotherapy, 2008).
- Reduce the risk as far as reasonably practicable by:
 - adapting the technique
 - using appropriate equipment
 - seeking the assistance of experienced colleagues
- Recording the assessment and risk management plan.
- Carrying out the intervention.
- Reviewing the intervention.
- If anyone involved in the intervention considers the risk is too great, to the patient, themselves, or anyone else involved, it should be stopped and re-evaluated, following the procedure above.

7.6.3 It must be recognised that a patient's ability/condition may change suddenly and transiently and that a patient's performance may change when a therapist is not present. Every risk assessment should be based on this and be updated/amended when circumstances change. Alternatives for handling should be given whenever necessary and it may be necessary to have different handling plans for a number of activities/environments/time of day or night.

7.6.4 Patient-specific therapeutic handling risk assessment documentation should be placed in the relevant section of the clinical record, in order to be available

to the multi-disciplinary team.

- 7.6.5 When the intervention is to be delegated to another person, the ability of the handler and their knowledge and skill set must be considered. If an individual is not able to carry out the intervention, delegation should not take place. There may be some techniques or manoeuvres that only a trained therapist may be able to carry out.
- 7.6.6 When the patient-specific therapeutic handling risk assessment relates to a domestic or care home environment and is delegated to another person (see section on Delegation), the documentation must be retained in the environment where the intervention will be carried out. Once the episode of care is completed, the documentation should be placed in the patient's main record.

8 Monitoring Compliance and Effectiveness

- 8.1 Compliance and effectiveness will be monitored at Livewell Southwest and Directorate level to ensure its successful adoption and implementation by the following means:
- (a) Annual review of clinical records including risk assessment and care planning in line with the current Clinical Record Keeping and Note Taking Policy, as arranged by the Clinical Audit & Effectiveness Team.
 - (b) Audit of investigations and subsequent action plans following any reported incidents and RIDDOR Reports.
 - (c) Monitoring of incidents and trends through the Health, Safety and Security Committee.
 - (d) Review of any complaints or claims resulting from Manual Handling incidents.
 - (e) Sickness absence due to health problems caused by or affecting individual capability, following any reported incident involving manual handling.
 - (f) Any identified risks will be included in the LSW risk register and reviewed and escalated in accordance with the Risk Management Strategy.
- 8.2 Monitoring of attendance at training is carried out through the use of the Electronic Staff Register (ESR) with monthly training reports being sent to all managers. The monthly report identifies staff that are currently out of date or the date training was last completed enabling managers to plan staff training needs.
- 8.3 A monthly report of staff who fail to attend booked training is produced by Professional Training and Development. Locality Managers receive this report

and are responsible to ensure appropriate action is taken.

- 8.4 Staff and course numbers are monitored by Professional Training and Development to ensure that adequate courses are provided to enable all employees to undertake regular training required appropriate to their job role.

All policies are required to be electronically signed by the Lead Director. Proof of the electronic signature is stored in the policies database.

The Lead Director approves this document and any attached appendices. For operational policies this will be the Locality Manager.

The Executive signature is subject to the understanding that the policy owner has followed the organisation process for policy Ratification.

Signed: Director of Professional Practice Safety and Quality

Date: 3rd August 2015

Appendix A

For Your Safety....

Livewell Southwest has adopted a Safer Handling Policy for patients.

Many established methods of lifting people have been found to be inefficient and painful for patients and their carers. The “lifts” also carry a high risk of causing injury to yourself and the person lifting you. Due to this and to provide you with the best level of care, staff will where reasonably practicable avoid physically lifting any patient.

At the onset of your care, a thorough assessment of your ability to move yourself will be undertaken and wherever possible you will be expected to move yourself. This is nothing to be concerned about as you will not be expected to do more than you are capable of, and you will receive full support and advice from our staff.

Following your assessment, if it is found that you have difficulty in moving yourself, or that you cannot move yourself, staff will use or will provide a range of handling and moving equipment, to ensure that you are moved or are able to move safely and comfortably.

There may be times or circumstances that staff may need to use a patient hoist to move you, but before any staff do use a hoist or any equipment, the procedure and equipment will be explained fully to you.

In some instances, in the community setting, it may be necessary to take steps to ensure that care can be provided in a safer environment, for example by asking for furniture to be rearranged to allow the carers more working space.

Sometimes, the carers will be unable to move patients who have particular needs without equipment. If for any reason a patient does not want equipment to be used, it may be necessary to provide care in a way, which does not put carers at risk. In some cases, this may restrict the patient’s ability to get out of bed.

With your co-operation it will be possible to move you with the minimum amount of discomfort, and the minimal risk to you, your carers and our staff.

We have introduced this policy as the law states that we must prevent the injury to patients, visitors and staff by preventing hazardous lifting. We believe that this policy will help to promote and maintain your independence.

Thank You

 <p>Moving & Handling Risk Assessment / Care Plan</p>		Patient ID Label	
		Or Name: NHS Number: Date of Birth:	
Weight: Light / Medium / Heavy Height: Short / Medium / Tall		Location (i.e. ward/service/unit):	
Assessor Name & Designation:		Assessor's Signature: Date and Time:	
Handling constraints/risk factors	YES	NO	COMMENTS (Refer to other appropriate risk assessments)
Pain / discomfort			
Altered muscle tone			
Contractures			
Skin conditions Pressure areas			
Comprehension & communication problems			
Behaviour			
Anxiety / fear			
Neurological deficits			
History of falls			
Environmental restrictions			
Equipment restrictions Attachments			
Sensory impairment			
Continence			
Other i.e. medical considerations			

Review date due:					
Action:					
Signature & Designation:					
Print Name:					



Moving & Handling Risk Assessment / Care Plan

Staff must at all times consider their own limitations / skills and those of their fellow workers

Patient ID Label

Or

Name:

NHS Number:

Date of Birth:

Task	No of People	Method & equipment (Specify type of hoist/equipment, sling, size, type of bed, etc) Identify night plan.	Signature / Designation / Date & Time
Handling in bed: i.e. turning, sitting, getting in/out			
Seating. inc height and type of chair wheelchair (use of incorporated lap belt)			
Transferring i.e. bed, chair, toilet, commode, wheelchair (include any vehicle transfers)			
Standing/ Walking Specify indoor/out door			
Bathing			
Stairs / Steps			

Appendix C

Useful Resources

National Back Exchange: Standards in Manual Handling Training

<http://www.nationalbackexchange.org/resources/Manual%20handling%20training%20guidelines%202010.pdf>

National Back Exchange Standards in Manual Handling: Practitioner / Trainer Guidelines

<http://www.nationalbackexchange.org/resources/Practitioner%20trainer%20guidelines%202010.pdf>

Advice for use of Hoists and Slings –Yorkshire Back Exchange and Health and Safety Executive’s advice (2010)

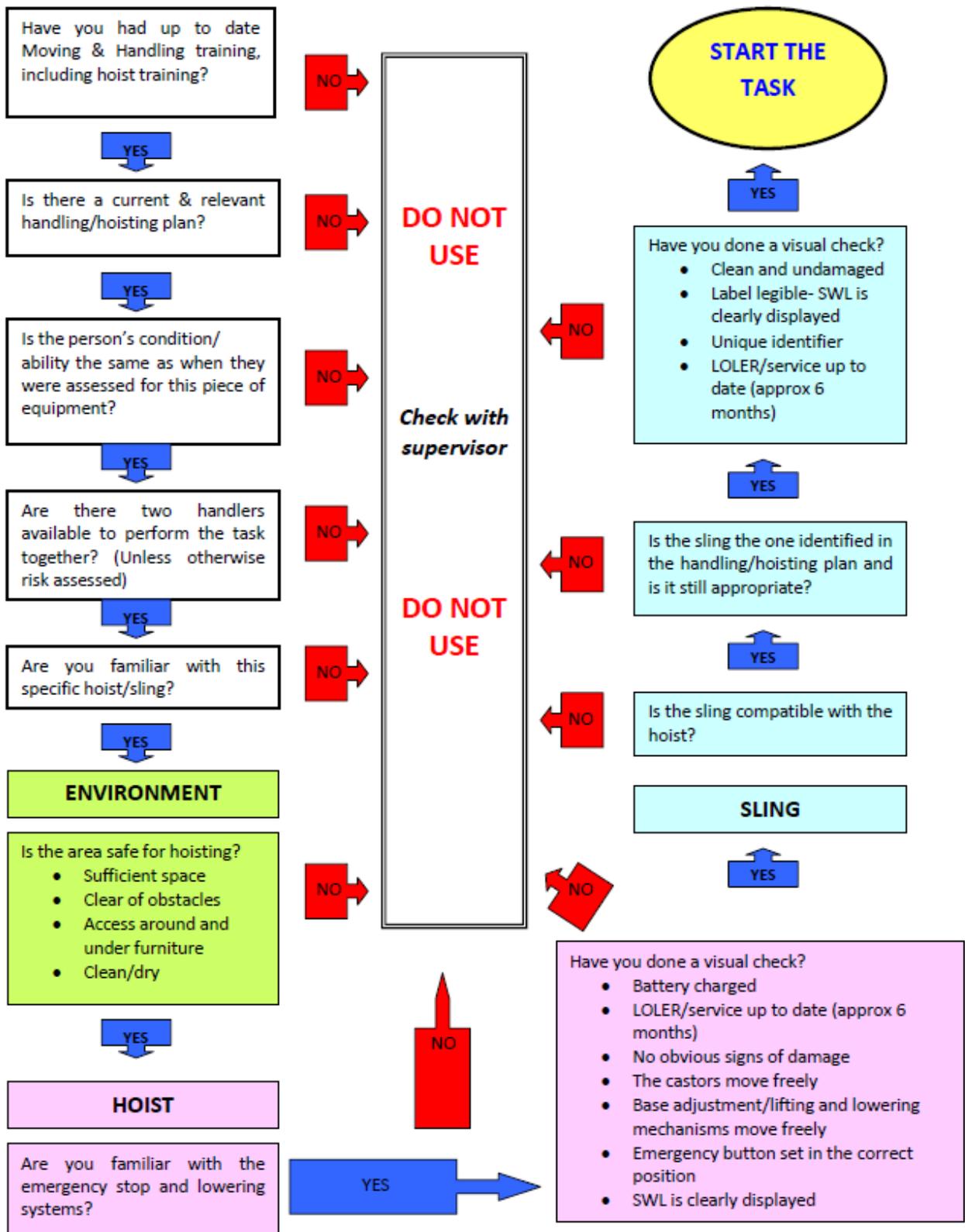
<http://www.nationalbackexchange.org/resources/YBE%20hoist%20guidelines%202010.pdf>

All Wales NHS Manual Handling Passport Scheme

[http://www.nationalbackexchange.org/resources/All%20Wales%20NHS%20Manual%20Handling%20Passport%20Scheme%20V2\[1\].1-Jan2010.pdf](http://www.nationalbackexchange.org/resources/All%20Wales%20NHS%20Manual%20Handling%20Passport%20Scheme%20V2[1].1-Jan2010.pdf)

Appendix D

Flowchart for use of hoists and slings (Yorkshire Back Exchange 2010)



Appendix E

Sample wording when providing manual handling advice to external providers

Task, Load, Individual, Environment, Equipment: Any risks identified in this risk assessment are based on an "average" fit and well carer.

It is the duty of each employee to take reasonable care of their own health and safety and that of others, and to co-operate with the employers in discharging their duties under the Health and Safety at Work Act (1974).

The employer of the carers has a duty to provide the risk assessment and safe system of work for the workers providing the care. They should complete a risk assessment and develop a safe system of work/handling plan for their employees to follow.

Professionals that have prescribed any piece of equipment – for example, slideboard, patient turner, hoist, slide sheets has a duty under the acts and professional standards to ensure that others are not placed at risk by their actions, and a handling plan/safe system of work/instructions should be provided to an agency/family member that would be using the equipment.

The Care Quality Commission (CQC) insists that independent care providers conduct their own risk assessments but it would be good practice where multi-disciplinary agency working is involved for risk assessments to be jointly completed.

General risks to an individual participating in these tasks have been identified, but specific carers needs and individual factors need to be assessed by your employer.

Please inform your manager if you are unable to undertake a moving and handling task due to pregnancy/recent childbirth, if you are breastfeeding, have a current or previous injury/illness.

Carers must have attended mandatory manual handling (People Handling) training. Staff should be competent in the use of the equipment. If in doubt, they should not use the equipment and seek further advice from their supervisor".

Appendix F

Sample wording for instructing informal carers in moving and handling

Informal Carer(S) Competency Checklist Team..... Team Contact Number.....			
Assessor Signature..... Assessor Name Assessor Designation..... Date and Time of Assessment..... Copy of manual handling risk assessment at service user's property? Y/N Informal carer name.....		<div style="border: 1px solid black; padding: 20px; width: fit-content; margin: auto;">Patient Label</div>	
Theory	Date	Signature, name, designation of carer and demonstrator	
Purpose of the equipment fully explained			
Demonstration of use of equipment and posture principles has been undertaken			
Discussion after home visit regarding safety of the home environment and any recommended and practicable adjustments			
Explanation provided of what the equipment can be and can't be used for, its limitations and components			
A copy of the instruction leaflet is supplied			
Battery operations, on/off switch and emergency operations have been explained			
Explanation of how to use/fit a sling			
Instructions given on the inspecting of slings			
Implications of not reporting changes in individual's weight/clinical presentation have been explained			
Carer informed they should report any changes in their own health and abilities			
A copy of the manual handling risk assessment has been provided to the carer and left at the property			
If the informal carer is to assist within moving and handling manoeuvres, they are informed as to their duties to assist without distraction			
<p>This review of competency is based upon the carer's abilities on the date stated. If the carer's or individual's health or abilities changes this should be reported to the team providing the moving and handling plan to allow a timely review. If for some reason the carer is temporarily or permanently unable to follow the advice/instruction provided, alternative care arrangements may need to be considered.</p>			