

Manual Handling Policy

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Date	Record of changes made to document
December 2021	Full Review of document. Format updated into new policy document framework. Replace all references to Health & Safety Committee and replace with Health, Safety and Wellbeing Committee. Replace all references to Health & Safety Manager and replace with Health & Safety Lead. 5. Introduce new section on Manual Handling Assessment and Risk Identification. 6. Include reference to bariatric-patient moving and handling. 7. Include reference to bariatric-patient moving and handling.

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1. Introduction

In NHS Shetland we recognise the risk of musculoskeletal injury faced by staff from manual-handling operations. This policy has been developed in accordance with the relevant legislation, in particular:

- Health and Safety at Work Act 1974;
- Management of Health and Safety at Work Regulations (1999);
- Manual Handling Operations Regulations (1992);
- Provision & Use of Work Equipment Regulations (1998); and
- Lifting Operations and Lifting Equipment Regulations (1998).

Although an organisation-wide approach has been established, detailed arrangements for controlling manual handling risks remain the responsibility of Directors, Heads of Service and operational managers. All departmental health and safety control books should deal with the manual-handling risks arising in the course of the work of the department.

This policy and its procedures have been developed and agreed through the local Partnership Forum.

2. Principles

Shetland NHS Board is committed to applying a safe system of work to all manual-handling situations as defined in the Manual Handling Operations Regulations (1992), that is: any lifting, putting down, pushing, pulling, carrying or moving of a load by hand or by bodily force.

We are committed to a policy of minimal lifting - in other words, promoting the elimination of all whole- or near whole-body weight when lifting patients.

We are committed to eliminating, so far as is reasonably practicable, manual-handling operations which incur a significant risk of injury, or otherwise reduce the level of risk to the lowest level reasonably practicable. To facilitate this we are committed to providing:

- risk assessment;
- adequate manual-handling training;
- manual-handling equipment;
- guidance on site.

This policy will be reviewed every three years, and registered holders of the Health and Safety Control Book will be notified of amendments.

3. Policy Aims

This policy aims to:

- meet the general commitments to the health and safety of staff described in the Risk Management Strategy and Health and Safety Policy;
- get rid of manual-handling operations which could cause injury, wherever this is reasonably practicable, and reduce risks to the lowest level reasonably possible;

- get rid of the manual lifting of patients in all but exceptional or life-threatening situations;
- reduce the risk of unnecessary manual handling by making sure that risk assessments are carried out and that equipment is used wherever appropriate;
- make arrangements for putting the policy into practice and make sure we make improvements in controlling the risks created by manual handling;
- contribute to helping staff who have musculoskeletal symptoms; reinforce the responsibilities of general or directorate managers and heads of departments for manual-handling activities within their areas of responsibility; and
- keep to the Manual Handling Operations Regulations 1992 and all other legislative and professional guidance (see Annex 1).

4. General Strategy

Our strategy for manual handling reflects the scale of the problems in this respect. Responsibility for risk assessments and implementing control measures rests with line managers with advisory input from the Moving and Handling Trainer and Health & Safety Lead, as appropriate.

The strategy for reducing manual handling risks is as follows:

- The Health, Safety and Wellbeing Committee will review and oversee how this policy is put into practice. The Health and Safety Lead will advise the Committee on corporate manual handling management strategies. A competent Moving and Handling Trainer is available to assist in the development of strategies, to provide appropriate staff training and expert advice on manual-handling issues. Wide-ranging scoping of manual handling activities through the risk assessment processes must be carried out by line managers and heads of department. Where there may be a significant risk of injury, specific manual handling assessments will be carried out and if appropriate, action plans created to manage the implementation of any further controls. The action plan will aim to reduce the risk of injury within manual-handling operations by:
 - identifying priority risk areas;
 - helping staff use mechanical and patient-handling equipment correctly;
 - encouraging safe-handling practices;
 - adapting the working environment; or
 - Reorganising work practices. Priority staff groups for training programmes must be established, and refresher training provided as appropriate. Any data which is collected will be used to monitor the policy's implementation.

5. Manual Handling Assessment and Risk Identification

To assist line managers meet their obligations in relation to the management of manual handling, a suite of manual handling assessment tools are available. Some of these tools have been developed by the Health & Safety Executive (HSE) to support organisations implement a robust management system in relation to manual handling and as such, carry a degree of HSE approval.

These assessment processes enable manual handling tasks to be risk profiled at departmental level and then target identified risks in priority order. There are two primary areas of manual handling that need to be considered. These are concerned with the moving and handling of inanimate objects and the moving and handling of patients.

Manual handling assessments for inanimate objects (non-patient) are available in Section 3 of the Control Books for:

- Generic manual handling assessment (3B1.2)
- General manual handling tasks (MAC tool) (3B1.4)
- Manual handling for pushing & pulling of wheeled objects (RAPP tool) (3B1.5)
- Manual handling for pushing & pulling of non-wheeled objects (RAPP tool) (3B1.6)
- Manual handling assessment for high volume repetitive tasks (non DSE) (ART tool) (3B1.7)
- Specific detailed manual handling assessment (3B1.8)

Where the results of these assessments identify outcomes above 'Low Risk', a more specific and detailed manual handling assessment is available to further evaluate the task and consider potential enhanced control measures to eliminate or reduce the risks. When identified, such detailed handling assessments need to be carried out by a competent person who can work with Control Book owners, and involve staff who carry out the task.

Assessments for patient handling are available within the Control Book at Section 3B1.3

Where the results of patient handling assessments identify outcomes above 'Low Risk', support from the moving and handling trainer is available to assist Control Book owners in completing these specific assessments.

6. Responsibilities

The Chief Executive will include a review of progress in controlling the risks from manual handling, and aims for the coming year, in the annual health and safety report for the organisation's Board.

The Health, Safety & Wellbeing Committee, chaired by the Director of Human Resources, will act on behalf of the Chief Executive in overseeing how the policy is put into practice and meeting the aims set.

The Health and Safety Lead and the Moving and Handling Trainer are the main sources of expertise in manual handling within NHS Shetland.

The Health and Safety Lead and Moving and Handling Trainer will advise on strategic developments necessary to reduce musculoskeletal disorders to meet legislation and best practice.

The Health and Safety Lead is part of the Human Resources and Support Services Directorate, and is responsible for advising managers and staff about their legal obligations and for providing specialist advice and support in relation to the management of manual handling operations.

The Moving and Handling Trainer is responsible for:

- delivering the Manual Handling Education Programme and maintaining a record of all staff who receive training;
- providing advice to staff on manual-handling risk assessment and risk control when necessary; carrying out on-site visits to reinforce the manual-handling education;
- providing advice on manual-handling issues and on new projects and buying equipment; developing systems to audit how effective the Manual Handling Policy is and report to the Health, Safety & Wellbeing committee regularly;
- provide advice and training for bariatric-patient moving and handling: and
- Investigating Datix incident reports relating to manual-handling issues.

The members of the Executive Management Team, Chief Nurses and all Heads of Departments are responsible for:

- Noting the initial risk assessments carried out and any amendments or additions made. putting the recommendations for eliminating or reducing risk into practice as far as is reasonably practicable, following the initial assessment or annual review;
- recording details in their departmental health and safety control books of their arrangements for manual-handling risks, outlining appropriate responsibilities, channels of communication and monitoring;
- making sure that appropriate measurements of fitness criteria are set for new staff and that these are used effectively by Occupational Health Service (OHS) when carrying out pre-employment screening;
- taking account of risks created by manual handling in the design of new facilities, buying of equipment or new work practices and take advice from the Moving and Handling Trainer and the Health & Safety Lead;
- and maintaining monthly statistics on all manual-handling incidents and the extent of any sickness absence which may be caused as a result.

Line managers are responsible for:

- identifying manual-handling risks within their department and, as appropriate, working with the Moving and Handling Trainer to identify measures to reduce risk;
- making sure that Datix incident reports are completed for all injuries or near misses involving manual handling, and keep up-to-date details of all manual-handling incidents which occur in their area of responsibility, particularly during periods of absence;
- making sure that manual-handling risk assessments are carried out, updated as necessary, reviewed every year, and details kept;
- being fully aware of the issues highlighted within current manual-handling risk assessments carried out for their areas; putting into practice, as far as reasonably practicable, with the resources available, any control measures identified through risk assessments or required under this policy;

- recording details of action plans for reducing risk and passing information to general managers to make sure they prioritise risk control measures;
- taking account of the risks created by manual handling in the design of new facilities or work practices, and taking advice when necessary;
- to make sure that all staff receive the relevant education before starting their jobs and that they are updated regularly;
- maintaining local records of staff who receive training, both at induction and for update sessions;
- recommending referral to the OHS and Staff Physiotherapists when appropriate, and taking advice on changing tasks or a phased return to work when necessary; and
- making sure that new members of staff in their ward or department have been passed by the OHS as fit for the job.

All staff are responsible for:

- taking reasonable care for their own safety and that of colleagues and patients;
- making full and proper use of equipment provided;
- following safe systems of work shown in the risk assessments;
- following the precautions and procedures set up for avoiding or reducing the risk of musculo-skeletal injury created by manual-handling work and following the safe system of work, and in particular those carrying out patient handling will note the method of transfer shown in the individual moving and handling risk assessment:
- going on the manual-handling course provided by the Staff Development Department at induction and further updates, following safe working practices for manual handling and asking for extra training if they feel that they need it;
- assessing the task before carrying out any manual-handling activity to make sure enough precautions are taken, and for ward staff, making sure that there is an individual patient moving and handling risk assessment form completed for every patient, which must be updated at appropriate intervals;
- following the large-patient or bariatric-patient procedure if involved in handling a patient who weighs more than 25 stone/160 kg;
- reporting to their Head of Department any risks which they think have not been handled effectively;
- avoiding manually lifting patients in all but exceptional or life-threatening situations and report any injury or significant pain which may have been caused by manual work and any personal factor (such as musculoskeletal injury, illness, or pregnancy), which might increase the risk;
- making sure that Datix incident reports are promptly reported and completed by following the procedure for all incidents involving manual handling; and reporting any problems or shortcomings in the risk assessment or safe system to their line manager.

The Occupational Health Department is responsible for carrying out pre-employment screening and making sure that new staff are fit for the duties involved in their post.

They will discuss with the Ward or Department Head, the Staff Physiotherapists or the Moving and Handling Trainer any manual-handling risk which they consider to be significant.

All staff can consult the service, confidentially, on any aspect of health and safety while at work.

7. Training

The best way of reducing the risk of musculoskeletal injury is by putting measures in place which reduce:

- the amount of manual-handling work performed;
- and the risk factors in the manual-handling tasks that remain.

Shetland NHS Board will provide training which teaches the principles of:

- legislation and local policy;
- ergonomics;
- risk assessment;
- back care;
- details of injuries;
- fitness;
- safe-handling principles;
- safe manual-handling principles, manoeuvres and efficient movement;
- safe bariatric-patient moving including emergency situations e.g. fire evacuation;
- using manual-handling equipment; and
- the controversial manoeuvres (patient handling);

It also:

- emphasises the practical application of these principles;
- gives guidance in the correct use of appropriate mechanical aids and patient transfer equipment;
- teaches the principles of safe moving and handling (an ergonomic approach), to reduce the likelihood of injury from the manual work which cannot be avoided; and
- Prioritises training in line with risk assessment outcomes.

Training needs are identified through the risk assessment process for each department and assessment results is recorded within the Health & Safety Control Book system. Risk assessments will identify the type of moving and handling training required depending upon whether the role can include patient handling, bariatric patient handling and/or equipment handling. All Manual Handling training can be through a combination of 'Turas' on-line training and face to face training sessions to ensure practical handling techniques are practiced and evaluated by a competent trainer led session.

All staff will receive initial training before working in the clinical area. The length of the training at induction will vary according to the tasks in which staff are involved.

All staff will also receive refresher training every 2 years for patient handling staff and non-patient handling staff, unless risk assessment dictates otherwise.

Line managers will identify further training needs and appropriate training will be provided in consultation with the Moving and Handling Trainer.

8. Moving Patients

Statistics show that most nurses experience musculoskeletal injury in the course of their careers. This risk stems largely from the requirement to move patients who have difficulty moving themselves.

The provision of lifting aids in Shetland NHS Board is now such that the following can be made formal organisational policy:

- Staff must use the manual-handling equipment available on the wards.
- Unless there is an emergency (needing immediate action to avoid serious harm to a patient's health) the following must not be carried out (see Annex 2):
 - drag lifts;
 - Australian or shoulder lifts;
 - orthodox or cradle lifts;
 - other manoeuvres involving the patient's hands around the handler's neck; or
 - any other procedure to lift most of or the entire body weight of a patient, without a mechanical lifting aid.
- Action may be taken under the Capability Procedure where there is evidence that staff are repeatedly carrying out the above manoeuvres without due cause.
- All staff should carry out a manual-handling risk assessment before handling a patient.

9. Rehabilitation and Assessment

Managers, with the staff member's permission, will refer to the OHS or Staff Physiotherapists any staff who suffer musculoskeletal injury and who may need temporary changes made to their normal duties.

The Staff Physiotherapists will assess the staff member's fitness in relation to the demands of their job and will make recommendations to the relevant head of department. They, in turn, will make all reasonable efforts to accommodate these recommendations.

If the relevant manager judges the recommendations to be impractical, they must discuss the recommendations with the next appropriate level of management.

10. Monitoring and Reviewing

Outcome and indicators which may be used to evaluate this policy include:

- Is the policy effectively as of widely communicated?

- Are staff aware of the policy and its implications?
- Is the policy addressed in local and organisational induction programmes?

This policy will be reviewed three years from its effective date by the Health, Safety and Wellbeing Committee, reporting to Shetland NHS Board.

11. Dissemination and communication

The policy is made available via the Intranet to ensure ease of access for all staff. Paper copies of the policy are also available in some departments. The policy is referred to and handed out to all patient handling staff commencing employment with Shetland NHS Board, this is done when they attend the mandatory Moving and Handling Induction Course.

Annex One: Legislative and Professional Guidance Documents

Health & Safety at Work etc Act (1974), Chapter 27

Management of Health & Safety at Work Regulations (1999)

Manual Handling Operations Regulations (1992)

Health Service Advisory Committee (1992), Guidance on the Manual Handling of loads in the Health Service

Provision & Use of Work Equipment Regulations (1998)

Lifting Operations and Lifting Equipment Regulations (1998)

NBPA & RCN (1997), The guide to the handling of patients, 4th edition, NBPA, Middlesex

RCN (1999), Manual handling assessments in hospital and the community, London

RCN (1999), RCN Code of Practice for patient handling, London

RCN (1999), Introducing a safer patient handling policy, London

Annex Two: Controversial Manoeuvres

1 The drag lift

This was condemned by the RCN in 1981 (NBPA / RCN, 1997) and re-classified as a controversial technique in 2005 (The Guide to the Handling of People, 5th Edition). It relies on the nurse placing a hand or arm under the patient's armpits. It has been used to:

- move a patient up the bed;
- sit a patient up from lying in bed;
- bring a patient to stand from sitting;
- and move a patient from one seated position to another.

2 Orthodox or cradle lift

This was condemned by the RCN in 1987 (NBPA / RCN, 1997) and re-classified as a controversial technique in 2005 (The Guide to the Handling of People, 5th Edition). Any modification of this lift using handling slings is also banned. Using two blue plastic handling slings (one under the patient's back and one under the patient's thighs) is still an orthodox lift and must not be used. It was the original method used to lift a patient where a handler stood on either side, clasped their wrists under the patient's thighs and behind their back. It is very, very dangerous.

3 Bear hug, stroke lift or 'clinging ivy' lift

This lift involves moving or supporting a patient with their arms or hands around the handler's neck. This is particularly dangerous because if the patient does not stand, or collapses when his or her arms are around the handler's neck, all their weight is hung around the neck, obviously causing too much strain and probable injury. Also, if the patient falls backwards, their instinct will be to remain clamped around the handler's neck, so causing them to fall. This is obviously a high-risk manoeuvre with a high risk of injury. The site of injury ranges from upper neck to lower back.

Moving a patient with their hands on the handler's shoulders is also not a safe alternative for similar reasons.

4 Australian or shoulder lift

This was condemned by the RCN in 1996 (NBPA / RCN, 1997) and re-classified as a controversial technique in 2005 (The Guide to the Handling of People, 5th Edition).

All manual lifts are dangerous, so even though the shoulder or Australian lift was considered one of the safer lifts, it still has risks (Scholey, 1982; Ergonomics Research Unit, 1986; Pheasant, Holmes, Stubbs, 1992).

4.1 Negative effects for the patient the force of the handler's shoulder against the chest wall can cause breathing problems. Certain conditions, for example hip replacements, prevent the amount of hip flexion required. Leaning forwards can be painful or uncomfortable. Lifts can be uncomfortable and dangerous for patients with shoulder problems or pain. These lifts are not suitable for most amputees.

4.2 Negative effects for staff Handlers are in a 'top-heavy' position. The handler lifts the load on one shoulder resulting in uneven loading and strain. The arm under the patient's thighs is twisted and at risk of injury. The handhold with the other handler is uncomfortable and means

they need to grip. Communication between handlers is difficult. Handlers cannot see the patient's face. Tall handlers have difficulty getting into position. It is difficult to get the patient into position.

5 Any move where staff lift the whole or a large part of the weight of a patient, including:

- manually lifting patients up off the floor;
- manually lifting patients in and out of the bath;
- manually straight-lifting patients; and using canvas and poles.