

Title of Document	Moving and Handling				
Name of Department	Operations				
What type of document is this?	Policy		This sets out instructions for how a particular procedure in Helping Hands is to be routinely carried out		
Which Helping Hands POL/SOP/W.I does this document relate to?	NA		Reference number of POL/SOP/W.I	NA	
Which Operational Priority/Priorities does this document link to?	Governance Framework	Superior Client Care	People, Performance & Culture	Business Growth	
Custodian of document	Group Managing Director	Committee/Group responsible for this document		Policy Committee	
Approval date and committee chairperson signature	29.10.24	When is its next scheduled review?		29.10.27	
Who does it apply to?	All staff at the facility				
	Does it apply to bank workers?	Yes	Does it apply to agency staff?	Yes	Does it apply to third party contractors?
Purpose of the Policy	This policy gives clarity and guidance in relation to how we manage moving and manual handling.				

Summary of Key Moving and Handling Policy Requirements

ROLES AND RESPONSIBILITIES

Role	Responsibility
All Directors	To ensure that this policy is embedded throughout the company and that all staff adhere to process and policy guidelines
Senior Managers	To ensure that all staff adhere to the policy and that the policy is implemented fully across all teams
Line Managers	To ensure when planning and allocating tasks, that the policy is implemented in full To manage performance in staff completing manual handling activities through supervision, and address risks where applicable
All Staff	To ensure that they adhere to the policy guidance and requirements To raise concerns where the safety of a customer or staff member may be at risk

1.0 Introduction

This organisation recognises its responsibility to ensure that all reasonable precautions are taken to provide and maintain working conditions that are safe, healthy and compliant with all statutory requirements and codes of practice. Manual handling is also covered specifically by the following legislation:

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

Our policy recognises the “minimal handling” approach to manual handling; , Avoiding the need for employees to undertake any manual handling operations that involve a risk of their being injured, and, where such activities cannot be immediately eliminated, a “suitable and sufficient assessment” of all such operations is mandatory, reducing the risk of injury to the lowest level reasonably practicable.

This policy is intended to set out the values, principles and policies underpinning this organisation’s approach to Moving and Handling. Moving and handling is a key part of the working day for most employees; from moving equipment, laundry, catering, supplies or waste to assisting customers in moving.

Poor moving and handling practice can lead to:

- Repetitive strain injury and musculoskeletal disorders, which can lead to inability to work, chronic pain, and disability.
- Moving and handling accidents – which can injure both the person being moved and the employee, and cause disruption to service and distress to customers.
- Discomfort and a lack of dignity for the person being moved

- Damage equipment or property belonging to either the customer or Helping Hands

We will reduce the risk of injury to staff and people using care services by:

- Planning work to Avoid those manual handling tasks that could result in injury, where reasonably practicable
- Assessing the risks from moving and handling that cannot be avoided at suitable and sufficient levels
- Putting control measures in place to reduce the risk, were reasonably practicable

Employees must:

- Follow appropriate systems of work and use the equipment provided
- Co-operate with their employer and let them know of any problems or hazards
- Take reasonable care to ensure that their actions do not put themselves or others at risk.

2.0 Assisting Customers who have Fallen

Where a customer has fallen care staff will provide support, e.g. steadyng, for the customer whilst they raise themselves from the floor where possible and safe to do so. Should staff suspect the customer's fall has resulted in injury then the emergency services must be called.

A natural reaction, while helping with walking, for example, is to try to prevent a fall. However, Injury may occur to both staff and the customer in such circumstances.

If trained on the correct technique, properly positioned and competent to do so, the care worker may assist the customer in a controlled slide to the ground. Alternatively, attempt to lessen the impact of the fall by removing dangerous objects from the immediate area.

If a customer slips, trips or falls to the floor, carers must follow the procedure below:

1. Raise the alarm
 - Call / shout for assistance from next of kin
 - Call 999 if the customer appears injured or unresponsive
2. Check the area is safe and make safe before approaching
 - Are there any hazards in the area, which could have contributed to the fall or the customer is now close to? Such as slippery floor, hot radiators / pipes, trip hazards etc.
 - Has the fall created any hazards such as pulling on electrical appliances, damaging furniture, or broken glass etc
3. Assess the customer for injuries and await assistance, if there are no injuries and assistance has arrived, guide the customer in getting themselves back up.
 - Form a plan to help the customer get up using their own capabilities; Confirm who will take the lead in supporting the customer Assess the most appropriate method to assist the customer off the floor utilising

stages for the customer to pull themselves up to where applicable, such as a strong foot stool, a chair etc with sufficient space

- Remind the customer it's better to get up slowly - safely and with dignity, sometimes people who have fallen want to get up quickly which could lead to further injury.
- If no assistance is available but no visible injuries, call emergency services 111 and follow instructions from the operator. Stay with the customer till help arrives.

4. Report the incident

- Carers should raise a customer notification form, and call the office or Out of Hours team directly
- Care Manager - Document the incident as an accident / incident under the customers ACP record
- Report to CQC, Local Authority or RIDDOR as applicable (see HHH-SOP-008 Accident, Near Miss & Incident Reporting)

3.0 Risk Assessments

Moving and handling risk assessments help identify where injuries could occur and what to do to prevent them. The person carrying out the assessments has specific training and is competent to identify and address the risks from the most complex handling activities undertaken. This usually requires specific training. One of the most important factors is identifying hazards.

Activities that may present hazards include, for example:

- assisting in person transfers
- assisting in carrying out daily activities (such as bathing or dressing) with individuals who will have specific needs
- Carrying & moving equipment
- Pushing & pulling persons in wheelchairs or equipment on wheels
- Adopting and holding awkward postures whilst caring for people

Risk Assessment Principles

- This organisation aims to implement effective but appropriate safety controls which preserve the needs, safety and rights of the people using care services.
- Policies and practice should not place unreasonable restrictions on customers' rights to autonomy, privacy or dignity.
- Risk assessment should be part of a wider needs assessment process to achieve the best outcome.
- Health and safety issues will then be identified and built into the complete care package.

Two types of risk assessment are usually needed:

- **Generic** assessments to consider the overall needs of the task or location, looking at:

the type and frequency of moving and handling tasks
overall equipment needs
staffing requirements – competence and quantity
the environment
what moving, and handling may be required in emergencies such as fire evacuations or customer falls

- **Individual** assessments which consider the specific moving and handling needs of care of customers and form part of the care plan process, and individual care worker risk assessments which consider individual health risks, ability and competence

Individual Risk Assessments

Principals

The assessment is person-centred and, where possible, involves the customer or their family in decisions about how their needs are met. This can reassure them about the safety and comfort of the equipment, and how it and the methods used will ensure their safety and the safety of staff.

An individual's needs and abilities can change over the course of a day. Staff should understand the impact this may have on moving and handling practices.

Individuals may become upset or agitated when being moved. Others, though willing to assist at the start of a manoeuvre, may find themselves unable to continue.

Competence

When allocating tasks to either risk assess, or to complete the manual handling tasks themselves, the registered manager should ensure the individuals have the required competence to do so. Competence can be defined as;

- Skills; such as risk assessment skill, technical ability to use equipment, good communication with customer
- Knowledge; such as recommended techniques for moving and handling, understanding of customers preferences and health conditions
- Ability; such as physical ability, health conditions, are any adjustments or support required?
- Training; for specific techniques, use of equipment
- Experience; experience completing this task or similar, experience working with this customer or others with similar conditions.

Occasionally Helping Hands carers may be assisted in two-person moving and handling tasks by customers next of kin, or third parties such as care staff from other agencies. It is the

responsibility of the registered manager to ensure that these individuals have shown the right competence through training records / evidence of training received. Completing two-person tasks with a second person who does not have the required competence increases risk of harm to both the customer and carers involved.

This organisation works closely with Occupational Therapy, and other outside professional such as district nurse, when assessing moving and handling risk for individuals.

Specialist advice on how to help some users with specific moving and handling needs will also be useful. Sources of advice include:

- occupational therapists
- physiotherapists
- manual handling advisers
- ergonomists with experience in health and social care
- professional bodies
- organisations such as the National Back Exchange or Chartered Society for Physiotherapists

Content

Risk assessments are recorded in the care plan. Include detail on the individual's moving and handling needs, day and night, specifying:

- what the user of the care service is able/unable to do independently
- the extent of the individual's ability to support their own weight and any other relevant factors, for example pain, disability, spasm, fatigue, tissue viability or tendency to fall
- the extent to which the individual can participate in/co-operate with transfers
- whether the individual needs assistance to reposition themselves/sit up when in their bed/chair and how this will be achieved, e.g. provision of an electric profiling bed
- the specific equipment needed including bariatric where necessary and, if applicable, type of bed, bath and chair, as well as specific handling equipment, type of hoist and sling; sling size and attachments
- the assistance needed for different types of transfer, including the number of staff needed although hoists can be operated by one-person, hoisting tasks often require two staff to ensure safe transfer. The number of people required will be documented in the care plan.
- the arrangements for reducing the risk and for dealing with falls, if the individual is at risk

Monitoring and Review

Risk assessments are reviewed regularly with the care plan and whenever circumstances change to ensure they remain current along with moving and handling activities which are monitored to ensure that correct procedures, techniques and equipment are being used.

Any changes will be recorded and discussed with the Occupational Therapists immediately and their new plan put in place.

Equipment

The individual's risk assessment and care plan for hoisting should specify:

- which hoist to use for which task
- type and size of sling and any configurations of loops or leg attachments
- use of any additional safety devices such as safety belts
- number of carers needed to carry out the task
- any other relevant information specific to the person being hoisted

This risk assessment is also kept in the customers care plan and easily accessible for staff Care plans are kept at the customer premises and in the office

Examples of Equipment used

- A selection of hoists – e.g. hoists to raise fallen individuals from the floor, standing hoists, mobile hoists etc.
- Bath hoists or bath lifts and/or adjustable height baths
- A sufficient number of slings of different types and sizes
- Slide sheets
- Transfer boards used to assist in moving from, and to, different furniture (e.g. seat to wheelchair)
- Turntables used to assist in turning people around
- electric profiling beds for dependent/immobile customers
- Wheelchairs
- Handling belts to assist customers who can support their own weight, e.g. to help them stand up. They should not be used for lifting
- Lifting cushions used to assist people to get up from the floor or bath
- Bed levers, support rails/poles
- Emergency evacuation equipment
- Suitable walking aids, hand rails etc. for people needing minor assistance
- Bariatric equipment
- Minibus / cars with lifting platforms

All staff are fully trained before using any of the above equipment.

Hoist Safety

It is important that safe working procedures are followed during hoisting to avoid accidents that can result in serious or fatal injuries.

- **selection of the wrong size sling** – which can result in discomfort if the sling is too small, and/or the person slipping through if it is too large. Staff should be aware that sling sizes and coding vary between manufacturers

- **wrong type of hoist or sling for the individual, or task** – which can lead to inadequate support and a risk of falling. For example, toileting slings give a great degree of access, but little support
- **incompatibility of hoist and sling** can result in insecure attachment between the two. Follow the manufacturer's advice and refer any concerns about sling/hoist design, supply, manufacturer's instructions or compatibility to the <http://www.mhra.gov.uk/#page=DynamicListMedicines>, the regulator for medical devices
- **failure of equipment** due to lack of maintenance/inspection
- **leaving a vulnerable person unattended in a hoist**; or in a position where they might be at risk of falling
- **overturning of the hoist** due to difficult surfaces, transporting an individual over a long distance on a hoist, or not following the manufacturer's instructions
- **failure to use a safety harness**, belt or attachment appropriately. Some slings come with different length loops for attachment to the hoist to increase comfort or the range of positions. You must choose the correct loops so that an individual is not at risk of slipping from the sling. Use the same loop configuration on both sides to reduce the risk of sideways falling

Maintenance of Lifting Equipment

- If equipment is provided by the Occupational Therapists/local authority it is their responsibilities to keep the equipment maintained
- If equipment is provided by the family it is their responsibilities to maintain
- It is the manager/provider responsibility, to ensure the equipment is safe for employees to use.
- Employees must check maintenance dates before using the equipment in line with LOLER regulations - Lifting equipment for people should be inspected every 6 months by a competent professional. Where faulty or unmaintained equipment is identified this should be raised with the customer next of kin and / or responsible persons, by the registered manager and not used. Using faulty equipment risks serious injury to both customer and carer.
- Moving and handling equipment provided in Helping Hands offices for training purposes is maintained by an approved contractor.
- Moving and handling equipment used for health and social care may be classified as medical devices. The supply and design of such devices or equipment is regulated by the Medicines and Healthcare Products Regulatory Agency (MHRA). Find guidance on managing medical devices and information on how to report defects, adverse incidents or problems with equipment on [thhttp://www.mhra.gov.uk/Safetyinformation/Reportingsafetyproblems/index.htm](http://www.mhra.gov.uk/Safetyinformation/Reportingsafetyproblems/index.htm)

4.0 Staff and Employees

The *Manual Handling Operations Regulations 1992* set out the obligation for employees to make full use of systems of work laid down for their safety in manual handling operations. This is in addition to their obligations under other health and safety legislation, including making proper use of equipment provided for their safety. To conform with the *Manual Handling Operations Regulations 1992*, this organisation requires its staff to adopt the following three-stage model:

- Staff should avoid hazardous manual handling as far as is reasonably practical
- Where hazardous manual handling cannot be avoided, staff should assess the risk first
- Depending on the result of the assessment, staff should reduce the risk involved to the lowest level reasonably practicable.

The successful implementation of this policy requires total commitment from all employees; each individual has a legal obligation to take reasonable care for their own health and safety, and for the safety of other people who may be affected by their acts or omissions.

It is also the policy of this organisation that, under s.7 of the HSWA 1974, it is the duty of every employee at work:

- To take reasonable care of their own health and safety and those of any other person who may be affected by their acts or omissions at work
- As regards any duty or requirement imposed on their employer by or under any of the relevant statutory provisions, to co-operate with the employer, so far as is necessary, to enable that duty or requirement to be complied with.

In addition, no person at the organisation shall intentionally or recklessly interfere with or misuse anything provided in the interests of health, safety and welfare in pursuance of any statutory provisions.

5.0 Injuries at Work

Injuries resulting from manual handling must be recorded & investigated as with any other accident under the carers ACP record in an Accident & Incident form. Further detail on this can be found in HHH-SOP-008 – Accident, Incident and Near Miss reporting.

Some injuries may be reportable to HSE under RIDDOR, such as;

- If the employee is absent for 7 consecutive days from the incident
- Any fractures (except fingers, thumbs or toes)
- Any loss of consciousness caused by head injury
- Occupational musculoskeletal diseases such as Carpal Tunnel Syndrome, chronic cramp in hand or forearm, Tendonitis or tenosynovitis (only if confirmed by doctor as work related)

To report an eligible incident, email the completed A&I form to
RIDDOR@Helpinghands.co.uk

All incidents must be fully investigated to find root cause, and areas for improvement both on a local and business level, in line with our commitment to continuous improvement.

6.0 Training

Everyone in the organisation will be given adequate training and information on moving and handling risks and how to avoid them, suitable for their role and risks they are exposed to.

Training should focus on specific tasks and equipment, as well as on the more general information required to carry out safe manual handling. All staff should be trained to assess whether or not a load is too heavy to carry.

All new staff are encouraged to read the policies as part of their induction process. All staff are required to attend annual manual handling refresher training. In addition, all staff will be appropriately trained to perform their duties safely and competently, and those staff who need to use specialist equipment will be fully trained and supervised whilst developing competency.

Please Note: Bariatric services are specialist activities where advice will be sought, before commencement of the service. Where we assist with or undertake such a service, staff will be fully trained by a specialist trainer.

TRAINING

Is training required?	Yes
Details of training	All staff to complete Moving and Handling e-learning module and Carer/Branch/Care Manager & Service staff to complete Moving and Handling practical sessions with qualified appointed trainers within Helping Hands

COMPLIANCE

How is compliance with the POL going to be monitored	This policy will be monitored through the Operations and Quality team and should there be a regulatory or process update the policy will be reviewed and updated where required.
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EQUALITY IMPACT ASSESSMENT AND PROCEDURAL INFORMATION

	Positive / Negative / N/A	Comments
Does the document have a positive or negative impact on one group of people over another on the basis of their:		
• age?	N/A	
• disability?	N/A	
• gender reassignment?	N/A	
• pregnancy and maternity (which includes breastfeeding)?	N/A	
• race (including nationality, ethnic or national origins or colour)?	N/A	
• marriage or civil partnership?	N/A	
• religion or belief?	N/A	
• sex?	N/A	
• sexual orientation?	N/A	
If you have identified any potential impact (including any positive impact which may result in more favourable	N/A	

treatment for one particular group of people over another), are any exceptions valid, legal and/or justifiable?		
If the impact on one of the above groups is likely to be negative:		
• Can the impact be avoided?	NA	
• What alternatives are there to achieving the document's aim without the impact?	NA	
• Can the impact be reduced by taking different action?	NA	
• Is there an impact on staff, client or someone else's privacy?	NA	<i>If yes, privacy impact assessment required</i>

What was the previous version number of this document?	Version 02	
Changes since previous version	<ul style="list-style-type: none"> Added specific responsibilities for line managers, relation to supervision and planning. Removed some of the general legal referencing and repeated context / background Some rewording and expanding of definitions and examples Moved some parts and sub-sectioned to improve flow and segmentation Reworded section on assisted falls to clarify safe ways of working Reformatted customer fall section into a step-by-step guide Reworded principal "Balances the safety of employees with the needs, safety and rights of people using care services" to "implements effective but appropriate safety controls which preserve the needs, safety and rights of the people using care services". Added references to planning work appropriately as a control measure, and risk assessing individual workers capabilities in the care worker risk assessment Added definition of competence with examples (S.K.A.T.E) with reference to risk assessment, and task completion. Added section regarding competence of 3rd parties in two-person activities Rewrote RIDDOR / accident reporting section to match current process and legal requirements. 	
Who was involved in developing/reviewing /amending the POL?	Regional Care Director – Operations Quality Assurance Business Partners HSQE Business Partner	
How confidential is this document?	Public Can be shared freely within and outside of Helping Hands	

References	As noted within the policy	
Associated Documents		

Controlled Document