Policy for Moving and Handling of Patients and Inanimate Loads

V8

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Summary

All Staff:

Must ensure that they read and understand the Trust’s policies regarding Moving and Handling, local risk assessments and safe systems of work.

Must not undertake any Moving and Handling tasks if they have not undergone their induction training.

Must not use or attempt to use any equipment that they have not received training or feel confident in the use of, but to report to their line manager, for immediate assistance and to arrange additional training.

New staff will be supported by Key Workers or a ‘competent’ member of staff, in their local induction (in the work place), to ensure they are safe and competent in their Moving and Handling practice.

Must comply with the Trust’s management strategy and trust policy to ensure they follow safe systems of work, by following the correct techniques, procedures, and using the appropriate equipment. If equipment is not available seek advice from the Moving and Handling Advisor, site co-ordinators or equipment library staff.

Must take reasonable care that they remain ‘fit for work’, the employee must report any illness or injury, which may make ‘Moving and Handling’ hazardous to themselves or others, to their immediate supervisor or line manager and for this information to be put onto the Datix system. Further advice can be sought from the Occupational Health department.

Attend and participate in all practical Moving and Handling training sessions as detailed in the Mandatory and Statutory Training Policy, relevant to their area of work. Failure to do so may result in the staff member being unable to work until they have been updated.

Approach all moving and handling tasks by carrying out an initial “dynamic” risk Assessment.

Ensure patient handling mobility assessments are carried out and documented in the patients Moving and Handling Action Plan, and to review on an on-going basis and document any significant changes in patients Moving and Handling requirements.

Report without delay to their immediate supervisor/manager any accident/incident/near miss relating to moving and handling, recording the incident via the ‘Datix system’.
1. Introduction

1.1 The Royal Cornwall Hospital NHS Trust recognises that moving and handling is an unavoidable part of the provision of healthcare. In order to ensure the safety and wellbeing of our staff and to provide high quality healthcare it is essential that our staff are adequately trained and assessed in the relevant tasks. The Trust promotes a minimal lifting policy in line with the following Agencies and Codes of Best Practice.

1.2 This document outlines the Trust’s obligations and management processes to ensure a robust process for the management of risks associated with the moving and handling of people and objects.

1.3 The document aims to ensure that the Royal Cornwall Hospitals NHS Trust statutory duties and obligations are upheld in accordance with the various statutory requirements and other recognised standards to which the Trust will apply in day-to-day activities:

2. Purpose of this Policy and Procedure

2.1 It is the Royal Cornwall Hospitals Trust’s intentions to fulfil its duties to avoid all hazardous moving and Handling operations ‘so far as is reasonably practicable’ and to make a suitable and sufficient risk assessment of any hazardous moving and handling operations that cannot be avoided, to reduce the risk of possible injury.

2.2 The Moving and Handling policy is a key element of the health and safety management system of the Royal Cornwall Hospitals NHS Trust.

2.3 This Moving and Handling policy sets out the standards of best practice for the safe moving and handling of loads, in relation to both patient and non-patient handling to provide a minimum lifting policy.

2.4 The Royal Cornwall Hospitals NHS Trust is committed to providing evidence based best practice and care to all patients ensuring that they are treated with dignity and respect.

3. Scope

This policy applies to all staff members who are, or may be involved in any moving and handling tasks and activities.

4. Definitions

The Trust Royal Cornwall Hospitals NHS Trust

Staff All persons who are employed by the Trust whether on permanent or temporary contracts (Written or implied), paid or unpaid, and shall include persons employed through recruitment and employment
agency providers to assist the Trust in delivery of services, but excluding contractors and third parties undertaking works for or on behalf of the Trust.

**Key Worker**

A member of staff who has completed a Manual Handling Key Workers course run by the approved Trust Trainers or Specialist Moving and Handling Advisor and has become the ward/Department lead person for Manual Handling.

**HSE**

Health and Safety Executive

**MHOR**

Manual Handling Operations Regulations 1992 (as Amend)

**Manual Handling**

The transporting or supporting of a load by hand or bodily force this includes pushing, pulling, lifting, lowering, transporting or carrying of loads with a degree of effort or bodily force.

**PUWER**

Provision and Use of Work Equipment Regulations 1998

**LOLER**

Lifting Operations and Lifting Equipment Regulations 1998

**RIDDOR**

Reporting of Incidents, Diseases or Dangerous Occurrence Regulations 2013

**Risk Assessment**

A ‘Task’ based risk assessment involves identifying the hazards associated with a particular task and identifying whether there are adequate and suitable control measures in place to protect staff and others from those hazards, and from this making an evaluation of the level of risk. If the level of risk has not been reduced to the lowest level ‘as far as is reasonably practicable’ then further controls need to be introduced to ensure safety.

**Hazard**

Something with the potential to cause harm, injury, disease or some loss.

**Risk**

The likelihood of the hazard being realized and/or staff, patients and others being exposed to the hazard.

**TILEE/ELITE**

Five key elements of moving and handling assessment the Task, Individual Load, Environment Equipment

**Patient Moving and Handling Action Plan.**

Refers to the patient manual handling risk assessment which is used to identify patient’s mobility or lack of mobility reflecting the equipment needs of the patient, and their ability to assist.

**Dynamic risk assessment**

The continuous assessment of risk in the rapidly changing circumstances of an operational incident, in order to identify hazards and controls (if any) and evaluate risk and where necessary, implement
Further control measures necessary to ensure an acceptable level of safety. At the earliest opportunity the dynamic risk assessment should be supported by a written risk assessment using the Trust’s designated risk assessment form.

‘So far as is reasonably practicable’. Balancing the level of risk against the potential resource input required to complete the activity in order to reduce or remove the risk.

**Posture**
Posture is the position in which you hold your body against gravity while standing, sitting or lying down. Good posture involves training your body to stand, walk, sit and lie in position where the least strain is placed on the supporting muscles and ligaments during movement or weight bearing activities.

**Non patient handlers**
Staff that do not handle patients

**Patient Handlers**
Staff that move and handle patients

**Patient**
Refers to an inpatient, outpatient or deceased patient.

**Safe Working Load**
The manufacturer’s recommended maximum weight load for lifting devices or component of a lifting device this will include e.g. hoist and slings. Beds, trolleys, operating tables, X ray plinths and couches this list is an example and may not include equipment in your own area. The SWL on any piece of equipment should never be exceeded.

**The Load**
An animate or inanimate object which may require moving from one place to another.

**Ergonomics**
The means by design which the working environment and working practices are altered to match the individual with aims of reducing the risk of injury.

**Minimal Lifting**
To avoid moving and handling by reducing the risk to the lowest level possible. In exceptional or life threatening circumstance there may be no other alternative than to lift using manual handling techniques; however, the lift must be planned and a dynamic risk assessment undertaken, to ensure the activity is done as safely as possible.

**Moving and handling equipment**
Any device, equipment or aid used to lift or support a load during a moving and handling procedure

**Control Measures**
Actions or measures put in place to reduce the risk.
Note: unless otherwise stated within this document any reference to the masculine shall apply equally to the feminine and the singular to the plural

5. **Ownership and Responsibilities**

5.1 **The Chief Executive**

5.1.1 The Chief Executive maintains overall accountability for all matters relating to health and safety throughout the Trust.

5.1.2 In conjunction with Trust board will delegate responsibility for the implementation of safe Moving and Handling Practices in the Trust throughout the management of the organisation.

5.2 **The Trust Board**

The Trust Board will:

5.2.1 Ensure appropriate structures are in place to enable the Trust to fulfil its responsibilities and obligations with regards to the Manual Handling Operations Regulations 1992.

5.2.2 Ensure appropriate structures and resources are in place to effectively implement this policy, committing to those financial, managerial, technological and educational resources necessary to adequately control identified risks from Manual Handling activities.

5.3 **Director of Finance**

5.3.1 The Director of Finance will ensure that suitable and sufficient financial resources are planned and provided to ensure that the requirement of the statutory obligations in relation to this document are met.
5.4 Role of the Director of Medical Physics

The Director of Medical Physics is responsible for:

5.4.1 Ensuring that all patient lifting and handling equipment is adequately serviced, maintained and inspected in accordance with the Lifting Operations and Lifting Equipment Regulations.

5.4.2 Maintaining accurate and appropriate records of all inspection, maintenance and service of lifting and handling equipment, ensuring that they are available for inspection as required.

5.4.3 Ensuring that all personnel undertaking maintenance work on lifting equipment are trained, experienced and supervised appropriately achieve competency in the tasks that they are expected to undertake.

5.5 Role of the Director of Estates and Facilities

The Director of Estates is responsible for:

5.5.1 Ensuring that all non-patient lifting and handling equipment is adequately serviced, maintained and inspected in accordance with the Lifting Operations and Lifting Equipment Regulations.

5.5.2 Maintaining accurate and appropriate records of all inspection, maintenance and service of lifting and handling equipment, ensuring that they are available for inspection as required.

5.5.3 Ensuring that all personnel undertaking maintenance work on lifting equipment are trained, experienced and supervised appropriately achieve competency in the tasks that they are expected to undertake.

5.6 Care Group and Senior Managers

All Care Group and senior managers will ensure that:

5.6.1 Managers and/or supervisors develop, in consultation with their key worker(s), staff and H&S representatives, local manual handling arrangements that are specific to their areas address their particular manual handling problems identified through the risk assessment process, in accordance with the Trust Moving and Handling policy.

5.6.2 All Manual Handling risk assessments are carried out, and documented and reviewed within their own areas of responsibility. All Manual Handling risks shall be identified and reduced to the lowest ‘reasonably practicable’ levels.

5.6.3 All staff within the Care Group/area of responsibility receive the appropriate levels of training in accordance with the Trust Moving and Handling Training Plan (see section 0).
5.6.4 All staff within the Care Group/area of responsibility receive an assessment of competence with manual handling practice that is relevant to their clinical specialty, at intervals not exceeding two years.

5.6.5 There is adequate provision of moving and handling equipment and aids in each work area, seeking advice as necessary.

5.6.6 All moving and handling equipment is appropriately maintained, services and inspected in accordance with the statutory requirements and manufactures recommendations. Further ensuring that a appropriate plan is established to ensure the replacement of equipment as required.

5.7 **Ward and Department Managers**

All Ward and Department Managers/leads will:

5.7.1 Ensure that suitable and sufficient Manual Handling Risk Assessments including ‘Task’ based assessments: are completed within their area of responsibility and will complete action plans, and review and maintained on a regular basis.

5.7.2 Ensure where appropriate, all relevant moving and handling mobility risk assessments are completed and documented in the patient’s Care plan/Action plan.

5.7.3 Hold responsibility for ensuring that appropriate steps are taken to managing all moving and handling related hazards and risks within their sphere of responsibility.

5.7.4 Provide staff with the necessary information, instruction and training relating to Manual Handling and provide adequate supervision to enable them to work safely.

5.7.5 Ensuring that all of their staff members receive appropriate training and competency assessment in the manual handling tasks that they are reasonably foreseeably likely to undertake.

5.7.6 Investigate all Manual Handling incidents, occurring within their area of control or reported by their staff, in accordance with the Trust’s Incident reporting arrangements. The investigation will identify root causes and put measures in place to prevent a recurrence.

5.7.7 Review risk assessments regularly and share the updates/changes with all staff undertaking the activities. Ensure that risk assessments and safe operating procedures are readily available for all staff to access, including any changes that have been made.

5.7.8 Ensure that risk assessments are reviewed and updated accordingly following any incidents occurring.
5.7.9 Notify the Safety, Fire & Security Management Department, at the earliest opportunity, of any incident involving the failure of any lifting or moving and handling equipment.

5.7.10 Identify and support staff willing to undertake the Keyworker role, advising the Specialist Moving and Handling Advisor.

5.7.11 Ward managers will ensure individual patient moving and handling assessments and action plans are completed at the earliest opportunity and within 6 hours of admission. Further ensuring that all staff are aware of the Moving and Handling Assessment Action Plan within the patient profile, before any such tasks are undertaken.

5.7.12 Ensure equipment is regularly serviced maintained and in good working order.

5.7.13 Records are kept of all Patient Handling Equipment on the ward /dept, where a need for more equipment is identified through the risk assessment process; decisions on appropriate equipment should be made in consultation with the Trust’s Specialist Moving and Handling Advisor, Key workers, staff and others who may be involved as part of this process.

5.7.14 Ensure slings and attachments are inspected before use with a record kept for all thorough checks, and used only with originally specified or approved lifting equipment. Where there is a need for alternative slings which are not the original manufacturers but are compatible with the equipment a risk assessment should be carried out documenting the relevant details of sling type, size, which loops are being used for the desired patient position and the safe working load, in conjunction with the Specialist Moving and Handling Advisor. This information will be documented in the manual handling action plan.

5.7.15 Lifting equipment, including slings and attachments must be visually examined before use, all defects and faulty equipment shall be withdrawn from service immediately, labelled and reported to Dept. of Clinical Technology (Medical Physics) for prompt repair. All deficiencies in the provision of moving and handling equipment will be escalated to the Care Group Manager/Associate Director in a timely manner.

5.7.16 It is foreseeable that handling operations have to be carried out in an emergency situation, without the usual equipment. In such cases a further dynamic risk assessment must be completed to manage the increased risk situation and documented via Datix.

5.7.17 Ensure that members of staff do not carry out any moving and handling tasks without first receiving the appropriate training. New members of staff will be supported by a Key Worker or a competent member of staff, as identified in the Competency Framework for their local induction until they are deemed competent and safe to carry out tasks without supervision.
5.8 **Specialist Moving and Handling Advisor**

5.8.1 The Specialist Moving and Handling Advisor is the Trust’s centre of expertise with regard to all matters relating to moving and handling and shall give advice and support to managers, Trust Handling Trainers, Key Workers and staff with regard to risk assessments, equipment and training.

The Specialist Moving and Handling Advisor shall:

5.8.2 Regularly visit managers and staff throughout the Trust to ensure they understand their responsibilities within the remit of Moving and Handling and shall give added support and advice as needed.

5.8.3 Support local managers with investigations into reported Manual Handling incidents and provide a report; and to assist managers with investigations in reported manual handling incidents.

5.8.4 Training will be delivered in accordance to the arrangements agreed by the specialist advisors within the countywide Sustainable Development Partnership group

5.8.5 Provide advice to managers and staff including Learning & Development Manual Handling Trainers, Key Workers, Procurement and the Equipment Library.

5.8.6 Review the investigations relating to Moving and Handling Incidents, in order to provide advice to prevent recurrence and to disseminate learning across the Trust.

5.8.7 To monitor Moving and Handling incidents including RIDDOR incidents, identifying trends and any areas of risk to the organisation, reporting to the Health and Safety Committee and other meetings/groups as appropriate.

5.8.8 To advise staff and ward/department managers about appropriate equipment needs and provision.

5.8.9 Meet with Key Workers at least once a year to review training status, risk assessments and compliance to policy.

5.8.10 Support the implementation of the Trust’s Moving and Handling risk assessment procedure in accordance with current policy and assist managers, where necessary, to comply with their Moving and Handling duties.

5.8.11 Oversee training given and ensure that the current course content is updated regularly in accordance with current evidence based best practice, from the HSE, National Back Exchange, Royal college of Nursing and Nursing Midwifery Council for training are implemented.

5.8.12 Work with the Trust Procurement team NHS supplies, Medical Devices Group, Infection Control and other teams as appropriate to develop and update
a list of standardised equipment for acquisition within the Trust. Where the need for non-standard equipment is identified, the Specialist Moving and Handling Advisor will be consulted for advice prior to procurement.

5.8.13 To advise the Trust on any significant changes in legislation and guidance relative to Manual Handling.

5.8.14 Carry out regular monitoring and audits of wards and departments, Moving and Handling related risks and risk assessments.

5.8.15 Maintain their competency to perform their specialist role, to ensure continued professional development.

5.8.16 Provide direct training for key workers and other staff as required.

5.9 **The Head of the Learning and Development Department**

The Head of Learning and Development is responsible for ensuring:

5.9.1 The availability of training, to provide a sufficient number of competent trainers who will facilitate training in all manual handling activities which occur, to include both clinical and non-clinical training, equipment and role specific, and support the competency assessment process where applicable.

5.9.2 Ensure that relevant and appropriate moving and handling training for all staff in appropriate moving and handling techniques for patients and inanimate loads is provided across the Trust.

5.9.3 Provide update training for all staff, supporting the Specialist Moving and Handling Advisor in providing Key Workers Moving and Handling training courses and annual updates at suitably equipped venues.

5.9.4 Maintain accurate records of training and competency assessment and all relevant documentation and teaching plans.

5.9.5 Provide regular reports to the Health and Safety Committee, Care Group managers and other groups as required regarding training and competency status of all staff.

5.9.6 Ensure that competency assessments undertaken by Learning and Development Department trainers are recorded in ESR.

5.9.7 Ensure that all training provided is planned in conjunction with and under the guidance of the Specialist Moving and Handling Advisor.

5.9.8 Maintain their own competency and that of other trainers, by active participation in relevant Moving and Handling Training updates approved by the Trust’s specialist advisors.
5.10 **Key Workers**

5.10.1 Key Workers will be supported by their managers and given the necessary paid time away from their normal duties to carry out their role effectively.

Key Workers, in conjunction with their ward/departmental managers shall:

5.10.2 Be appointed from all areas that carry out Moving and Handling operations and attend a Key Worker trainer’s course run by Specialist Moving and Handling Advisors or Trust trainers.

5.10.3 Attend annual update training.

5.10.4 Be fully supported by their manager/supervisor to assist in Moving and Handling Risk Assessments as required.

5.10.5 Undertake assessment of staff competency, in moving and handling practiced techniques relevant to the workplace, at intervals not exceeding two years. In conjunction with the Trust training plan, complete relevant documentation as a record of their assessment. Provide the local manager with documentation which is to be retained in the individuals ‘P’ files, furthermore to ensure that sufficient records are maintained to update the Electronic Staff Record. Provide on-going supervision, advice and practical instruction to staff in their workplace and will assist with monitoring, assessing and recording staff practice.

5.10.6 Work closely with new and inexperienced employees through local induction in the workplace. Key workers or a ‘competent’ member of staff will closely supervise, monitor and spend time with them in their first weeks of employment by giving them instruction and advice. To inform them about local protocols, safe systems of work, Moving and Handling tasks and equipment used in their work area, until they feel satisfied they are safe and competent, to work without supervision.

5.10.7 Managers must liaise with Key Workers to ensure compliance with training and competence assessment requirements.

5.10.8 Work with the Trust Specialist Moving and Handling Advisor in the audit and reviewing of risk assessments and the investigation of Moving and Handling related incidents.
5.11 All Staff

5.11.1 Must ensure that they read and understand the Trust’s policies regarding Moving and Handling, local risk assessments and safe systems of work.

5.11.2 Must not undertake any moving and handling tasks unless they have undergone their induction and task specific training and assessment.

5.11.3 Must not use or attempt to use any equipment that they have not received training and assessment or feel confident in the use of, but to report to their line manager, for immediate assistance and to arrange additional appropriate training.

5.11.4 New staff will be supported by Key Workers or a ‘competent’ member of staff, in their local induction (in the work area), to ensure they are safe and competent in their moving and handling practice.

5.11.5 Must comply with the Trust’s management strategy and Trust policy to ensure they follow safe systems of work, by following the correct techniques, procedures, and using the appropriate equipment. If equipment is not available seek advice from the Specialist Moving and Handling Advisor, Site Coordinators or Equipment Library staff.

5.11.6 Must take reasonable care that they remain ‘fit for work’, the employee must report any illness or injury, which may make ‘moving and handling’ hazardous to themselves or others, to their immediate supervisor or line manager and for this information to be recorded within the Datix system.

5.11.7 Attend and participate in all practical moving and handling training as detailed in the Moving and Handling Training Strategy, relevant to their area of work. Failure to do so may result in the staff member being unable to work in the designated area or tasks until they have received the appropriate training and been assessed as competent.

5.11.8 Approach all moving and handling tasks in accordance with the specific patient/task manual handling assessment. In emergency situations, carrying out an initial dynamic risk Assessment.

5.11.9 Ensure patient handling mobility assessments are carried out and documented in the patients Moving and Handling Action Plan, and to review on an on-going basis and document any significant changes in patients moving and handling requirements.

5.11.10 Report without delay to their immediate supervisor/manager any accident/incident/near miss relating to moving and handling, recording the incident via the Datix system.

5.11.11 In the event of a staff member being referred to the Occupational Health Department in relation to harm arising from moving and handling
activities or other musculoskeletal injury the staff member will attend the appointments and participate fully in the assessment process.

5.12 Therapists

5.12.1 All specialist personnel (i.e. Physiotherapists, Occupational Therapists and other professionals allied to healthcare) must maintain their professional obligations, updated in their specialist handling techniques as deemed appropriate by the Trust and their individual governing bodies.

5.13 Occupational Health Advisors (OHA’s)

Occupational Health Advisors shall:

5.13.1 Support staff with work-related health problems and advise management on appropriate and reasonable work adjustments.

5.13.2 In conjunction with Specialist Moving and Handling and Health & Safety Advisors, provide advice to managers and employees on working practices to minimise or alleviate health problems.

5.13.3 Liaise with relevant other professionals and advisors to develop and monitor suitable rehabilitation programmes tailored to the employee’s needs.

5.13.4 Give advice to members of staff about the principles of back care and/or the care of musculoskeletal problems from which they may be suffering.

5.13.5 Work in close co-operation with safety advisors, human resources staff, health and safety representatives, trainers and managers to ensure a seamless and co-ordinated approach to the prevention of moving and handling work related ill health.

5.13.6 Notify the Safety Fire & Security Management Department, in a timely manner, of any incidents of occupational ill health related to, acute, chronic or degenerative, musculoskeletal injury or condition that may fall within the requirements for statutory reporting to the enforcement authorities.

5.14 Health and Safety Advisors:

5.14.1 Health and Safety Advisors shall provide advice, support and information on Moving & Handling issues to all RCHT staff in the absence of the Moving & Handling Advisor.

5.14.2 Ensure that, where appropriate, the relevant enforcing authorities are notified of injuries and ill health arising from manual handling activities at work.
6. Standards and Practice

6.1 Risk Assessment

6.1.1 Risk assessment will identify the steps needed to reduce the risk of injury, the need for staff training and the need for equipment. Key Workers, Moving and Handling Advisor and/or Health and Safety representatives, may provide support in carrying out the risk assessments for their ward/department.

6.1.2 Competent members of staff, in liaison with the Key Worker, will carry out moving and handling risk assessments for individual patients, activities and tasks as appropriate. Staff from other disciplines e.g. physiotherapists and occupational therapists may also need to participate in the patient assessment process.

6.1.3 The risk assessments shall take into account the five key elements of the activity (TILEE/ELITE):

- Environment
- Load
- Individual Capability
- Task
- Equipment

6.1.4 Assessments for patient moving and handling activities are recorded with clear and accurate information in the Nursing Risk Assessment Pack on the manual handling action plan and associated care plan/documentation.

6.1.5 All risks associated with non-patient moving and handling activities must be recorded and updated using the Trust risk assessment format (Ref: SFSM002).

6.1.6 The Trust implements an electronic generic Manual Handling Risk Assessment form, which must be held on the shared folder; the action plan must be included in the assessment and include appropriate target dates for completion. The assessment and action plan must be monitored in accordance with the Trust Risk Assessment Policy and Guidance.

6.1.7 All generic risk assessments will be reviewed every 12 months by managers and updated where required. If an incident/accident occurs within the period this will need to be reviewed as soon as practicable, to help reduce the risk of further incidents re-occurring.

6.1.8 The completion of the risk assessment form and completing the training needs analysis should highlight training needs for staff, and identify the exact level of training required.

6.1.9 The patient handling Risk Assessment action plan should be transferred with the patient’s notes for any interdepartmental transfers for investigations.
and treatments to ensure that Moving Handling procedures are carried out appropriately.

6.1.10 Where it is not possible to carry out a written risk assessment beforehand then a dynamic risk assessment must be carried out for every activity.

6.2 Moving and Handling Training Strategy

6.2.1 To comply with the statutory obligations contained in the Manual Handling Operations Regulations 1992 and the Trust’s Mandatory and Statutory Training Policy, moving and handling training will be provided for all staff – both patient handlers and non-patient handlers facilitated by the Learning & Development Department.

6.2.2 Moving and handling training programmes will be developed between the Head of Learning and Development and the Safety, Fire & Security Management Department.

6.2.3 The Moving and Handling Training Plan will be presented, jointly between the Specialist Moving and Handling Advisor and the Head of Learning and Development, to, and approved by the Trust Health and Safety Committee annually.

6.2.4 The training provided is part of the ‘Risk Management Strategy’ for moving and handling, and as such will contribute to the overall action plan to reduce risks in the work place by ensuring all staff are trained in safe handling to a level appropriate to their work.

6.2.5 The Trust Learning and Development Team will facilitate relevant training sessions in line with the training strategy and the Mandatory and Statutory Training Policy, tailored to the needs of the staff.

6.2.6 Training will be facilitated by a sufficient number of competent manual handling trainers in accordance with the training plan which can be found in the Moving and Handling guidance folder.

6.2.7 All moving and handling training will emphasise the Trust view that all moving and handling tasks which cannot be avoided must be risk assessed to identify the hazard(s), and an action plan put in place to remove or reduce the risk, ‘So far as is reasonably practicable’ to the lowest level possible, to prevent injury to both staff and patients.

6.2.8 Moving and Handling applies to all staff/employees employed by the Trust including (but not restricted to):

- Directors
- Senior manager’s
- Clinical and Non-clinical Staff
- Bank, agency and temporary staff
• Heads of Departments,
• Doctors
• Consultants
• Students
• Volunteers
• Contractors.

6.2.9 Managers and supervisors must include themselves when assessing the training needs of staff, and must also attend the relevant training. Training compliance is monitored by employee support who notify managers of all non-compliance.

6.2.10 The Trust will ensure that they provide, ‘as far as is reasonably practicable’, a safe working environment, by managing risks identified by means of a risk assessment.

6.2.11 Information, training and supervision will be provided to all staff (including clinical, medical and non-clinical staff) in order to implement safe working practice. The level of training required by staff in order for them and the Trust to comply with their legal duties will be identified in The Moving and Handling Training Plan the level of training required pertinent to the staff members job role and working area.

6.2.12 Employees shall not undertake any moving and handling activity without first receiving appropriate moving and handling training as laid down in the training plan.

6.2.13 Managers/supervisors shall identify the training needs of all their staff, including themselves, by using the training needs analysis plan. They are responsible for ensuring that all their staff receive moving and handling training, and that staff are released to attend the training sessions.

6.2.14 Records shall be kept of all training staff have attended, within the Electronic Staff Record.

6.2.15 Moving and Handling training is a statutory requirement and all staff must attend training sessions. Staff who can demonstrate successful competency do not need to attend training sessions in addition to this.

6.2.16 All training in patient-handling techniques shall follow the approved methods as documented and recommended by the National Back Exchange, Royal College of Nursing, and the Standard Operating Procedures for practical Moving and Handling techniques located on the Moving and Handling shared folder.
6.3 **Training Plan**

6.3.1 Each department will nominate and support an adequate number of Key Workers to provide peer training and support within the work area.

6.3.2 Upon appointment to the Trust all staff will attend the Corporate Induction and will receive information about the principles of safe moving and handling practices.

6.3.3 All clinical staff including those who cannot demonstrate compliance with moving and handling training in accordance with the agreed RCHT and departmental requirements will attend practical training and assessment within the first week of employment.

6.3.4 Once new staff commence in the work area an appointed key worker will provide practical peer training and competency assessment. The assessment will cover all relevant skills, activities and equipment used within the work area.

6.3.5 Existing and experienced new staff will receive ongoing peer led training and assessment, with the local Key Worker. All practical skills will be re-assessed at intervals not exceeding two years.

6.3.6 The assessments results will be recorded within the individuals personnel file (P-file) and a copy provided for inclusion in the Trust Electronic Staff Record system.

6.3.7 Staff moving departments will be peer assessed in the relevant skills for the new work area in accordance with 6.3.5 above.

6.3.8 Staff returning from long term leave (i.e. maternity leave, sick leave of more than 2 months) or following any absence related to a moving and handling activity or musculoskeletal injury will be subject to a review by the Key Worker in accordance with 6.3.5 above.

6.3.9 It is recognised that in some departments peer assessment is not reasonably practicable (i.e. community based teams and departments with dispersed staff in these cases bespoke training will be provided. Training content will be agreed between the Specialist Moving and Handling Advisor and the Service Lead.

6.3.10 Appointed Key Workers and all moving and handling trainers will undertake an initial advanced Key Worker skills training course led by the Specialist Moving and Handling Advisor following the agreed Cornwall Sustainable Development Partnership Moving and Handling Advisors. This training will be supplemented with a mandatory 1 day annual update course.

6.3.11 All staff will also receive, as part their annual Mandatory Training programme a 1 hour theory update of changes to best practice, details of new equipment introduced to the Trust and shared lessons from moving and
handling incidents within the Trust and from recent incidents within other organisations.

6.4 Equipment

6.4.1 In accordance with the Lifting Operations and Lifting Equipment Regulations 1998 all hoist equipment and attachments such as slings will be regularly checked and maintained.

6.4.2 Ward/department managers will maintain an accurate record of all patient handling equipment they have for their area and are responsible for ensuring their staff report any defaults in equipment, and checking that hoist service checks are in date.

6.4.3 All slings need a thorough examination of any wear or tear before each use. A simple checklist should be completed as evidence of inspection, see Appendix 4 – Hoist and Sling Checklist.

6.4.4 Where a need for equipment is identified, advice should be sought from the Specialist Moving and Handling Advisor and appropriate equipment purchased. Consideration must be given to the inspection, servicing and regular maintenance of equipment, and requirements of other specialist areas including medical devices and infection control.

6.4.5 All equipment must be regularly cleansed in accordance with the manufacturers guidance and/or the RCHT Decontamination Policy and Guidelines, some equipment must be patient specific (e.g. for patient in isolation). Further advice can be sought from the Infection Control department in accordance with the infection control decontamination policy.

6.4.6 Washable slings, slide sheets, handling belts are patient specific; managers must ensure they have sufficient equipment, appropriate for their area. Small items of manual handling equipment such as transfer belts, slide sheets and slings that are reusable must be laundered on site in the mini laundry, if contaminated put into a pink dissolvable bag and then into a green bag. If not contaminated but requires laundering put into a green bag. Clearly Label with department/wards name and RCHT is on the bag to ensure it is returned to the right location.

6.5 Mortuary

Management of the deceased patient. The safe handling of the deceased patient requires physical effort and bodily force and requires sufficient staff and appropriate equipment to manage the transferring of the deceased person from bed/mortuary trolley to the fridge/and for post mortem examination and vice versa as required for a living patient.
6.6 Audit Reporting

The Specialist Moving and Handling Advisor will carry out a variety of Moving and Handling Audits to show how the policy is being implemented. The Manual Handling Assessment of compliance will be used to audit a department.

7 Dissemination and Implementation

7.1 This document will be implemented and disseminated through the organisation immediately following ratification by the Health and Safety Committee and signed by an Executive Director and shall be stored electronically on the Trust Document Library. The version in the Trust’s library shall be the master record.

7.2 The Trust will ensure that all staff has access to the Trust's Document Library, and all documents shall be accessible to all.

7.3 It shall be the responsibility of Directors and their Directorate Management Teams to ensure that they have robust arrangements in place both to notify staff of relevant additions to the document library and to ensure that staff appropriately follows the contents of any such additions.

8 Monitoring Compliance and Effectiveness

<table>
<thead>
<tr>
<th>Element to be monitored</th>
<th>Induction and Mandatory Training compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Trust trainers and Key Workers training and competency audit</td>
</tr>
<tr>
<td></td>
<td>Risk Assessment Process audit</td>
</tr>
<tr>
<td></td>
<td>Moving and Handling Incidents</td>
</tr>
</tbody>
</table>

| Lead | Head of Learning and Development Specialist Moving and Handling Advisor and Health and Safety Advisors. Health and Safety Committee |

| Tool | Reports from ESR to Managers Learning and Development Department Reports to the Health and Safety Committee Moving and Handling Advisors Reports to the Health and Safety Committee Incident and RIDDOR reporting data |

| Frequency | Attendance at Mandatory Training is monitored by Learning & Development monthly. Non-attendance will be reported to the employee’s line manager monthly. The Moving and Handling Advisor will review Trust trainers and Key Worker attendance at update sessions and reported to the employee's line manager through NLMS and the Health and Safety Committee. The departmental manager responsible for the area will investigate Risks and incidents as and when they occur. Quarterly reports to the Health and Safety Committee. Significant risks identified will be escalated to the Health and Safety Committee and the Chief Operating Officer when appropriate. |
Reporting arrangements

All training compliance will be reported quarterly reports to the Health and Safety Committee.
Non-attendance at Induction or Mandatory Training will be reported to the employee’s line manger within one month.
Trust trainers and Key Worker compliance with this policy will be reported to the Health and Safety Committee
The Moving and Handling Advisor will report Information on incidents to the Health and Safety Committee.
Significant risks will be reported to the Moving and Handling Advisor immediately by the relevant departmental manager. Significant risks that cannot be resolved by the Moving and Handling or Health and Safety Committee escalated to the Chief Operating Officer as required.

Acting on recommendations and Lead(s)

The Head of Learning and Development will initiate subsequent recommendations and action planning for all identified deficiencies relevant to training induction and mandatory.
The Moving and Handling Advisor will initiate subsequent recommendations and action planning relevant to Trust trainers and Key Worker training.
The departmental managers will ensure that all accidents/incidents/near misses are recorded on Datix immediately and are investigated promptly in order that remedial action can be taken to prevent recurrences and further risk.

Change in practice and lessons to be shared

Required changes to practice will be identified and initiated as soon as is reasonably practicable. A lead member of the team will be identified to take each change forward where appropriate lessons will be shared with all the relevant staff/teams. Required changes to practice will be actioned in accordance with the level of risk.
Lessons will be shared with all the relevant stakeholders.

9 Updating and Review

9.1 The policy will be reviewed by the Moving and Handling Advisor in line with the outcome of health and safety management audits, organisational feedback, legislative change and government guidance. The review shall be at least every three years unless best practice dictates otherwise.

10 Equality and Diversity

10.1 This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the 'Equality, Diversity & Human Rights Policy' or the Equality and Diversity website.

10.2 Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.
### Appendix 1. Governance Information

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Policy and Guidance for the Moving and Handling of Patients and Inanimate loads.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Issued/Approved:</td>
<td>24&lt;sup&gt;th&lt;/sup&gt; September 2018</td>
</tr>
<tr>
<td>Date Valid From:</td>
<td>24&lt;sup&gt;th&lt;/sup&gt; September 2018</td>
</tr>
<tr>
<td>Date Valid To:</td>
<td>29&lt;sup&gt;th&lt;/sup&gt; September 2021</td>
</tr>
<tr>
<td>Contact details:</td>
<td>01872 25 3464</td>
</tr>
<tr>
<td>Brief summary of contents</td>
<td>Outline the Trust arrangements for the safe moving and handling of patients and inanimate loads</td>
</tr>
<tr>
<td>Suggested Keywords:</td>
<td>Manual Handling, lifting, carrying, hoist, LOLER, Health and Safety, Bariatric, patient safety, pushing, pulling, moving,</td>
</tr>
<tr>
<td>Target Audience</td>
<td>RCHT</td>
</tr>
<tr>
<td>Executive Director responsible for Policy:</td>
<td>Chief Operating Officer</td>
</tr>
<tr>
<td>Date revised:</td>
<td>July 2018</td>
</tr>
<tr>
<td>This document replaces (exact title of previous version):</td>
<td>Health and Safety Policy on Manual Handling including Bariatric policy</td>
</tr>
<tr>
<td>Approval route (names of committees)/consultation:</td>
<td>Health &amp; Safety Committee</td>
</tr>
<tr>
<td>Care Group Manager confirming approval processes</td>
<td>Director of Estates</td>
</tr>
<tr>
<td>Name and Post Title of additional signatories</td>
<td>Not Required</td>
</tr>
<tr>
<td>Name and Signature of Care Group/Directorate Governance Lead confirming approval by specialty and Care Group management meetings</td>
<td>{Original Copy Signed}</td>
</tr>
<tr>
<td>Name:</td>
<td></td>
</tr>
<tr>
<td>Signature of Executive Director giving approval</td>
<td>{Original Copy Signed}</td>
</tr>
<tr>
<td>Publication Location (refer to Policy on Policies – Approvals and Ratification):</td>
<td>Internet &amp; Intranet</td>
</tr>
<tr>
<td>Document Library Folder/Sub Folder</td>
<td>Chief Operating Officer/Health &amp; Safety</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>----------------------------------------</td>
</tr>
</tbody>
</table>
| **Links to key external standards** | Moving & Handling Operations Regulations 1992  
P.U.W.E.R. regulations 1998  
Guidance on manual handling of loads in the health services.' ISBN 0717604306, HSG234 Caring for cleaners: Guidance and case studies on how to prevent musculoskeletal disorders  
| **Related Documents:** | Health and Safety General Policy  
Incident Reporting  
RIDDOR Guidance  
COSHH Policy  
Occupational Ill Health Policy  
Policy & Guidance for Risk Assessment & Risk Registers  
Mandatory and Statutory Training Policy  
Medical Devices Training Policy  
De-contamination policy  
L.O.L.E.R. Policy |
<p>| <strong>Training Need Identified?</strong> | Yes – as detailed in the Moving and Handling Training Strategy |</p>
<table>
<thead>
<tr>
<th>Date</th>
<th>Version No</th>
<th>Summary of Changes</th>
<th>Changes Made by</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>V1.0</td>
<td>New policy</td>
<td>WS</td>
</tr>
<tr>
<td>Oct 05</td>
<td>V2.0</td>
<td>Minor changes to body of policy + addition of Bariatric protocol</td>
<td>WS</td>
</tr>
<tr>
<td>Feb 07</td>
<td>V3.0</td>
<td>Minor Changes</td>
<td>WS</td>
</tr>
<tr>
<td>Jun 09</td>
<td>V4.0</td>
<td>Full Review and consultation. Changes to bring policy in line with training policy +</td>
<td>WS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>changes to job titles to reflect changes to organisational structure. Previous</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>document replaced</td>
<td></td>
</tr>
<tr>
<td>Jun 11</td>
<td>V5.0</td>
<td>Reformat as per Policy on Policies</td>
<td>Andrew Rogers Corporate Records</td>
</tr>
<tr>
<td>March 2013</td>
<td>V6.0</td>
<td>Redraft of entire document</td>
<td>Carol Walpole Moving &amp; Handling</td>
</tr>
<tr>
<td>June 2013</td>
<td>V6.1</td>
<td>Correction of typographical errors and labelling of appendix in main document.</td>
<td>Carol Walpole Moving &amp; Handling</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(Para 1.3, 5.4.1, 5.4.6, 5.4.10 and 6.1.5)</td>
<td>Advisor (Interim).</td>
</tr>
<tr>
<td>Sept 2015</td>
<td>V7</td>
<td>Document re-written</td>
<td>Carol Walpole Moving &amp; Handling</td>
</tr>
<tr>
<td>April 2016</td>
<td>V7.1</td>
<td>Amendments due to changes in systems of work, and added Summary Page</td>
<td>Carol Walpole Specialist Moving</td>
</tr>
<tr>
<td>July 2018</td>
<td>V8</td>
<td>Review of full document following changes to training arrangements and add</td>
<td>Carol Walpole Specialist Moving</td>
</tr>
<tr>
<td></td>
<td></td>
<td>clarification.</td>
<td>and Handling Advisor</td>
</tr>
</tbody>
</table>

**All or part of this document can be released under the Freedom of Information Act 2000**

**This document is to be retained for 10 years from the date of expiry.**

**This document is only valid on the day of printing**

**Controlled Document**

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy on Document Production. It should not be altered in any way without the express permission of the author or their Line Manager.
**Appendix 2. Initial Equality Impact Assessment Form**

*This assessment will need to be completed in stages to allow for adequate consultation with the relevant groups.*

<table>
<thead>
<tr>
<th>Name of the strategy / policy / proposal / service function to be assessed</th>
<th>Policy for Moving and Handling of Patients and Inanimate Loads v8</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of individual completing assessment:</strong></td>
<td>J Robin Gatenby</td>
</tr>
<tr>
<td><strong>Directorate and service area:</strong></td>
<td>Safety, Fire &amp; Security Management</td>
</tr>
<tr>
<td><strong>Is this a new or existing Policy?</strong></td>
<td>Existing</td>
</tr>
<tr>
<td><strong>Telephone:</strong></td>
<td>01872 25 2266</td>
</tr>
</tbody>
</table>

1. **Policy Aim***
   - *Who is the strategy / policy / proposal / service function aimed at?*
   - Outline the Trust requirements for safe moving and handling of patients and objects

2. **Policy Objectives***
   - Minimise the risk to staff and patients

3. **Policy – intended Outcomes***
   - Minimise risks to staff and patients

4. ***How will you measure the outcome?***
   - As defined in monitoring compliance and effectiveness.

5. **Who is intended to benefit from the policy?***
   - All Staff and patients

6a Who did you consult with
   - Workforce
   - Patients
   - Local groups
   - External organisations
   - Other
   - Health & Safety Committee including staff side representation.

b). Please identify the groups who have been consulted about this procedure.

What was the outcome of the consultation? Approval

---

7. **The Impact**
   Please complete the following table. *If you are unsure/don’t know if there is a negative impact you need to repeat the consultation step.*
Are there concerns that the policy could have differential impact on:

<table>
<thead>
<tr>
<th>Equality Strands</th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
<th>Rationale for Assessment / Existing Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex (male, female, trans-gender / gender reassignment)</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Race / Ethnic communities /groups</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disability - Learning disability, physical impairment, sensory impairment, mental health conditions and some long term health conditions.</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Religion / other beliefs</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marriage and Civil partnership</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pregnancy and maternity</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

You will need to continue to a full Equality Impact Assessment if the following have been highlighted:

- You have ticked “Yes” in any column above and
- No consultation or evidence of there being consultation- this excludes any policies which have been identified as not requiring consultation. or
- Major this relates to service redesign or development

8. Please indicate if a full equality analysis is recommended. Yes    No ✔

9. If you are not recommending a Full Impact assessment please explain why.

This document is intended to support the Trust meeting statutory requirements and support equality in the workforce.

Signature of policy developer / lead manager / director
Carol Walpole

Date of completion and submission September 2018

Names and signatures of members carrying out the
1. J Robin Gatenby
2. Human Rights, Equality & Inclusion Lead
Keep one copy and send a copy to the Human Rights, Equality and Inclusion Lead
c/o Royal Cornwall Hospitals NHS Trust, Human Resources Department, Knowledge Spa,
Truro, Cornwall, TR1 3HD

This EIA will not be uploaded to the Trust website without the signature of the
Human Rights, Equality & Inclusion Lead.

A summary of the results will be published on the Trust’s web site.

Signed __ J Robin Gatenby

Date September 2018
### Manual Handling Assessment

<table>
<thead>
<tr>
<th>Department:</th>
<th>Location</th>
<th>Assessor</th>
<th>Activity</th>
<th>Load description:</th>
<th>Weight of load</th>
<th>Is the load ...</th>
<th>Frequency of task</th>
<th>Duration of task</th>
<th>Does the task involve</th>
<th>Persons involved</th>
<th>Others at risk</th>
<th>Route hazards Slopes, steps, etc</th>
<th>Other hazards</th>
<th>Aids in Use</th>
<th>Other controls in use</th>
<th>Further controls required</th>
<th>Risk of Injury</th>
<th>Signed:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td></td>
<td>Complete Action Sheet (attached)</td>
<td></td>
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</tr>
</tbody>
</table>

Risk of Injury: High ☐  Medium ☐  Low ☐  (see over)

Signed: Click here to enter text.

Date: Click here to enter a date.

Review Date: Click here to enter a date.
<table>
<thead>
<tr>
<th>Environment</th>
<th>Score</th>
<th>Section Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outdoors – summer only</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Outdoors – including winter</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Poor flooring</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Steps or Stairs</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Poor lighting</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Temperature over 25°C</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Temperature Under 5°C</td>
<td>2</td>
<td>Total: 0</td>
</tr>
</tbody>
</table>

### Load

<table>
<thead>
<tr>
<th>Score</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 15 kg</td>
<td>1</td>
</tr>
<tr>
<td>15 – 25 kg</td>
<td>2</td>
</tr>
<tr>
<td>Over 25 kg</td>
<td>4</td>
</tr>
<tr>
<td>Hot/cold</td>
<td>2</td>
</tr>
<tr>
<td>Liquid</td>
<td>1</td>
</tr>
<tr>
<td>Unbalanced load</td>
<td>3</td>
</tr>
<tr>
<td>Hazardous substance</td>
<td>2</td>
</tr>
</tbody>
</table>

### Individual

<table>
<thead>
<tr>
<th>Score</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant</td>
<td>5</td>
</tr>
<tr>
<td>Untrained</td>
<td>3</td>
</tr>
<tr>
<td>History of musculoskeletal problems</td>
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</tbody>
</table>

### Task

<table>
<thead>
<tr>
<th>Score</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Duration less than 15 minutes</td>
<td>0</td>
</tr>
<tr>
<td>15 minutes – 1 hour</td>
<td>2</td>
</tr>
<tr>
<td>Over 1 hour</td>
<td>3</td>
</tr>
<tr>
<td>Repetitive Handling</td>
<td>3</td>
</tr>
<tr>
<td>Travel distance under 5 metres</td>
<td>0</td>
</tr>
<tr>
<td>5 – 10 metres</td>
<td>1</td>
</tr>
<tr>
<td>Over 10 metres</td>
<td>2</td>
</tr>
<tr>
<td>Lifting to/from floor level or</td>
<td>3</td>
</tr>
<tr>
<td>Lifting over shoulder height</td>
<td>3</td>
</tr>
<tr>
<td>Stretching/Reaching</td>
<td>3</td>
</tr>
<tr>
<td>Twisting</td>
<td>3</td>
</tr>
<tr>
<td>Holding load away from body</td>
<td>2</td>
</tr>
<tr>
<td>Handling whilst seated</td>
<td>2</td>
</tr>
<tr>
<td>Handling above floor level (on kick stool/steps/ladder etc.)</td>
<td>2</td>
</tr>
</tbody>
</table>

### Grand Total: 0
<table>
<thead>
<tr>
<th>Hazard Description</th>
<th>Current Rating</th>
<th>Action Required</th>
<th>Due by</th>
<th>Responsible person</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Click here to enter text.</td>
<td>Choose</td>
<td>Click here to enter text.</td>
<td>Click here to enter a date.</td>
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<tr>
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<td>Choose</td>
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<td>Click here to enter a date.</td>
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<tr>
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<td>Click here to enter a date.</td>
<td>Click here to enter text.</td>
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<tr>
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<td>Click here to enter a date.</td>
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<tr>
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<td>Choose</td>
<td>Click here to enter text.</td>
<td>Click here to enter a date.</td>
<td>Click here to enter text.</td>
<td>Click here to enter text.</td>
</tr>
</tbody>
</table>

This document may also be accessed, electronically at S:\RCH-PFES\Health and Safety Risk Assessments\00 Risk Assessment Templates and Forms
Appendix 4 – Hoist and Sling Checklist

This check list must be completed by the user prior to each hoist use:

Sling

Ensure the correct size sling is used (see manufacturer guidelines)

Check:

☐ Sling is clean
☐ Safe Working Load (SWL) will not be exceeded
☐ Compatibility of sling with the hoist being used
☐ General wear and tear of sling
☐ Label is clear and easy to read
☐ Stitching is intact
☐ LOLER tag is present and in date.

Hoist: Check:

☐ Hoist is clean
☐ Safe Working Load (SWL)
☐ LOLER inspection label is in date
☐ Wheels move freely and are not loose
☐ Legs open and close fully
☐ Frame is without cracks
☐ Mast is stable
☐ Spreader bar is free moving and loop holders are intact
☐ Battery is charged
☐ Boom goes all the way up and all the way down
☐ Emergency stop system
☐ Emergency lowering system
Appendix 5 – Additional Guidance and References

Legislation, Codes of Best Practice and References

This Manual handling Policy has been produced to take into account the requirements of the:

- Health & Safety at Work etc Act 1974
- Equality Act 2010
- Management of Health and Safety at Work Regulations 1999
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
- Provision and use of Work Equipment Regulations 1998
- Lifting Operations and Lifting Equipment Regulations 1998
- Care Standards Act 2000
- Human Rights Act 1998

The Royal Cornwall Hospital NHS Trust promotes a minimal lifting policy in line with the following Agencies and Codes of Best Practice:

The Health and Safety Executive (HSE)
- The Provision and Use of Work Equipment Regulations 1998
- Health and Safety Executive 1998 Simple guide to Lifting.

The Chartered Society of Physiotherapy (CSP)

The College of Occupational Therapy (COT)
- The Management of Health, Safety and Welfare issues for NHS staff 2005

The National Back Exchange (NBE)
- The Guide to Handling of People (HOP6) 2011
- Standards In Manual Handling third edition 2010
- Manual Handling of Children Volume 2 2011
- Manual handling people and illustrated guide by Sue Ruszala 2010
- Moving and Handling of Plus Size People NBE 2013
- Safer Moving and Handling in the Perioperative Environment NBE 2014