



Manual Handling Procedure

Printed copies must not be considered the definitive version

DOCUMENT CONTROL		PROCEDURE NO.	
Procedure Group	Occupational Health & Safety		
Author	Manual Handling Advisor and Moving and Handling Advisor		
Reviewer	Health and Safety Manager and Assistant Occupational Health Practitioner		
Scope (Applicability)	Board wide	Version no.	2 of new procedure
Status	Final	Implementation date	April 2019
Approved by	<i>Area Partnership Forum</i>	Last review date:	Feb 2025
Impact Assessed:		Next review date	Feb 2027

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1 PURPOSE AND SCOPE

1.1 NHS Dumfries & Galloway (NHS D&G) recognise the risk of musculo-skeletal injury faced by staff from manual handling operations. This procedure has been developed in accordance with the relevant legislation and recent guidelines in particular:

- NHS PIN Guidelines (January 2003)
- Health and Safety at Work etc Act 1974;
- Management of Health and Safety at Work Regulations (1999);
- Manual Handling Operations Regulations (1992) (as amended 2004);
- Lifting Operations and Lifting Equipment Regulations (1998);
- Provision and Use of Work Equipment Regulations (1998); and
- The Scottish Manual Handling Passport Scheme (2014)

An organisation-wide approach to accepting legal responsibilities under the 1974 Health and Safety at Work etc Act 1974 has been established. In observing these responsibilities the Board aims to create a safe environment for all staff, visitors and patients, where hazardous manual handling activities are avoided, or the risk of harm from them is reduced as far as is reasonably practicable. The detailed arrangements for controlling manual handling risks remain the responsibility of Directors, Heads of Service and Operational Managers.

This procedure has been developed and agreed through the Area Partnership Forum

1.2 NHS Dumfries and Galloway is committed to:

- Applying a safe system of work to significant manual handling situations as defined in the Manual Handling Operations Regulations (1992)(as amended 2004), 'any transporting or supporting of a load (including lifting, putting down, pushing, pulling, carrying or moving thereof) by hand or by bodily force'.
- A procedure of minimal lifting of loads – in particular promoting the elimination, so far as is reasonably practicable, of lifting whole or near whole-body weight when moving and handling patients.
- 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, the organisation is committed to providing:

- a risk assessment approach;
- adequate manual-handling training complying with the national standards set out in the Scottish Manual Handling Passport Scheme (SMHPS);
- suitable and sufficient manual-handling equipment; and
- guidance on site.

This procedure will be reviewed every two years, and changes communicated throughout the organisation.

2. PROCEDURE AIMS

This procedure aims to:

- meet the general commitments to the health and safety of staff described in the Risk Management and Health and Safety procedure;
- eliminate hazardous manual handling operations which could cause injury, so far as reasonably practicable, and reduce risks to the lowest level reasonably practicable;
- eliminate 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 procedure into practice and make sure any appropriate improvements are implemented in controlling the risks created by manual handling;
- contribute to enabling staff who have musculo-skeletal symptoms, or other medical conditions that may impact on their ability, to fulfil their job description;
- reinforce the responsibilities of General or Directorate Managers and Heads of Departments for manual handling activities within their area; and
- adhere to the Manual Handling Operations Regulations 1992 (as amended 2004) and all other legislative and professional guidance (see Annex 1)

3. RESPONSIBILITIES AND ORGANISATIONAL ARRANGEMENTS

3.1 General strategy

3.1.1 NHS D&G strategy for manual handling is proportionate to the level of risk faced by staff working in health care settings. Responsibility for risk assessments and implementing control measures rests with Line Managers with advisory input from the Manual Handling Practitioner as appropriate.

3.1.2 The strategy for reducing manual handling risks is as follows:

- A multi-disciplinary/ multiagency Manual Handling Group is working together to address the Risk Management issues and review and oversee this procedure.
- The Manual Handling Advisors will oversee strategies, support staff training and where appropriate give expert advice on manual handling issues.
- Risk assessments must be carried out by Line Managers, Heads of Department or Senior Charge Nurses of all manual handling operations to identify if there is a significant risk of injury.

- Proposed actions require to be planned and risk assessed:
 - to identifying priority risk areas;
 - to ensure staff use appropriate mechanical and patient handling equipment correctly;
 - to encourage safe handling practices;
 - to adapt the working environment; or
 - to re-organise work practices.
- The Manual Handling Advisors will identify priority staff groups for training programmes, and arrange provision of appropriate refresher training.
- Manual Handling facilitators are identified. Additional training is provided for these staff to increase their knowledge and practical skill base, in order to facilitate implementation of ongoing risk assessment, risk control measures and good handling practices, at a local level.
- Data collected should be used to monitor the procedure's implementation.

3.2 Responsibilities

3.2.1 The **Chief Executive** has overall responsibility for Health and Safety in the organisation.

3.2.2 The **Tactical Health and Safety Committee** and the **Workforce Director** will act on behalf of the Chief Executive in overseeing the implementation of the procedure.

3.2.3 **The Manual Handling Advisors**, Health and Safety Technician and Manual Handling Facilitators are our main source of expertise in manual handling.

The Manual Handling Advisors will lead, co-ordinate and develop the Manual Handling training in line with this procedure. This will include advice on strategic developments necessary to reduce musculo-skeletal disorders to meet legislation and promote best practice.

The Manual Handling Advisors is responsible for:

- delivering the Manual Handling Training Programme, along with Manual Handling facilitators, and maintaining a record of all staff who receive training;
- providing advice to the Manual Handling facilitators and other 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, on new projects and purchasing of new equipment;
- developing systems to evaluate the effectiveness of the Manual Handling procedure and providing regular reports to Tactical Health and Safety Committee;
- investigating adverse incidents relating to manual handling issues and reporting back to Health & Safety Adviser.

3.2.4 The Senior Managers are responsible for:

- ensuring the initial risk assessments are carried out and noting any recommendations made by the Manual Handling Advisors, manual handling facilitator or key worker;
- implementing the recommendations for elimination and reduction of manual handling risk, as far as is reasonably practicable, following the initial assessment or annual review;
- ensure Departmental Risk Registers monitored, reviewed and updated. Reinforcing the arrangements for manual handling risks, outlining appropriate responsibilities, channels of communication and monitoring;
- ensuring that appropriate measurements of fitness criteria are set for new staff and that these are used effectively by Occupational Health Service when carrying out pre-employment screening;
- ensuring that sufficient staff are trained as Manual Handling facilitators (as recommended by the Manual Handling Advisors), and they receive refresher training biennially from the Manual Handling Advisors; and
- ensuring that, in the design of new facilities, the development of new work practices and the purchase of new equipment, the Manual Handling Advisors are involved/ consulted on this and the moving and handling risks are considered.

3.2.5 Managers/ Supervisors are responsible for:

- identifying manual handling risks within their department and, as appropriate, working with the Manual Handling Advisors and facilitators to identify control measures to reduce risk;
- ensuring safe working practices are maintained in the department/ work area;
- providing their departments with sufficient and adequate equipment to facilitate safe handling and working postures;
- monitoring and eliminating poor practice within the ward or department and referring any concerns to Manual Handling Advisors as appropriate;
- individual staff members who face increased risk because of existing injury, pregnancy or other factors, get the advice from the Occupational Health and Safety department;
- encouraging staff to promptly report musculo-skeletal injuries which might be made worse in the course of work and adapting, where reasonably practicable, work patterns or tasks to prevent placing these individuals at further risk of injury;
- recommending referral to Occupational Health when appropriate, and taking advice on changing tasks or a phased return to work when necessary;
- ensuring that new members of staff in their ward or department have been passed by the Occupational Health and Safety department as fit for the job;
- ensuring that incidents for all injuries or near misses involving manual handling are reported via InPhase, and up-to-date details are kept of all manual handling incidents that occur in their area of responsibility;
- ensuring that manual handling risk assessments are carried out, updated as necessary, reviewed every year, and details are kept on the risk register;
- 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 procedure;
- recording details of action plans for reducing risk and passing information to senior managers to make sure they prioritise risk control measures;
- taking account of risks created by manual handling in the design of new facilities or work practices, and taking advice when necessary;
- working with senior managers in appointing members of staff to receive further education as Manual Handling Facilitators as required;
- working with the Manual Handling Advisors and facilitators to make sure that all staff receive the relevant education before starting their jobs and that they receive regular update training;
- maintaining local records of staff who receive training, both at induction and for update training; and
- to ensure all bank or agency staff are adequately trained before commencing work.

3.2.6 Manual Handling Facilitators are responsible for:

- encouraging people to use safe systems of work on a day-to-day basis;
- assisting Managers/ Supervisors in making sure that risk assessments are completed, updated each year and that safe working practices are maintained within the department;
- facilitators are responsible for providing appropriate and regular update manual handling courses for staff, in line with Mandatory Training Procedure, if agreed with their Line Manager;
- ensuring, along with the Managers/ Supervisors, that staff keep a record of their attendance at these courses;
- taking appropriate steps to make sure staff members attending training sessions declare any previous or existing injury, pregnancy or other factors that may impact on their ability to participate;
- advising staff to promptly report musculo-skeletal injuries which might be made worse in the course of work. Providing guidance to Managers/ Supervisors in adapting, where reasonably practicable, tasks to prevent placing these individuals at further risk of injury;
- promoting good practice within the ward or department and referring any concerns to their Manager, Supervisor or the Manual Handling Advisors;
- highlighting potential gaps in manual handling resources/ equipment to the Manager/ Supervisor and/or Manual Handling Advisors; and
- attending regular refresher training provided by the Manual Handling Advisors and Health and Safety Technician.

3.2.7 All Employees are responsible for:

- taking reasonable care for their own health, safety and wellbeing as well as that of colleagues and patients;
- following safe systems of work and making full and proper use of equipment provided;
- following the precautions and procedures set up for avoiding or reducing the risk of musculo-skeletal injury created by manual handling related task. In particular, those carrying out patient handling will note and undertake the

method of transfer shown in the care plan or client handling assessment form for identified patients;

- attending the appropriate manual handling training as per the NHS D&G Mandatory Training Procedure, and acting upon the information provided;
- assessing the task using an ergonomic approach, before carrying out any manual handling activity to make sure suitable and sufficient precautions are taken;
- moving inanimate loads – check and use equipment provided to reduce manual handling risk;
- moving patients - nursing staff, making sure that there is a patient handling assessment form (appendix 3) or care plan completed for every patient, which must be updated at appropriate intervals. Check and use equipment/ techniques recommended following the assessment to reduce manual handling risk;
- Allied Healthcare Professionals involved in therapeutic handling should undertake and document, a full risk assessment prior to carrying out the manoeuvre. These techniques should not be delegated to other healthcare professionals, unless adequate training and competence can be demonstrated;
- avoid controversial manoeuvres e.g. Drag lifts, Australian lift/slide, Cradle lift etc which are described as high risk and unsafe in best practice guidelines [*The Guide To The Handling Of People*, 7th edition, NBPA & RCN (2005)];
- avoid manually lifting patients in all but exceptional or life-threatening situations;
- prompt completion and reporting, using NHS D&G InPhase reporting system, of any injury or significant pain which may have been caused by manual handling;
- report to their Line Manager any personal factors, such as musculo-skeletal injury, illness, or pregnancy, which might increase the risk of manual handling injury; and
- reporting any problems or shortcomings in the risk assessment or safe system of work to their Line Manager.

3.2.8 Health and Safety Adviser is responsible for:

- providing statistics on the incidence of manual handling injuries within the organisation; and
- providing technical and organisational help to the Manual Handling Advisors and other members of staff when necessary.

3.2.9 The Occupational Health and Safety department is responsible for:

- undertaking pre-employment screening and making sure that new staff are fit for the duties involved in their post;
- giving advice and guidance to staff in changed health circumstances; and
- ensuring all staff are aware and able to consult the service, confidentially, on any aspect of health and safety while at work.

3.3 Training

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

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

NHS Dumfries and Galloway will provide training in line with the Scottish Manual Handling Passport Scheme (2014) which teaches the principles of:

- legislation and local procedure;
- ergonomics;
- risk assessment;
- spinal awareness and back care;
- details of common musculo-skeletal injuries;
- fitness;
- safe manual handling principles, manoeuvres and efficient movement;
- using manual handling equipment;
- awareness of the controversial manoeuvres (Appendix 2);
- emphasises the practical application of these principles;
- gives guidance in the correct use of appropriate mechanical aids and patient transfer equipment; and
- 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. Training is based on a risk assessment approach.

All staff will receive initial training before working in the clinical area.

All staff will also receive refresher training, as per Mandatory Training Procedure. Manual Handling Facilitators will receive specialist training so they can increase and develop their level of knowledge and practical skills. This will allow them to carry out their enhanced role.

Line Managers/ Supervisors will identify further training needs and appropriate training will be provided in consultation with the Manual Handling Advisors.

3.4 Moving Patients

Statistics show that most health care workers experience musculo-skeletal 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 manual handling aids within NHS Dumfries and Galloway is now such that the following can be made formal organisational procedure.

- Staff must use the manual handling equipment available where assessed as necessary and providing they have received training in using it.
- Allied Healthcare Professionals involved in therapeutic handling should undertake and document, a full risk assessment prior to carrying out a manual handling manoeuvre. This may exclude the use of equipment in order to

promote rehabilitation. These techniques should not be delegated to other healthcare professionals, unless adequate training and competence can be demonstrated.

- Unless there is an emergency (needing immediate action to avoid serious harm to a patient's health) the following controversial manoeuvres must not be carried out (see Appendix 2):
 - Drag lifts;
 - Australian or shoulder lifts;
 - Orthodox or Cradle lifts;
 - any manoeuvres involving the patient's hands around the handler's neck; and/or
 - any other procedure to lift most of or the entire body weight of a patient, without a mechanical lifting aid (including lifting from the floor).
- Action may be taken under the Once for Scotland Conduct Policy 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.
- Read and follow the care plan or patient handling assessment form for a patient prior to undertaking a manual handling activity. Regularly review and revise the care plan or patient handling assessment form for a patient, as their condition or treatment changes.
- Failure to follow this guidance on 'controversial manoeuvres' may result in disciplinary action.

3.5 Bariatric Patients

A bariatric patient will be defined as anyone regardless of age, who has limitations in health and social care due to their weight, physical size, shape, width, health, mobility, tissue viability and environmental access with one or more of the following:

- Has a Body Mass Index (BMI) > 40 kg/m² and/ or are 40kg above ideal weight for height (NICE 2004).
- Exceeds the Safe Working Load (SWL) and dimensions of the support surface such as a bed, chair, wheelchair, couch, trolley, toilet, and mattress.

Additional care and risk assessment are required for patients who fall in to this category.

A Manual Handling Patient Assessment should be undertaken and recorded by staff and updated as required.

Advice and guidance on the management of the bariatric patient is available via the Manual Handling Advisors.

Appendix 5 details a management checklist for planned and emergency admissions of bariatric patients.

There is provision of some specific/ suitable equipment within NHS Dumfries and Galloway to accommodate these individuals. If there is not adequate access to this

equipment then the Manual Handling Advisors can be contacted for advice on where alternative equipment can be sourced.

3.6 Rehabilitation and Assessment of Staff Following Injury

Managers/ Supervisors, after discussion and with the staff member's permission, will refer staff to the Occupational Health Service who suffer musculo-skeletal injury and who may need temporary changes made to their normal duties.

If the relevant Manager/ Supervisor judge the recommendations to be impractical, they must discuss the recommendations with the next appropriate level of management.

4. Monitoring and Reviewing

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

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

This procedure will be reviewed every 2 years or when/ if there are changes in legislation or organisational change.

The Tactical Health & Safety Committee will be responsible for monitoring and reviewing the effectiveness of this procedure and its deployment across the Board and will receive a progress report annually.

Monitoring will include a review of approved documents on the Board's intranet and an audit of Board information to determine the extent of compliance with this procedure.

5. EQUALITY AND DIVERSITY

NHS Dumfries and Galloway recognise that some communities within society are more likely than others to experience discrimination, prejudice and inequalities. The Equality Act 2010 specifically recognises the protected characteristics of age, disability, sex, race, religion or belief, sexual orientation, gender reassignment, pregnancy and maternity, and marriage and civil partnership.

The Fairer Scotland Duty, also requires NHS Dumfries and Galloway to actively consider how socio-economic disadvantage can be reduced when making strategic decisions. NHS Dumfries and Galloway is committed to promoting and advancing equality, removing and reducing discrimination and harassment and fostering good relations between people that hold a protected characteristic and those who do not. This applies both in the provision of services and as our role as a major employer.

NHS Dumfries and Galloway believe that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discrimination practice.

DOCUMENT CONTROL SHEET

1. Document Status

Title	Manual Handling Procedure
Author(s)	Natalie MacKay and Emma Cavers Manual Handling Advisors
Approver	
Document reference	
Version number	2 of new procedure

2 Document Amendment History

Version	Section(s)	Reason for update
3.1	1.1	Addition of information regarding Scottish Manual Handling Passport Scheme 2014
	3.2.6 – 3.5	Addition of information regarding key worker
	3.5	Additional information regarding bariatric patients

3. Distribution

Name	Responsibility	Version number
Board Secretary	Place on procedure register	
Communications Team	Place on intranet and in 'latest news'	
Board Management Group	Dissemination to all staff through line management	

4. Associated documents

PIN Managing Health at work guideline Partnership Information Network. NHS Scotland Jan 2003

Manual Handling Operations Regulations (1992)(as amended) HMSO ISBN 0 7176 2823

5. Action Plan for Implementation

Action	Lead Officer	Timeframe
Place on procedure register		
Place on intranet		
Dissemination to senior staff through line management		
Raise awareness and inform staff		
Use procedure		

Resources

PIN Managing Health at work guideline

Partnership Information Network. NHS Scotland Jan 2003

Health & Safety at Work etc Act (1974), Chapter 27,
HMSO ISBN 0 10 43774 3

Management of Health & Safety at Work Regulations (1999)
HMSO ISBN 0 71716 24889

Manual Handling Operations Regulations (1992)(as amended)
HMSO ISBN 0 7176 2823

Manual Handling in the Health Services
HSE & Health Service Advisory Committee (1998) ISBN 0 7176 1248 1

Lifting Operations and Lifting Equipment Regulations (1998), S.I. 1998, No2307 TSO
1998 ISBN 0 11 079598 9

Provision and Use of Work Equipment Regulations (1998), S.I. 1998/2306

The Guide To The Handling Of People, 7th edition,
NBPA & RCN (2005), NBPA, Middlesex ISBN 0 9530582 9 8

RCN (2003), *Manual handling assessments in hospitals and the community*, London
Publication code 000 605

RCN (2002), *RCN Code of Practice for patient handling*, London
Publication code 000 604

RCN (2002), *Introducing a safer patient handling procedure*, London
Publication code 000 603

Scottish Manual Handling Passport Scheme 2014

1 The Drag Lift

This was **condemned** by the RCN in 1981 (NBPA / RCN, 1997). 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.

Serious injury can be caused to both patient and handler and this lifting method must not be used.

2 Orthodox or Cradle Lift

This was **condemned** by the RCN in 1987 (NBPA / RCN, 1997). 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). 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.

Risk assessment forms

Appendix 3

The following is the NHS D&G Generic Moving & Handling Form used in the Control book. Copies are available on line in the Occupational Health and Safety Intranet portal.

Generic Moving and Handling Risk Assessment Form Ref No

Location		Department		Manager	
Operation/Activity					
				<i>Complete the relevant details of the activity being assessed</i>	
Hazards					
				<p><i>List all hazards here: Lifting, lowering, pushing, pulling, twisting, carrying and working with an awkward posture.</i></p> <p><u><i>The Task</i></u></p> <p><i>Holding away from trunk Twist, stoop, reach, Lift or carry distance Frequency/recovery time.</i></p> <p><u><i>The Load</i></u></p> <p><i>Heavy, bulky, unstable, sharp, or hot surface etc.</i></p> <p><u><i>The Environment</i></u></p> <p><i>Space, floor, thermal, lighting, clothing etc.</i></p> <p><u><i>Individual capacity</i></u></p> <p><i>Pregnant, health problem, requires special training</i></p>	
Individuals or groups exposed				<i>Highlight the people at risk and the likely maximum numbers exposed.</i>	
Current control measures					
				<p><i>List current control measures, Eliminate the need to handle, redesign the task or load. Provide handling equipment, improve environment, vary work, job rotation, team handling, information instruction and training, supervision, enforcement of procedure, protective measures and monitoring procedures.</i></p>	






<p><u>Risk Rating</u> <i>Using information above and the risk matrix and taking into account the control measures in position, decide the Likelihood and Severity, and calculate the risk rating.</i></p>	<p><u>Likelihood</u> Rarely happens Unlikely to occur Possibly can occur Likely to occur Almost certain</p>	<p><u>Severity</u> Negligible injury, illness, loss Minor injury, illness, loss Moderate injury, illness, loss Major Injury, illness or loss Extreme loss, fatality, disaster</p>	<p><u>Rating</u> R= L x S</p>		
<p><u>Calculate Rating =</u> Likelihood X Severity</p>					
<p>Further control measures required</p>			<p><i>Include any additional controls identified to eliminate or reduce the risk further.</i></p>		
<p>Date</p>					
<p>Initial</p>					

Use a new box each time this assessment is reviewed

MOBILITY AND SAFER HANDLING RISK ASSESSMENT AND PLAN

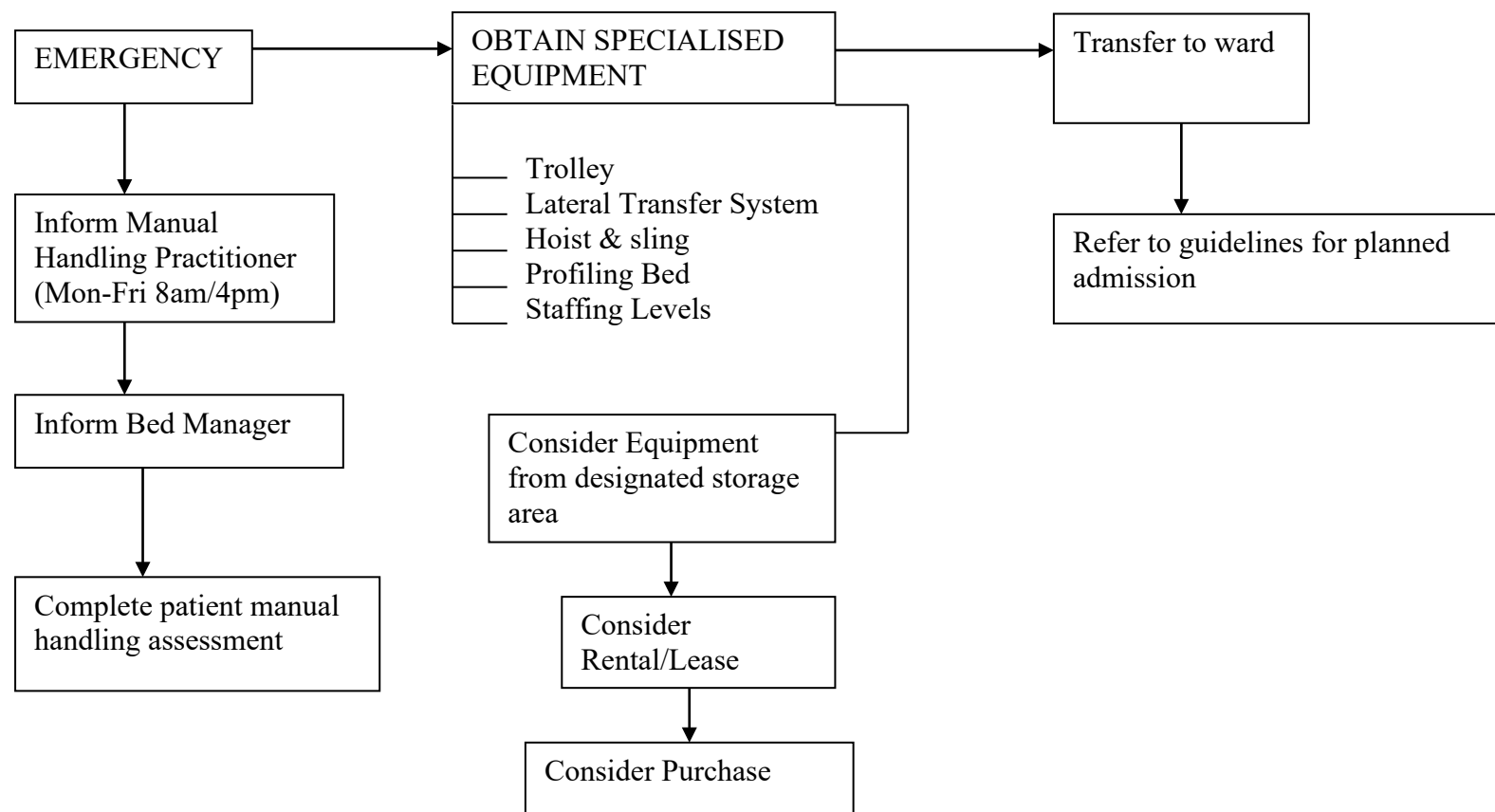


CHI									
FORENAME									
SURNAME									

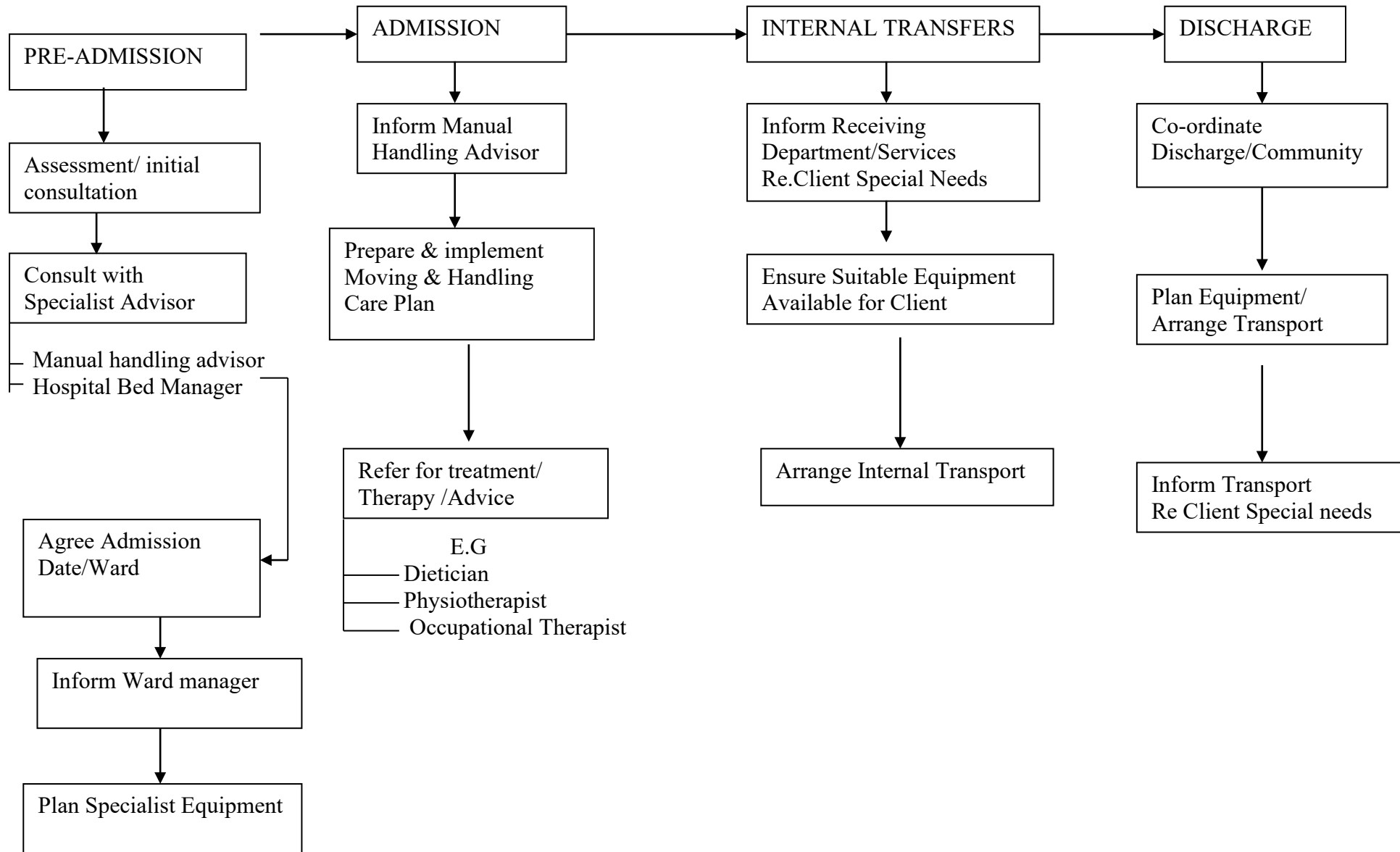
BODY BUILD						FIM SCORE If 6 or less complete details overleaf		
BMI		Tall		Medium		Short		
Plus Size		Above average		Average		Below average	Rockwood Frailty Score	
What can the person do for themselves?		Functional Independence Measure (FIM) Score) and Equipment Guide						
Can patient sit without support and weight bear?								
YES	NO	 Put score in box above and complete assessment over page.	FIM SCORE 1: Complete Dependence Total Assistance - Maximal assistance is required or the activity is not performed					
↓			Transfers	Passive mechanical hoist and sling				
			Movement in bed	Profiling bed Sliding sheets				
			FIM SCORE 2: Complete Dependence Maximal assistance is required. Patient will make some effort to assist.					
		Transfers	Passive mechanical hoist and sling					
		Movement in bed	Profiling bed Sliding sheets					
Moderate assistance required - 1 or 2 carers plus equipment and safe manual handling techniques								
NO	YES	 Put score in box above and complete assessment over page.	FIM SCORE 3 Dependent Moderate assistance is required to physically assist with the activity by more than touching					
↓			Transfers	Mechanical stand aid or non mechanical stand aid				
			Movement in bed	Profiling bed Sliding sheets				
			Minimal assistance required - 1 of carer plus equipment and safe manual handling techniques					
NO	YES	 Put score in box above and complete assessment over page.	FIM SCORE 4: Dependent Minimal assistance is required for supervision or physical help to perform activity but no more than touching					
↓			Transfers	Non-mechanical stand aid / standing assistance / short transfer board				
			Movement in bed	Sliding sheets Independent, assisted or using assistive device				
			Requires prompting and overseeing?					
NO	YES	 Put score in box above and complete assessment as applicable over page.	FIM SCORE 5: Supervision or Set Up Standing by or encouragement but no physical contact. May set up items or apply orthoses					
↓			Transfers	Supervised or using assistive device or verbal prompt				
			Movement in bed	Independent or using assistive device or verbal prompt				
			FIM SCORE 6: Modified Independence Modified Independence Another person is not required for the activity but requires one or more of the following: a mobility assistive device, more than reasonable time or safety (risk) considerations.					
		Transfers	Independent, using assistive device					
		Movement in bed						
Completely Independent								
	 Put score only on top of form	FIM SCORE 7: Independent Complete independence No helper required to achieve activity which is performed safely without modification or outside assistance within a reasonable time						
Signature		Date		Time				

Version 6.0 - September 2020

Management Checklist for an Unplanned/Emergency Hospital Admission Regarding a Bariatric Patient



Management Checklist for Planned Hospital Admission Regarding a Bariatric Patient



Title : Manual Handling Procedure
 Date : Feb 2025
 Version : 4.0
 Author : Natalie Mackay & Emma Covers

References:

- *The Nuffield Trust Improving the Health of the NHS Workforce*,
- *Sian Williams, Susan Michie, Shriti Pattani*
- *Health & Safety at Work Act HMSO, London, 1974, ISBN 0 10543774 3*
- *Management of Health & Safety at Work Regulations, 1999*
- *HMSO, London, (1999) ISBN 0 11 025051 6*
- *Manual Handling Operations HMSO London 1992, ISBN 0717624153*
- *Regulations*
- *Lifting Operations and Lifting Equipment Regulations, 1998, No2307, TSO ISBN 0 11 079598 9*
- *Provision and Use of Work Equipment Regulations (1998), S.I. 1998/2306*
- *Scottish Manual Handling Passport Scheme 2014*

Recommended further reading:

- *The Guide To The Handling of People, 7th edition*,
- *NBPA & RCN (2005), NBPA, Middlesex ISBN 0 9530582 9 8*
- *RCN (2003), Manual handling assessments in hospitals and the community, London*
- *Publication code 000 605*
- *RCN RCN Code of Practice for Patient Handling, London 1999*
- *RCN Introducing a safer patient handling procedure, London 1999*
- *Chartered Society of Physiotherapy Guidelines on Manual Handling, CSP, 2002*
- *Resuscitation Counsel Guidance on Manual Handling*
- *Scottish Healthcare Supplier Safety Action Notice System*
- *Medical Devices Agency Advice on the Use of Equipment (MDA)*