

Manual Handling Policy

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If the review date has passed please contact the Author for advice.

Disclaimer

Powys Teaching Health Board is the operational name of Powys Teaching Local Health Board
Bwrdd Iechyd Addysgu Powys yw enw gweithredol Bwrdd Iechyd Lleol Addysgu Powys

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1	Initial Issue	Sept 2003
2	Minor Update to Reflect Organisational Changes and Best Practice	Sept 2004
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8	Reviewed and Updated changes shown below: <ul style="list-style-type: none"> • changes in role titles, Director of Environment, Senior Health and Safety Officer and Medical Devices change of title. • Section 4.8, line managers, link workers added, also training attire. • Section 4.12 ,Link workers contact with manual handling adviser/trainer added ref passport holders. • Section 5.1 Training of volunteers added and pool evacuation training. • Bariatric changed to plus size. • Mortuary changed to body store. 	Dec 2022

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ENGAGEMENT & CONSULTATION

Key Individuals/Groups Involved in Developing this Document

Role / Designation
Senior Health & Safety Officer
Manual Handling Trainer/ Adviser

Circulated to the following for Consultation

Date	Role / Designation
28/11/22	Health and Safety Group.

Evidence Base
Fully referenced and documented within Section 7 of this policy.

IMPACT ASSESSMENTS

Equality Impact Assessment Summary					
	No impact	Adverse	Differential	Positive	Statement
					An Equality Impact Assessment has been undertaken. A summary can be found in the table on the left.
Age	x				
Disability				x	
Gender	x				
Race	x				
Religion/ Belief	x				
Sexual Orientation	x				
Welsh Language	x				
Human Rights	x				
Risk Assessment Summary					
<p>Have you identified any risks arising from the implementation of this policy / procedure / written control document?</p> <p>No additional risks identified</p>					
<p>Have you identified any Information Governance issues arising from the implementation of this policy / procedure / written control document?</p> <p>No additional risks identified</p>					
<p>Have you identified any training and / or resource implications as a result of implementing this?</p> <p>No additional resources identified</p>					

Manual Handling Policy

1. Statement of Intent

It is recognised that within the health care sector there is a risk of manual handling injury. The incorrect handling of loads often causes these injuries.

The most effective way to reduce the risk of injury is to eliminate or reduce the requirement for manual handling operations. It is therefore the policy of Powys Teaching Health Board (PTHB) to adopt a manual handling policy.

To achieve this, it is necessary to ensure that adequate arrangements are in place to ensure the effective management of manual handling operations. Such arrangements will include the provision of equipment where identified by a risk assessment and the participation of employees in recognised training.

PTHB recognises the importance of the "All Wales Manual Handling Training, Passport and Information Scheme." It will endeavour to ensure that it meets the minimum standards set. Where appropriate the "All Wales" documentation will be used in this policy.

PTHB recognises the link between musculoskeletal injuries, illnesses, and stress, both as a result of the injury and as a contributing factor. The Occupational Health Team and Managers should be aware of this when dealing with cases of musculoskeletal injury and illness.

Where a link between a musculoskeletal injury or illness and stress is established appropriate referral to Occupational Health should be made and where necessary a risk assessment for stress undertaken. Appropriate allowance should also be made during rehabilitation and recovery.

This document forms an integral part of the risk management strategy of Powys Teaching Health Board.

The responsibilities laid down in the organisation's Corporate Health and Safety Policy and other supporting policies are fully applicable to this policy unless otherwise stated.

2. Objectives

This policy supports the legal duties placed upon the organisation by the following legislation:

Health & Safety at Work etc. Act 1974.

Management of Health & Safety at Work Regulations 1999.

Manual Handling Operations Regulations 1992.

Provision & Use of Work Equipment Regulations 1998.

Lifting Operations Lifting Equipment Regulations 1998.

The policy also takes into consideration the relevant Approved Codes of Practice, Guidance on Regulations and specific guidance from the Health & Safety Executive, All Wales NHS Manual Handling Training, Passport & Information Scheme and other relevant organisational policies. A full list of references can be found in Section 8 of this document.

This policy applies to all employees of PTHB, contract and agency staff, students and their tutors and volunteers.

The organisation will endeavour to ensure that patients and their relatives are advised of this policy.

3. Definitions

- **PTHB** – Powys Teaching Health Board.
- **Manual Handling Operations:** Any transporting or supporting of a load, including the lifting, putting down, pushing, pulling, carrying, or moving by hand or bodily force.
- **Load:** a moveable object, including any person or animal.
- **Hazard:** something with the potential to cause harm.
- **Risk Assessment:** a calculation of the likely outcome of the hazards posed by a manual handling operation should they come to fruition weighed against the control measures in place.
- **The Ergonomic Approach:** the matching of the demands of work with the worker's capabilities and limitations.
- **Emergency Situation:** A situation in which the victim must be moved to safety immediately and there is no time to get equipment or plan the move in detail. Risks may have to be taken. It should be appreciated that situations are extremely rare. Examples of such situations are:

- In imminent danger of drowning.
 - In an area that is actually on fire or filling with smoke.
 - In danger from bomb or bullet.
 - In danger from a collapsing building or other structure.
- **Safer Handling:** The process by which risks associated with transporting or supporting of a load, including the lifting, putting down, pushing, pulling, carrying, or moving by hand or bodily force are reduced as far as is reasonably practicable.

4. Responsibilities

4.1 Chief Executive

The Chief Executive has overall responsibility and is accountable to the board of PTHB for the management of health & safety within the organisation. These include the responsibility for the resourcing and implementation of all measures needed to comply with the relevant manual handling legislation, associated legislation and relevant guidance.

4.2 Executive Directors

Executive Directors are responsible to the Board of the THB for ensuring that all health & safety risks are adequately controlled within their area of responsibility and that all incidents and accidents are reported and investigated in line with PTHB policy. This will include ensuring that all risk assessments and action plans are adequately monitored and that incident investigations are fully completed in line with the organisations relevant policies.

4.3 Director of Environment

In addition to the responsibilities outlined in 4.2 the Director of Workforce and OD will take lead responsibility for the corporate management of health & safety within the organisation and is accountable for this to the Board of PTHB. These responsibilities also include ensuring that the organisation receives competent advice regarding the management of manual handling and that adequate training takes place.

4.4 Head of Occupational Therapy

The Head of Occupational Therapy has delegated responsibility for maintenance and servicing of all community-based equipment in line with The Provision and Use of Equipment Regulations 1998 and The

	Lifting Operations Lifting Equipment Regulation 1998. This is done via the Community Equipment Contract.
	<p>4.5 The Assistant Director Estates & Property</p> <p>The Assistant Director Estates & Property will have responsibility for ensuring that where new accommodation (New Build) is planned every effort is made to ensure that 'Safety by Design Principals' are followed and that all relevant disciplines e.g. Senior Health & Safety Officer and Manual Handling Trainers/Advisors are involved at all stages of the commissioning planning and building process.</p>
	<p>4.6 Medical Devices and Point of Care Testing Group</p> <p>The Medical Devices Group in conjunction with the Quality and Safety Team and the Manual Handling Trainer/Advisor is responsible for the evaluation and selection of manual handling equipment prior to it being placed on the organisation's Preferred Equipment List.</p>
	<p>4.7 Senior Managers</p> <p>For example: Assistant Directors, Team Managers, Community Services Managers, Business Managers/Heads of Services Responsible for Service Delivery.</p> <p>Senior Managers have responsibility for the day-to-day management of health and safety within their area of responsibility. They are directly accountable to their management for ensuring full compliance with health & safety legislation, which includes compliance with manual handling training and for ensuring staff follow safe systems of work (SSoW)</p> <p>Senior Managers will ensure that staff are able to attend manual handling training sessions run by the organisation and ensure that agency staff, clinical students and bank staff have received manual handling training to the All-Wales Manual Handling Passport Standard prior to employment.</p> <p>In addition, they need to ensure that systems are in place to achieve the following:</p> <ul style="list-style-type: none"> • To identify any manual handling risks associated with work and take steps to eliminate or reduce risk, as far as is reasonably practicable. • Ensure that where a handling risk is identified that cannot be eliminated that a formal risk assessment is carried out and safe systems of work are devised, documented, and implemented in order to reduce risk.

- Be responsible for analysing and actioning any recommendations arising from the risk assessment process and ensure that systems to monitor safe practice are in place and followed.
- Ensure that the maintenance and servicing of all hospital-based equipment is in line with the Provision and Use of Equipment Regulations 1998 and the Lifting Operations Lifting Equipment Regulation 1998.
- Ensure that patients and relatives receive information about the organisations Manual Handling Policy and are made aware that staff will not be placed at risk when handling patients.

4.8 Line Managers

For Example: Ward Managers, Team Leaders, Supervisors etc. with day-to-day responsibility for staff. These groups of staff will be directly accountable and responsible to their immediate line manager for:

- Ensuring that all new staff complete their manual handling local induction list as per requirement by "*The All-Wales Manual Handling Training Passport and Information Scheme.*"
- Ensuring that manual handling link workers are identified within their department and/or area of responsibility, also ensure that adequate time and resource is given to them, in order that they can perform their duties.
- Ensuring that all manual handling operations within their departmental/area of responsibility are assessed and that any risks are reduced to as low as is reasonably practicable.
- Ensuring that the competency of staff is monitored by the manual handling link worker on their manual handling updates using the *All-Wales NHS Manual Handling Competency Assessment Tool*. The Manual Handling link worker competences will be monitored by the Manual Handling Trainers/Advisors on an annual basis.
- Ensuring that employees attend appropriate training in accordance with the assessed risk within the work area, and that records are kept of such training.
- Ensuring that manual handling equipment available within their work area is suitable and sufficient for the purpose for which it

	<p>is being used. They must also ensure that it is maintained and inspected in order to comply with the LOLER Regs (1998) and kept in safe working order and cleaned in accordance with PTHB's Decontamination and Disinfection Policy.</p> <ul style="list-style-type: none"> • Ensuring that employees both permanent and temporary are competent to perform their duties under this policy and procedure. • Liaising with the Occupational Health Department if an employee identifies a health condition (which includes the link between MSD & Stress, both as a result of an injury and/or as a contributing factor) which may preclude them from attending a manual handling training course and/or fulfilling their other duties. • Maintaining records of training for employees in their area of responsibility. • Ensuring that employees attend update training when required • Ensuring that all incidents that occur within their work area are reported in accordance with PTHB's Incident Reporting Policy and these incidents are investigated, and remedial action is taken as necessary. • To ensure that all staff who are due to attend manual handling training sessions, are aware that they must complete a health questionnaire before training starts and that they must also arrive for the training correctly attired, which includes the correct footwear.
	<p>4.9 Employees</p> <p>All employees will comply with the provision of the Manual Handling Operations Regulations 1992 in accordance with the training and advice received. They must:</p> <ul style="list-style-type: none"> • Take reasonable care for their own health & safety and for that of others who may be affected by their acts and omissions. • Use appropriate manual handling equipment to minimise the risk of injury in accordance with any instruction or training received and follow any safe system of work/safer handling plans that are in place. • Visually inspect any handling aid prior to use to ensure that the equipment servicing/maintenance is within date and to ensure that there are no obvious defects that may compromise their

	<p>safety or the safety of the patient/others. Any defects must be reported immediately to the Line Manager and that piece of equipment taken out of service. Any equipment out of service date should be reported immediately to the responsible contractor.</p> <ul style="list-style-type: none"> • Report to their Line Manager any physical/health conditions (including pregnancy) that could affect their ability to comply with the requirements of this policy and associated procedures or that they feel may be the result of a manual handling activity. • Attend manual handling training as required and change their own clinical practice accordingly. It is statutory that all PTHB staff are Foundation Manual Handling Passport Holders in line with the All-Wales standards. • Advise their Line Manager if they identify additional training needs or do not feel competent/safe in carrying out their duties. • Report all hazards, defects in equipment, incidents and near misses in accordance with PTHB's Incident Reporting Policy.
	<p>4.10 Occupational Health</p> <p>The Occupational Health & Wellbeing Department will be responsible to the Director of Workforce and Organisational Development and will:</p> <ul style="list-style-type: none"> • Provide pre-employment health & safety screening. • Provide support for those staff injured at work due to handling problems and incidents. Where a link between a musculoskeletal injury or illness and stress is established, a risk assessment for stress should be undertaken. • Appropriate allowance should also be made during rehabilitation and recovery and referral to a counsellor if necessary. • Liaise with appropriate departments to initiate early return to work following a handling related incident.

4.11 Manual Handling Trainers/Advisors.

Reporting to the Senior Health & Safety Officer. The Manual Handling Trainers/Advisors play a vital part in the organisation's strategy on manual handling. They provide professional advice on all manual handling issue within the organisation. The role involves advising on manual handling issues, promoting the safe manual handling of people and inanimate loads and an element of health promotion as to the avoidance of musculoskeletal problems.

Responsibilities include:

- Providing expert advice to PTHB on manual handling practice.
- To represent the Health Board within their area of responsibility at both local and national forums.
- To assist in the implementation of the All-Wales Manual Handling Training Passport & Information Scheme.
- Producing manual handling guidance, procedures, and policies in line with current recognised good Practice to encourage standardised practice.
- Advising on establishing safe systems of work based on the ergonomic approach.
- Providing advice on the availability, suitability, safe use and maintenance of manual handling equipment, this would include hoists, handling aids and techniques.
- Being involved in refurbishment and new build projects at an early stage to ensure they are of an ergonomically sound design.
- Producing reports on manual handling as required guiding future decision-making.
- Ensuring accurate training and competency records are kept and monitored.
- Providing individual support for departmental and complex manual handling and problem solving in complex situations
- Investigate accidents/incidents/claims relating to manual handling in conjunction with other parties as necessary.
- Managing and training the moving and handling link workers,

	<ul style="list-style-type: none"> • Carrying out specialist training if and when required. • Facilitation of external/outside training for specialised areas e.g., maternity and/or physiotherapy/occupational therapy teams. • Develop training packages in accordance with the All-Wales NHS Manual Handling Training, Passport and Information Scheme (<i>The Passport</i>). • Monitoring and assessing of the training and competence levels of the trainees within the training room. • Planning, designing and delivery of manual handling training in line with current best Practice • Monitoring manual handling training and competence levels in the training and note unsafe Practice and advise staff when necessary. • Planning and delivering specialist manual handling training when required. • Assisting the implementation of "<i>The Passport</i>" within the organisation. Attending recognised manual handling courses/conferences/meetings to keep updated on current practice, and also as a form of CPD.
	<p>4.12 Link Workers</p> <p>There will be a RGN/RMN and/or HCSW nominated as link workers for each hospital site. Other operational areas will also have nominated link workers. Responsibilities include:</p> <ul style="list-style-type: none"> ○ Completing formal written competency assessments on allocated staff ○ Distributing manual-handling information locally ○ Setting an example of good practice that other staff may follow. ○ Offering advice to the Manual Handling Trainers/Advisors on specific practical training needs for their areas or professions. ○ Keeping accurate training records.

	<ul style="list-style-type: none"> ○ Reporting any specific manual handling problems in their specific areas to the Manual Handling Trainers/Advisors. ○ Attending relevant update training courses/conferences/meetings to keep up with current best practise. ○ Monitoring unsafe practice and advise staff where necessary. ○ Distributing manual-handling information locally including training dates. ○ Setting an example of good practice that other staff may follow. ○ Reporting any specific manual handling problems in their specific areas to the Manual Handling Trainers/Advisors who will then categorise and discuss relevant issues with the Senior Health and Safety Officer. ○ Attending relevant update training courses/conferences/meetings to keep up with current best practice. ○ Monitoring unsafe practice and advise staff where necessary. ○ To advise the manual handling trainer/adviser of any staff who do not have an All-Wales NHS Passport or have not completed their update training.
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5. Arrangements/Implementation

5.1 Training

The Manual Handling Trainers/Advisor will deliver or organise specialist manual handling training where needed and organise manual handling risk assessment training in accordance with the All-Wales NHS Manual Handling Training, Passport and Information Scheme.

Line Managers must assess the training needs of each employee and ensure that they attend the appropriate level of training. All agency/temporary/Bank staff must have received adequate training prior to commencing any duties within PTHB. The organisation will provide agencies with a copy of this policy and the details of the training that their employees should undertake. Written evidence would be required by PTHB that this training has taken place.

All students/trainees must have been provided with adequate instruction by their training provider prior to commencing a placement with the organisation. This instruction must provide them with the basic skills that they will need to fulfil their placement safely. Written evidence must be provided and be available to view by the line manager. No manual handling tasks should be carried out by staff until they have completed the appropriate manual handling training course/s, or they hold a current All Wales NHS Manual Handling Passport.

All volunteers, where it has been identified, through a risk assessment process, that a risk of injury through manual handling activities could occur, manual handling training must be provided, as detailed within the risk assessment.

Manual Handling Training will be delivered in line with the All Wales Passport Scheme in the following format:

Module	Level	Object Handling	People Handling
A	1a	√	
B	1b	√	
C	2		√
D	2		√
E	2		√
F	2		√

- Load/Object (inanimate) handling 4 hours for new and existing staff.
- 2 day Patient (animate) handling.
- 1 day Patient handling refresher.
- Manual handling for Managers module – 4 hours.
- Pool evacuation (midwifery only) – 4 hours.

5.2 Risk Assessment

Risk assessment documentation has been developed as part of the All-Wales NHS Manual Handling Training Passport and Information Scheme. PTHB has adapted this documentation for use within the health board. Two forms are in use one for object handling the other for people handling. The people handling form is also available in an electronic format. The documentation and further guidance on their use can be found within the appendix documents

Where there is a documented risk assessment this will be accompanied by a documented Handling Plan/Safe System of Work. The term '*Safe System of Work*' may be substituted with the terms guidelines, procedures, principles, or standard operating procedures.

5.3 Provision of Equipment

Appropriate manual handling equipment, for both patients and inanimate loads must be provided where a risk has been identified. It is essential that managers are aware of the availability of equipment in their own Directorate/Department.

All selection and purchases of equipment must be via the NHS shared services partnership procurement services, taking into account all available guidelines in compliance with the user needs, compatibility with existing equipment and Medicines and Health Care Products Regulatory Agency guidelines (MHRA).

When a need has been identified for a new piece of equipment the EDOF process must be followed, the following criteria will need to be taken in to account:

- Case of need and risk assessment?
- Fitness for purpose?
- Does the equipment already exist within the department?
- Have procurement, electrical and biomechanical (EBME) risk management, medical devices and/or decontamination manager been consulted?
- Is the device a replacement or additional item?
- Does the proposed item appear on the list of approved devices?
- Does the device meet the safety requirements?
- Have storage facilities being assessed?
- Who will enter the device on to the medical device's asset register?
- What maintenance programme will be put in place?
- Complex devices may need commissioning and collaboration.
- Does PTHB meet the current statutory requirements on ionisation and radiation equipment, has the radiation protection committee (RPC) being informed?

Planned preventative maintenance (PPM) is a critical element for any piece of work equipment. The line manager must ensure that appropriate arrangements are in place, by means of a service contract for all devices. This must include frequency and level of contact cover and costs. Where a department has a service contract with a third-party provider, they must contact the company.

All equipment must be identifiable by means of a label and/or tag, ideally an asset number will also be assigned to the piece of equipment.

The Medical Devices and Point of Care Team will be recorded on the medical devices asset management system, the information that will be recorded must include the company name, service number, date of last service and date of next service. Equipment must not be used which is beyond the service date. If any equipment is moved from the ward or department to another location, this must be notified to the medical devices team.

Faulty, damaged and/or defective items of work equipment must be reported as such and kept in an area and in such a condition that they cannot be used until repaired. Defects of any kind must be reported as soon as practicable to the relevant company, and where required another item of equipment sourced in the interim period.

All service contracts must be monitored in order to ensure that they are delivering the required level of service, and that all the items of equipment are in a safe and satisfactory working condition. This role should be carried out through the medical devices group and the quality and safety team.

PTHB has a current Preferred Equipment list for manual handling equipment. The Medical Devices Group oversees the current list and the process for the ordering of medical devices, including manual handling equipment. Arrangements are in place for purchase of equipment not on the preferred equipment list. The Quality & Safety Unit are responsible for the management of the Datix Equipment Module and the approval processes (EDOF).

5.4 Uniforms/Clothing

PTHB will ensure that all staff are clothed in accordance with the Uniform Policy. Some key points regarding manual handling are noted below:

PTHB will ensure that uniforms provided are compatible with the handling tasks to be undertaken.

Staff that do not wear a uniform must ensure that clothing they select to wear at work is compatible with the handling tasks they undertake at work.

Staff should ensure that the fit of their uniform/clothing allows them to freely move and adopt positions required for any manual handling task.

Footwear worn by staff that perform a considerable amount of manual handling tasks, or where tasks that are performed require it, should have an enclosed heel and toe, which will help to provide a stable base for the handler. When attending training appropriate footwear and clothing must be worn, failure to observe this may result in the employee being asked to leave the training session.

5.5 Manual Handling Injuries.

Where staff have sustained an injury, through carrying out a manual handling task, whether it is object or people handling, it must be reported to their line manager and entered onto the Datix system, as soon as practicable after the incident. Depending on the severity of the injury staff, through discussion with their line manager are able to access physiotherapy by reporting to the local physiotherapy department, and completing the referral form, an appointment normally takes up to two weeks. Access may also be made to the occupational health department, through the normal referral process. Staff may also wish to visit their own GP.

Where accidents are entered on the Datix system they should be reviewed by the line manager, as soon as is practicable following the event, in order to establish any causation factors and to establish if any remedial works are required to prevent a re-occurrence. The line manager may also want to re-visit the task specific risk assessment, and/or seek further advice from the Manual Handling Trainers/advisers.

6. Monitoring Compliance, Audit & Review

The Senior Health and safety Officer and Manual Handling Trainers/Advisors, the relevant Line Managers and the Manual Handling Link Workers will undertake regular monitoring of manual handling activity within the organisation. Senior Managers will be responsible for ensuring that the measures required within this policy and procedures are fully implemented within their area of responsibility.

This policy will be reviewed at least every 3 years or in line with changing legislation or organisational requirements.

7. References

- H.M. Government, 1974: "Health & Safety at Work etc. Act" H.M. Stationary Office, London.
Accessed at:
<http://www.legislation.gov.uk/ukpga/1974/37>
- H.M. Government, 1999: "The Management of Health & Safety at Work Regulations. (SI 1999 No: 3242)" H.M. Stationary Office, London.
Accessed at:
<http://www.legislation.gov.uk/uksi/1999/3242/contents/made>
- H.M. Government, 1992: "Manual Handling Operations Regulations –(SI as amended), H.M. Stationary Office, London
Accessed at:
<http://www.legislation.gov.uk/uksi/1992/2793/contents/made>
- H.M. Government, 1998: "Provision & Use of Work Equipment Regulations" (SI 1998 2306) H.M. Stationary Office, London
Accessed at:
<http://www.legislation.gov.uk/uksi/1998/2306/contents/made>
- H.M. Government, 1998: "Lifting Operations Lifting Equipment Regulations" (SI 1998 2307) H.M. Stationary Office, London
Accessed at:
<http://www.legislation.gov.uk/uksi/1998/2307/contents/made>
- H.M. Government, 1998: "Human Rights Act" (SI 1998 c42) H.M. Stationary Office, London
Accessed at:
<http://www.legislation.gov.uk/ukpga/1998/42/contents>
- H.M. Government, 2010: "Equality Act" (SI 2010 c15) H.M. Stationary Office, London.
Accessed at:
<http://www.legislation.gov.uk/ukpga/2010/15/contents>
- NHS Wales, 2015: "All Wales NHS Manual Handling Passport, Training & Information Scheme, Version 3" NHS Wales, Cardiff.
Accessed at:
[Updated link to be added once live](#)
- Health & Safety Executive, 2016: "Manual Handling Operations Regulations 1992 (as amended) Guidance on Regulations L23 (Fourth edition) HSE, London.
Accessed at:
<http://www.hse.gov.uk/pubns/priced/l23.pdf>

- Chartered Society of Physiotherapy, 2014: "Guidance on Manual Handling in Physiotherapy- 4th Edition" Chartered Society of Physiotherapy, London.
- College of Occupational Therapists, 2006: "Manual Handling" College of Occupational Therapists London.
- Powys Teaching Health Board, 2014 "Corporate Health & Safety Policy" PTHB, Brecon.
Accessed at:
<http://howis.wales.nhs.uk/sitesplus/867/page/42729>
- Health & Safety Executive, 2015 "Relevant Approved Codes of Practice, Guidance on Regulations and specific guidance" HSE London.
Accessed at: <http://www.hse.gov.uk/index.htm>
- PTHB CDP 002 Management of Medical Devices and Equipment Policy.
<http://nww.powysthb.wales.nhs.uk/document/460602>

Appendix 1

GUIDELINES FOR THE HANDLING OF THE PLUS SIZE PATIENT (OVER 25st)

Any deviation from these guidelines should be documented in the patient's notes

1. PURPOSE

- 1.1 To ensure PTHB wide consistency in the management of the bariatric patient.
- 1.2 To minimise the risk from manual handling by ensuring that specialist equipment is available as soon as reasonably practicable.

2. SCOPE

This guideline will apply PTHB wide for all localities, directorates and specialities.

3. WHO WOULD BE AT RISK?

All members of staff, patient and carers could be at significant risk of injury.

4. DEFINITION

All patients who are known or assessed as being in excess of 160Kg/ 25 stone are classed as Bariatric.

5. IMPLEMENTATION

The admitting ward (or person of first contact if in the community) should initiate the guidelines. If a planned admission, the ward should be notified in advance.

The senior nurse should be informed at the earliest opportunity should a bariatric patient be admitted or taken onto a caseload. In the case of Allied Health Professionals, the head of department/professional head should be notified so their specific treatment handling risk assessments can be undertaken, and the appropriate treatment plan actioned.

6. ACTION

6.1 RISK ASSESSMENT:

The patients moving and handling risk assessment form should be filled in. Details to be considered are: -

- The patient's weight/shape
- Degree of independent mobility, can they move both upper limbs/lower limbs independently?
- What walking aids the patient normally uses.
- Maximum safe working load of equipment to be used.
- The predictable handling assistance needed.
- Measures to be taken in the event of the patient falling.
- Minimum number of staff required for all moving and handling tasks.

6.2 For hospital patients the assessment must be reviewed on a daily basis. For all other patients the assessment must be reviewed as appropriate.

6.3 Suitable powered profiling beds MUST be provided for ALL patients subject to this guideline i.e. over 25stone.

6.4 Equipment that should be checked for weight limits/safe working load (SWL) are: -

- Beds
- Patient easy chair
- Commodes
- Wheelchairs
- dining chairs
- Walking aids
- Hoists and slings

6.5 If no suitable equipment is available, then: -

- if the patient has that equipment at home, can it be transported into hospital.
- Does the Community Equipment Store have it in stock? Can arrangements be made for its use in hospital and transport?
- It must be hired, as a matter of urgency. This will be initiated by the Ward Manager/team leader/head of department, medical devices lead, and local guidelines will need to be in place to sanction the hire fees etc.,

Please note that care must be taken to make sure that the equipment hired will fit into rooms and through doorways etc., before hiring. Also are the floors able to take the added weight.

- 6.6 If the patient is to be discharged home from hospital the equipment should be in place PRIOR to discharge.
- 6.7 If the patient is already in the community, appropriate equipment must be supplied to the patient's home as soon as reasonably practical.
- 6.8 In the event of a death of a plus size patient, where possible the body should be transported to the body store on the bed and the body transferred to the body store by using an appropriate hoist or by lateral transfer using a pat slide, slide sheets and the appropriate number of staff as should all subsequent transfers. If it is not possible to transfer the body to the body store, then it should remain on the bed in the ward until early removal by undertakers.

If in doubt, please contact the manual handling team for further advice and further information.

7.0 OTHER STAFF

When other staff are involved in their care e.g. theatre staff, radiographers, physiotherapists, occupational therapists, porters, etc. detailed moving and handling information must be given to them before any moving and handling manoeuvre being undertaken by these staff. On all occasions the detailed risk assessments and plan must accompany the patient.

Equipment in your hospital for use with the bariatric patient: -

EQUIPMENT	WHERE STORED?	WEIGHT LIMIT
Beds		
Commodes		
Walking aids		
Slings		
Hoists		
Wheelchairs		
Dining chair		
Lounge chair		
Falls Equipment		

Appendix 2

GUIDELINES FOR TREATMENT HANDLING AND RISK ASSESSMENTS

This should be read in conjunction with THB Manual Handling Policy, Relevant Professional Guidance and The All-Wales Treatment Handling Guidance.

Any deviation from these guidelines should be documented in the patient's notes

1. DEFINITION

Treatment Handling is defined as specialised handling that takes place for a short period of time, to try and gain improved movement. It is carried out by therapists i.e. physiotherapists, physiotherapy assistants, physiotherapy technical instructors, occupational therapists, occupational therapy assistants and occupational therapy technical instructors. The CSP and COT also define it as "The process by which risks associated with transporting or supporting a load (including lifting, putting down, pushing, pulling, carrying, guiding, facilitating, manipulating, stretching, providing resistance or moving thereof) by hand or by bodily force are reduced as far as is reasonably practicable.

2. PURPOSE

To ensure an organisation wide consistency in the management of treatment handling.

3. SCOPE

This guideline will apply THB wide to all Physiotherapists, Occupational Therapists, Technical Instructors and Assistants, irrespective of directorate or specialty.

4. WHO WOULD BE AT RISK

All members of the therapy staff, the patients and carers.

5. HAZARD

Death, musculo skeletal injury, injury to limbs, fractures, cuts, bruises to both staff and patients.

6. SAFE SYSTEMS OF WORK

6.1 Patient Handling

- 6.1.1 PTHB operates safer handling approach to manual handling.
- 6.1.2 Treatment handling skills used by the staff should reflect this and give appropriate rehabilitation in a way which is safe to both therapist and patient.
- 6.1.3 An individual treatment handling risk assessment form must be completed before carrying out a therapy task that includes hazardous handling The risk assessment must be accessible to all therapy staff. Task specific generic assessments may be followed where available.
- 6.1.4 If the patient's ability changes then the therapist must reassess the risk and take appropriate action.
- 6.1.5 Manual handling aids, hoists etc should be used whenever it is appropriate to minimize the risk associated with manual handling. If a patient refuses to use a mechanical aid, then THB guidelines on "The patient who refuses to be moved using a mechanical aid" should be followed.

10. Delegating therapy activities

- 10.1 Any tasks delegated to carers/other professions are done in accordance with the *Chartered Society of Physiotherapy and College of Occupational Therapy Guidelines for Delegation of Tasks*, with particular attention paid to the manual handling risks involved from that devolved task
- 10.2 PTHB staff should contact other professions and outside agency's involved in a patients care, and as much information gained as possible to ensure that any individual taking part in any manual handling task is not put at risk of injury. THB staff must carry out their own risk assessments.

Appendix 3

GUIDELINES FOR THE HANDLING OF THE FALLING/FALLEN PATIENTS

Any deviation from these guidelines should be documented in the patients notes

1. PURPOSE

To ensure THB wide consistency in the management of the falling /fallen patient.

2. SCOPE

This guideline will apply THB wide to all directorates and specialities.

3. WHO WOULD BE AT RISK

All members of staff, the patient, and carers.

4. HAZARD

Musculo skeletal injury, injury to limbs, fractures, cuts and bruises to both staff and patients.

There are many points to consider prior to attempting to assist a patient to stand or walk.

- Has the environment been checked and cleared?
- Has the route been planned carefully?
- Are any rest stops or wheeled chairs required?
- Have staff attending to the person had appropriate Manual Handling training?
- Has an individual Manual Handling Assessment been undertaken on this patient and has it been communicated?
- Has a Falls Assessment been completed, if appropriate?
- Has the patients mental state and capacity been considered?
- Is the patient wearing appropriate footwear?
- Establish whether the patient is capable of standing and or walking. Does the patient have sufficient muscle power/ability to stand? The following simple test will help to assess this. Can the patient:

- Sit upright unsupported?
- Flex forward?
- Push up off the bed or the arms of the chair?
- Raise his/her feet off the floor and place his/her foot forward and back on the floor (Brookes & Orchard 2011)?

If the patient is unable to do these tasks, it is unlikely that they will have sufficient muscle power to stand and walk, and alternative methods of moving them will have to be considered.

(N.B.: this is a simple safeguard check that can be used by any member of staff. However, if there is any doubt, staff must seek the opinion of a Physiotherapist, or Occupational Therapist.)

Listed below are two scenarios for different situations. These apply only to an isolated fall that could not be predicted or avoided by compliance with general statutory duties; adequate, competent, well-trained staff; and appropriate risk assessment.

Task 1 - Falling Patient (Discussion, DVD instruction/Pictorial Guidance)

Drop fall/collapse - controlled descent to the floor (patient in close contact with handler).

- on the first sign of collapse, call for help and move behind the patient into a stable and balanced position;
- keep close contact with the patient, stay balanced with open hands holds around the patients outer arms/trunk/hip area;
- adjust your feet to maintain balance, relax knees and allow patient to slide to the floor until they are in a sitting position;
- support the patients head where possible, but to do so it is important to drop into a kneeling position, if safe to do so;
- manoeuvre the patient into a side-lying position, if appropriate.
- ensure that the patient is in a safe, comfortable position;
- ensure that appropriate risk assessment is undertaken prior to moving the patient from the floor;
- assist/Transfer from the floor using appropriate handling methods.

Training in how to undertake this technique will take the form of discussion only, due to the impracticalities and the risks involved in practical demonstration. However, there is a video demonstration available that shows the above procedure.

Task 2 - Falling Patient (Discussion only)

Patient falling away from handler: redirecting a fall in the event of a drop fall/collapse (patient in close contact with the handler).

- on the first sign of collapse, call for help, and move any obstacles away from the patient if appropriate;
- do not attempt to catch the patient as they are falling away from the handler;
- if the patient is falling towards a dangerous situation, the handler should attempt to redirect the fall;
- if the patient is transferring between surfaces and is unable to continue, the handler may be able to redirect the fall by gently pushing the patient towards the bed/chair or letting them drop onto the seated surface from which they have just risen;
- ensure that the patient is in a safe, comfortable position following the fall;
- ensure that appropriate risk assessment is undertaken prior to moving the patient from the floor;
- assist/transfer the patient from the floor using appropriate handling methods.

Dangers & Precautions

- do not assist a patient to stand if you are unsure of their ability to weight bear;
- be aware of the differences in height/weight between handler and patient; The risk of injury will increase with the weight of the falling person;
- be aware of the effects of changing patient levels (from bed to chair, chair to toilet, chair to bed and so on);
- be aware that the person falling may put all of their weight on to the handler during their descent, and may grab hold of the handler;
- do not try to drag the patient to furniture;
- be aware of the handler's own skill and fitness/health levels;
- do not twist or stoop when assisting the patient;
- as the handler, do not use drag holds, or holds that anchor you to the patient.

Training these techniques has been identified as a high-risk activity.

Summary

PTHB need to ensure that the advice given to employees is consistent and need to decide on the best approach for their own organisation given the information available.

Appendix 4

GUIDELINES FOR PATIENTS WHO REFUSE TO BE MOVED USING MANUAL HANDLING EQUIPMENT

1. PURPOSE

To ensure a THB wide consistency in the management of the patient who refuses to be moved using Manual Handling Equipment.

2. SCOPE

This guideline will apply PTHB wide to all directorates and specialities.

3. WHO WOULD BE AT RISK

All members of staff, the patient and carers.

4. Examples of Manual handling equipment

e.g. Hoists, Standing aids, Turn safes, slide sheets, large or small transfer boards.

5. HAZARD

Musculo skeletal injury, injury to limbs, cuts, bruises to both staff and patients, tissue viability issues.

6. IMPLEMENTATION

- 6.1 This guideline should be initiated by the member of staff who has contact with the patient when they refuse to be moved using manual handling equipment.
- 6.2 The most senior member of staff on duty should be informed immediately.
- 6.3 The ward manager/team leader/head of department or Senior Nurse/professional head, as appropriate, should be informed at the earliest opportunity.

7 ACTION

- 7.1 Any procedure, manoeuvre, transfers etc. that involves the use of manual handling equipment **MUST STOP IMMEDIATELY.**

- 7.2 All care should continue to be given in situ i.e. in bed or chair (depending what is appropriate)
- 7.3 The patient handling risk assessment, if required should be reviewed for alternative methods of handling, and guidance sought from the Health and Safety Team, as soon as possible if not sure how to proceed.
- 7.4 The incident should be recorded in the care plan/medical notes at the earliest opportunity.
- 7.5 Line manager/person in charge should liaise with patient and the patient's family/carer/advocate and every attempt made to resolve the issue.
- 7.6 All discussions with family/carer/advocate should be recorded in the care plan/medical notes and witnessed if possible.
- 7.7 A Incident Form (Datix) must be completed in accordance with PtHB Incident Reporting Policy.
- 7.8 Further advice can be sought from The Health and Safety Team ext. 2749 or 2615 and/or The Manual Handling Trainer/Adviser ext. 2593 as regards the moving and handling needs of the patient.

8.0 ACTION TO BE TAKEN IN THE EVENT OF A PATIENT BEING INCAPABLE OF MAKING AN INFORMED DECISION.

- 8.1 Medical opinion must be sought to establish that the patient is incapable of giving informed consent. (Refer to PTHB policy- Consent to treatment and examination policy).
- 8.2 Medical and nursing staff should discuss the situation with the relatives/advocate of the patient. Their opinions and views may be considered in the course of action to be taken however; the organisation has a legal duty to protect its staff from risk of injury. (Health and Safety at Work Act 1974, section 2)

9.0 STAFF RESPONSIBILITIES

- 9.1 If a patient is required to use manual handling equipment of any sort, the individual member of staff must approach the patient in a sympathetic and sensitive manner.
- 9.2 It is the individual member of staff's responsibility to make sure that the privacy and dignity of the patient is maintained at all times.

- 9.3 Individual members of staff have the right to refuse to put himself or herself at significant risk of injury. (Health and Safety at Work etc Act 1974).
- 9.4 Having to move a patient manually could result in a significant musculo skeletal injury to staff.
- 9.5 It is the Senior Nurse/Professional Head responsibility (if not resolved at ward/departmental level), to negotiate between the patient and family the results of the manual handling risk assessment and to try and resolve the problem.
- 9.6 If the patient still refuses to be moved using a mechanical aid the Senior Nurse/Head of Department/Team Leader must review the manual handling risk assessment with the manual handling trainer/advisor, who will then discuss the case, if necessary, with the Director/ Deputy Director of Nursing. The result of this assessment, is usually to change an element of care, e.g. to nurse a patient in bed, chair, or carry out procedure in wheelchair rather than transfer the patient etc.,

10.0 REVIEW

The situation would need to be reviewed with the patient, family and Health Care Professionals involved on a regular basis.

Appendix 5

GUIDELINES FOR HANDLING DECEASED PERSONS

1. AT WARD LEVEL

- 1.1 All deceased person is to be placed in a body bag.
- 1.2 If the body is over 25 stone, then the body should be transferred to the body store on a hospital bed with 3 (or more) people (see plus size manual handling guidelines).
- 1.3 The deceased person should be as close as possible to the edge of the bed to avoid static stooping
- 1.4 The method chosen will be dependent on the design of the concealment trolley being used.

The top of the trolley should be removed, and a PAT slide and slide sheets should be used to allow easier lateral transfers x 3 (or more) people. The assistants should be standing at the side of the trolley (if possible) or alternatively one at the top and one at the bottom of the trolley.

1.5 Alternatively the side of the body store trolley nearest the bed should be lowered and the bed and body store trolley should be the same height. A lateral transfer should be the method of choice using PAT slide and sheet/transfer sheet x 3 people.

2. AT THE BODY STORE

Please refer to the site specific risk assessments and Standard Operating Procedures (SOP)

https://nhswales365.sharepoint.com/sites/POW_comm_policy&writtencontrol%20documents/_layouts/15/viewer.aspx?sourcedoc={4f1107b3-74e0-46da-9840-56465e6bc9d4}

3. AT VIEWING TABLE/CHAPEL OF REST

Please refer to site specific guidelines and risk assessments

Appendix 6

Documentation

- (1) Patient Handling Plan
- (2) Inanimate Load Risk Assessment Form
- (3) Physio & O.T. Treatment Handling Risk Assessment Form
- (4) Local Induction Lists

(1) PATIENT MOVING & HANDLING ASSESSMENT FORM



AllWalesPatientHandlingAssessment d1

(2) POWYS THB MANUAL HANDLING ASSESSMENT FORM



INANIMATE LOAD HANDLING RISK ASSESSMENT FORM

SECTION A: ADMINISTRATION DETAILS

Primary Location:
Secondary Location:

Date of Review:
Signature of Assessor:.....

Date of Review:
Signature of Assessor:

Name of Assessor:
Designation:
Date of Initial Assessment:

Date of Review:
Signature of Assessor:

Date of Review:
Signature of Assessor:

SECTION B: MANUAL HANDLING TASK

Description of task:

Personnel involved:

SECTION C: CURRENT RISK CONTROL MEASURES

Control measures currently in use:	Equipment currently in use:
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Manual Handling Risk Level

Each section, task, load, individual capability, environment - tick the appropriate box [yes or no]
 A 'Yes' tick indicates that further action is required to reduce the risk

SECTION D: ASSESSMENT OF RISK

Initial Assessment	Task	Initial Assessment	Load
Does the task involve:	Yes No	Is the load:	Yes No
Holding load away from trunk		Heavy? Indicate weight: kg	
Twisting		Body/unwieldy one side heavier > 75cm in diameter	
Stooping		Difficult to grasp – no conventional hand holds	
Reaching upwards		Unsteady/unpredictable	
Large vertical movements from floor		Harmful, e.g. sharp, hot, contaminated, patient behaviour	
Long carrying distances			
Strenuous pushing/pulling			
Initial Assessment	Individual Capability	Initial Assessment	Environment
Does the task:	Yes No	Does the environment have:	Yes No
Require unusual capabilities i.e., strength, height, age		Constraints on posture i.e., restricted space, doorways	
Constitute a hazard to those with health problems		Poor floors, e.g., uneven, slippery, unstable	
Constitute a hazard to those who are pregnant		Strong air movements	
Require special information and/or training		Poor lighting conditions	
Require personal protective clothing		Hot, cold, humid condition	
Other Factors e.g. Staffing, Personal Protective Equipment, Time of Day			

SECTION E: FREQUENCY OF TASK

Record the number of times the activity takes place during one working shift. The frequency could require additional control measures.

Frequency of activity

Number of staff involved in the task

SECTION F: INITIAL RISK RATING FIGURE

Initial Risk Rating Figure: (refer to organisation's risk matrix)

$$\text{Probable Likelihood Rating} \times \text{Potential Severity Rating} = \text{Risk Rating Figure}$$

SECTION G: Additional Risk Control Measures Required

No	Risk Reduction Measures

If the above control measures are implemented, calculate the New Risk rating Figure:

Probable Likelihood Rating	X	Potential Severity Rating	=	Risk Rating Figure
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SECTION H: Action Plan Agreed with Manager

No	Action Plan	Responsible Person	Projected Completion Date	Date Completed/ Signature

Once the above action has been implemented, calculate the final Working Risk Figure

Probable Likelihood Rating	X	Potential Severity Rating	=	Final Working Risk Figure
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Additional Comment:

(3)Load:	Environment:
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Particular Hazards:

Method:

Modifications:

Alternatives:

(3) Physio and OT Treatment Handling Risk Assessment Form



Sheet number:

Name:	Address:	Height: Weight:	Area seen:	ID No.:
DoB:				
Name of Therapist/s:				

Record risks in appropriate column (* see document –elements of Treatment Handling Risk Assessment)

Named task & Clinical Reasoning	Date/time Signature	Individual(s) Assisting Record job title/grade, person/s assisting where relevant	Load (client) Record details relevant to risk* and the Patient Ability Criteria, not just diagnosis	Environment Record details relevant to risk* not just location of task undertaken	Risk Reducing Measures	Date and reason no longer applicable

Physio and OT Treatment Handling Risk Assessment Form - Continuation sheet



Sheet Number:

Name:	Address:
D.O.B.	

Named task & Clinical Reasoning	Date/time Signature	Individual(s) Assisting Record job title/grade, person/s assisting where relevant	Load (client) Record details relevant to risk* and the Patient Ability Criteria, not just diagnosis	Environment Record details relevant to risk* not just location of task undertaken	Risk Reducing Measures	Date and reason no longer applicable

(6) Ward/Departmental People Handling Staff Induction Checklist

Name of Manager _____ Signature _____

Name of Employee _____ Signature _____

Date _____

THB Manual Handling Policy			
Their responsibilities as stated in Policy			
Local / departmental Manual Handling Policy			
Generic Load Handling Risk Assessments			
Generic People Handling Risk Assessments			
People Manual Handling Assessment and Safer Handling Plan			
Incident reporting system			
Familiar with equipment in ward/department (List Equip. inc make and model)			
	Yes	No	Comments
Hoists			
Stand-aids			
Slings			
Slide sheets			
Trolleys			
Other			
Awareness of Manual Handling safe systems of work to include:			
		Comments	
Falling person			
Fallen person			
Cardiac arrest situations			
Minimal lifting approaches			
Escorting a person			
Emergency Evacuation			
Other			
Awareness of Manual Handling training requirements			
Contacts for Manual Handling information/advice			
Manual Handling Trainer/Adviser 01874 712593			