



EAST RIDING

OF YORKSHIRE COUNCIL

## Moving and Handling of People Safety Guidance Note

<b>Lead Directorate and Service:</b>	Corporate Resources - Human Resources, Safety Services.
<b>Effective Date:</b>	January 2013
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Issued	Review Date	Approval CMT	Comments
March 2011	March 2013		New Guidance
Apr 2013	April 2015		Reviewed with minor amendments and more emphasis on fallen/falling persons

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## **1. Background**

This safety guidance document on moving and handling of people is part of the Prevention and Management of Musculoskeletal Disorders (MSDs) pack of safety guidance documents and is specific to assisting persons in order that they can participate in services offered.

## **2. Foreword**

In accordance with the councils' corporate safety policy, the council is committed to pursuing continual improvements in health and safety. This safety guidance document supports this commitment and forms part of the councils' health and safety management system.

## **3. Implementation**

Directorates are responsible for the implementation of this safety guidance document, and communication of its content as appropriate.

This safety guidance document is available on the safety services intranet page and, where employees do not have access to the council's intranet, via their line manager/headteacher.

The council relies on the co-operation of all employees, and trades unions for the successful implementation of this safety guidance document.

A review of this safety guidance document will be undertaken 2 years after its implementation, and where significant changes in legislation or working practices deem this appropriate.

## **4. Roles and Responsibilities**

### **4.1 Directors and Heads of Service**

Directors and heads of services are ultimately responsible and accountable to the chief executive for ensuring this safety guidance document is issued to their management team.

### **4.2. Managers and Headteachers**

Managers and headteachers are responsible for achieving the objectives of this safety guidance document where relevant to their area of service delivery and are responsible for ensuring that:

- The information contained within this safety guidance document is implemented and complied with;
- Risk assessments are completed taking into consideration the arrangements section of this document;
- Control measures (safe systems of work) are introduced to reduce any potential risks to a reasonable level;
- Relevant information, instruction and training is provided to staff to enable them to undertake their job safely and without risk;
- Provision and maintenance of equipment required for the moving and handling of people.

### **4.3. Employees**

Employees must ensure they carry out assigned tasks and duties in accordance with information, instruction, training and agreed safe systems of work. Specifically they must ensure:

- This safety guidance document is complied with;
- They participate in the completion and review of risk assessments;
- They cooperate to enable their manager/headteacher to formulate and implement effective management systems;
- They undertake training in techniques and equipment available to support the moving and handling of people;
- They report defective equipment;
- They inform management where they have concerns about an individual client and the need to re-assess ability, equipment or condition;
- Notify manager if they feel there are gaps in their knowledge which affect their ability to complete moving and handling tasks;
- Notify manager of changes to their own health;
- Their own health and safety and that of others are not put at risk by their actions.

#### **4.4 Safety Services**

The primary function of safety services is to support the council and its employees by providing professional, authoritative, impartial advice on all aspects of health, safety and wellbeing. Where managers/headteachers require further assistance, safety services will advise on achieving compliance with this safety guidance document.

#### **4.5 Occupational Health**

Occupational health will support this policy and procedure by providing managers, headteachers and employees with guidance on work related health issues. Further information on the role of occupational health can be found on the council's intranet under arvato services. In particular, occupational health have an online referral access point for physiotherapy services offered, including fast-track referral, found at their intranet site.

### **5. Arrangements**

#### **5.1 Risk Assessment**

The key to complying with both health and safety legislation and the Community Care Act is carrying out thorough risk assessments, and ensuring appropriate placements of service users according to their vulnerability and needs.

#### **5.2 Who makes the Assessment?**

As with general manual handling risk assessments, directors will retain responsibility for ensuring that assessments and safe systems of work are implemented prior to work commencing. Directors may delegate the task to other competent persons within their directorate.

The initial assessment team will make an initial assessment which includes mobility restrictions. Referrals will be made to the occupational therapy team of any person who has significant restrictions. They will make a full assessment and advise on equipment required and its use.

Carers/support workers will be trained to ensure that they are competent to carry out day to day moving and handling activity and identify when the assessment needs updating (i.e. have knowledge of handling and moving persons, human capabilities, ability to identify risks and use of lifting/moving aids as well as general control measures). A record must be kept on file of any training carried out.

It is possible that, in the course of their work, employees may be called upon to work on other person's premises. The manager/supervisor of the employee/s should liaise with the controller of the premises to reduce the risk to their employee/s. Although the manager may have limited control of the remote work environment, a risk assessment must still be carried out on the environment, load, individual, task, and equipment required to enable a safe system of work to be introduced. Where it is not possible to eliminate a manual handling activity all staff should manage it. In line with the Occupational Therapy Moving and Handling Policy the philosophy will be Avoid - Assess - Reduce and Review.

## 6. How to make an Assessment

In making an assessment managers/supervisors should distinguish between a specific assessment for a particular task, and a generic assessment for a range of similar tasks. Generic assessments can be used to establish a framework and a style for completing assessments, individualising as part of the care plan.

Assessments should incorporate the manual handling core elements of environment, load, individual, task and equipment (ELITE) as recommended by the HSE (1998) in the Assessment for the Handling of People documentation:

- E - Environment;
- L - Load (person to be moved);
- I - Individual (capability of the person(s) carrying out the task);
- T - Task;
- E - Equipment.

Set out below is an explanation of the factors to be covered in each element.

### 6.1 Environment

Factors to be considered:

- Space availability – too much furniture? Can some be temporarily relocated to other rooms;
- Good housekeeping ensuring that routes are kept clear, free from obstruction and generally safe for workers and service users. Poor levels of cleanliness may have a negative impact on infection control;
- Good quality level flooring to minimise slip and trip hazards;
- Heating – very cold draughty buildings will affect activity as will premises which are too warm and without air flow;
- Noise – to effectively communicate with the service users minimise distraction such as turning down televisions, etc;
- Lighting – levels may need to be brighter for some activities;
- Pets/family members who may intimidate or antagonise carer's medical conditions.

## 6.2 Load (moveable person)

The movement and handling of people may present potentially higher risks to handlers than static loads, as it may not be possible to change the circumstances and the working environment as well as the load being unpredictable.

In dealing with people, the handler must consider the following issues (in addition to the basic handling guidelines):-

- Weight Issues
  - Is the service user over 18 stones?
  - Can they take their own weight?
  
- Body Shape
  - Has the person had a stroke or amputation?
  - Are there orthopaedic considerations?
  - Are they difficult to hold?
  - Are they excessively tall or small?
  - Are they physically unstable and/or uncoordinated?
  
- Pain
  - Are they in pain?
  - Is their skin in poor condition?
  - Are they incontinent?
  - Do they use steroid medication?
  - Do they have swollen or fixed limbs?
  - Are their feet swollen or sore or generally in a poor state?
  - Do they have pressure sores?
  
- Fear
  - Are they anxious?
  
- Understanding
  - Are they able to follow instructions?
  - Do they have a speech impairment?
  - Do they have a hearing impairment?
  - Do they have sight restrictions?
  
- Behaviour
  - Are they uncooperative? (this may vary with differing times of day)
  - Are they unpredictable?
  - Are they physically unpredictable (nervous disorders, fits, involuntary movements etc)
  
- History of Falls
  - Do they have a medical condition which results in falls?
  - Have a history of vertigo?
  - Suffer from fits/involuntary movements?
  
- Related Issues
  - Culture aspects which may affect lifting/handling?
  - Medical attachments which may impede ease of movement?

### 6.3 Service User Needs

Some service users may become violent or agitated when being moved. Others, although willing to assist at the start of manoeuvre, may suddenly find themselves unable to continue. The response by the staff may determine whether injury to themselves or the service user is avoided. A natural reaction, while assisting a service user to walk, for example, is to try to prevent them from falling, and injuries have occurred to both staff and service users in such circumstances. If they are properly positioned, the helper may allow a controlled slide, however staff should not put themselves at risk to enable any interacted movement.

Their needs and abilities can change over the course of a day so it may be necessary to reassess service users frequently. It is good practice to include the moving and handling assessments in individual care plans. The assessment should be available to all workers caring for the service user.

### 6.4 Individual Capability/Capacity (staff)

Musculoskeletal disorders are a very serious potential health effect for those who perform manual handling activities. Consideration should be given to:

- Capabilities and conditions that may affect or inhibit, including pregnancy, history of back trouble and known medical conditions.
- Training received – in use of available equipment, manual handling techniques both generic and specific for handling persons.
- Level of competence of individuals
- Staffing levels on duty
- Age and gender of person completing the task
- Height – particularly an issue for dual working, equipment use, reach etc.

Where a number of carers are used to provide support, wherever possible the same techniques should be used. This will reduce resistance from service users and therefore reduce the potential risk of injury to both parties.

### 6.5 The Task

A good assessment will cover both daytime and night-time care, focusing in on key moves including:

- Transfer between surfaces, ie. bed to chair;
- Moving around environments;
- Toileting/washing;
- Outside activities;
- Social activities;
- Travelling on transport including mobility aids;
- Emergency procedures;
- Recommended methods of movement for the relevant tasks such as sitting, going to the toilet, bathing, transfers and movement in bed;
- Details of equipment used.



## 6.6 The Equipment

Equipment use should be based on findings from the risk assessment and aim to reduce the risk of injury to service user and carer.

If lifting equipment is available for use, the occupational therapy team will talk the service user and their family through its use and re-assure them of safety aspects and arrange a demonstration, which may prevent resistance. If a service user refuses to use the equipment after effective communication and demonstration then refer back to the initial assessor for re-assessment and support in progressing. If equipment is provided it must be used as failure to use can increase the risk of injury to both parties and in extreme circumstances may lead to withdrawal of service. Equally inappropriate use of equipment or over-use may also lead to future care issues.

The use of electric profiling beds is becoming more commonly used and is being promoted by the Health and Safety Executive (HSE) as a reasonable practicable control measure for hospitals and nursing homes.

The Lifting Operations and Lifting Equipment Regulations (LOLER) apply to the equipment for lifting or lowering loads and includes attachments for anchoring, fixing or supporting, this includes equipment for lifting people. Equipment should be used in accordance with manufacturer's instructions; include marking of lifting loads and safe working loads; be subject to six monthly inspections by a competent person (including slings); and safe positioning/installation to minimise the risk to service user.

The rule of thumb is to use the 'primary purpose rule.' That is, hoists and bath lifts would be included but height adjustable beds or chairs would not be as their primary purpose is sleeping or sitting. Equipment must be used to manufacturer's guidelines. This would include hygiene, laundering, maintenance requirements etc. and a visual inspection completed prior to each use.

If you are in doubt as to how to use the equipment safely refer to the manufacturer's instructions or ask an experienced competent co-worker/line manager.

## 6.7 Infection control

Lifting and mobility aids can be a major contributor to the spread of infections. As can employees who care for more than one person. It is essential that hygiene procedures are written, communicated and followed on all occasions for people and equipment. When assisting with personal care, gloves and aprons should be used and disposed of prior to assisting another person or leaving the premises.

If setting up a new provision for a service user a full inspection should be completed on the equipment and its cleanliness. If it is private equipment, recommendations should be made to the owners to reduce the risk of infection to employees and other service users.

## 7. Recording the assessment

The findings of the assessment and subsequent plan should be recorded in sufficient detail identifying specific equipment for example, make and type of sling, size, loop fittings it should be used on and technique. Identify how many staff are required to assist and what level of assistance is required, supervision level (minimum/moderate), manufacturers guidelines should be readily available to staff. If a specialist piece of equipment is used managers need to ensure that all staff receive necessary training.

The information should be shared with all persons involved in the care and the service user and amended to reflect any change.

## **8. Reviewing the Assessment**

Generic assessments should be reviewed:

- Annually, or;
- If there is reason to suspect that the assessment is no longer valid; or
- If there has been a significant change in the work activity, including techniques or equipment.

The service user specific assessment should be reviewed:

- Following any changes in physical or mental health;
- Following concerns from service user or a relative on their care;
- New location of care;
- Recommendations from medical team and/or occupational therapy;
- Change of equipment.

Managers/supervisors must ensure that the changes required from any assessment are implemented, and that the assessments are made available to employees carrying out the tasks. They are also required to ensure that adequate and sufficient training, safe systems of work, and resources will be given to employees in the safe handling of persons. It is the manager's duty to ensure that all residential service user's care plans include a risk assessment.

Operating procedures are required for all tasks which include the handling of people incorporating equipment use, interaction of ELITE elements and assessment requirements.

## **9. Training**

Staff who should be specifically trained in moving and handling people may include:

- Home care assistants;
- Residential care staff;
- Day care staff;
- Escorts (especially for special schools);
- Transportation staff (day-centres, special schools);
- Teachers/teaching assistants.

The moving and handling people course content should include:

- Impact of legislation;
- Theoretical aspects of people handling;
- Practical techniques;
- Use of handling aids.

A handout of lifting techniques should be issued to each course delegate upon successful completion of the course. The training department will ensure that this information is up to date and available for delegates.

If a lifting/handling technique becomes obsolete then the training officer must update the head of service, for forward communication to all operational teams.

If an employee fails to attend designated training then an alternative date must be established as soon as possible. Repeated non-attendance will be referred to the line manager. The council is responsible for providing suitable training by a competent person and employees are required to co-operate on all health and safety matters.

Equally a one day mandatory refresher training course must be undertaken on a 3 yearly basis. The recommendation is that if a lapse is over 3 months, the full two day course must be re-attended.

Training is also required on mechanical aids where applicable. This should be specific for the equipment in use and cover the use, storage and maintenance of equipment.

All training must be recorded in the individual's training record and attendance at courses recorded by the course provider.

## **10. Fallen/Falling Persons**

On no account should an individual pick up another person from the floor. If the fallen person is uninjured and capable then an assisted recovery is permissible in accordance with equipment available. A manger elk or camel can be used for service users with sitting balance and the ability to do a 90 degree standing transfer (sitting to standing). A hoist can be used for those who have previously been assessed, have a personal sling and a suitable mobile hoist is available. Prior to any assisted recovery a first aid check must be completed and if at any stage during the recovery the fallen person shows signs of pain then the emergency services should be contacted. Employees cannot utilise the equipment unless they are trained, competent and physically able to do so. Any person who has multiple falls should be advised to participate in a falls assessment which will assess the individual and environmental factors to develop a reduction plan.

If a person is falling, again consideration must be given for personal safety and on no account should you reach and stretch to prevent a fall, research has identified a considerable number of musculoskeletal injuries. If at all possible minimise the risk by moving objects or making a soft landing. If you are in physical contact with a service user who is falling then act within training techniques if comfortable to do so.

## **11. Links to other council safety guidance documents**

Prevention and Management of Musculoskeletal Disorders safety guidance document

Accident Incident Investigation safety guidance document

Work Equipment safety guidance document