St George's Healthcare NHS
NHS Trust

# Manual Handling Policy; incorporating the Heavier Patients Pathway

*The Trust strives to ensure equality of opportunity for all, both as a major employer and as a provider of health care. This procedural document has been equality impact assessed to ensure fairness and consistency for all those covered by it regardless of their individual differences and the results are shown in Appendix P & Q.*

| **Policy Profile** | | | |
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| **Version** | **Date** | **Review date** | **Reason for change** |
| V 3.0 | 2/12/2009 | 2013 | Review sooner if guidance / legislation amended |
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## Contents



**Appendices**

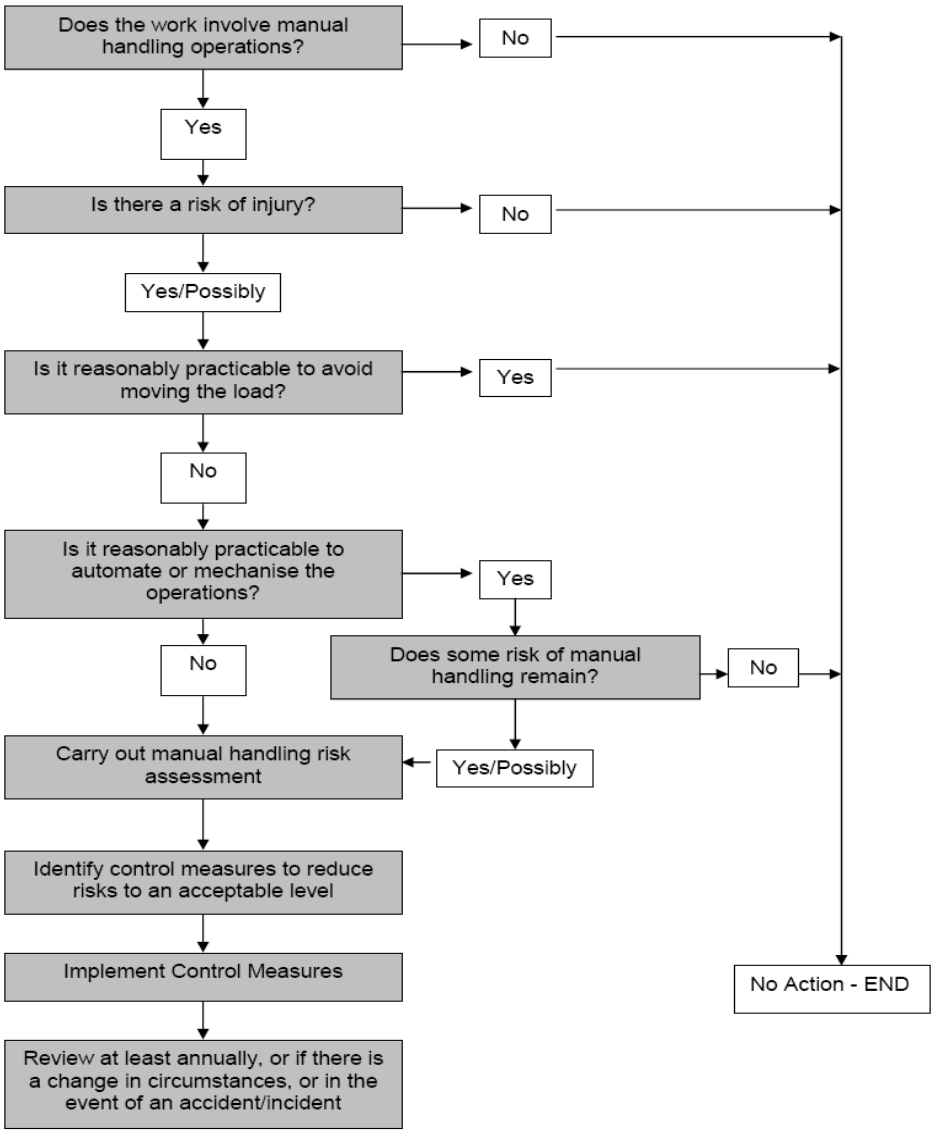
## Executive Summary

The purpose of this policy is to ensure that Manual Handling Operations that involve the potential risks of injury are avoided as far as is reasonably practicable. The organisation's strategy to achieve this is set out in this policy along with advice regarding Occupational Health Services, training, accident and incident reporting, patient handling, load handling and ergonomics.

The policy is designed to follow the most up to date guidance from the Health and Safety Executive, the Department of Health and other professional bodies such as the Royal College of Nursing, The Chartered Society of Physiotherapy, the College of Occupational Therapists and the Ergonomics Society.

The policy outlines how the Trust will fulfil its legal and ethical obligations with due regard for the health and safety of all those who undertake moving and handling activities whilst at work. The policy meets the requirements of the National Health Service Litigation Authority (NHSLA) Risk Management Standards for Acute Trusts Levels 1, 2, and 3 and the Mandatory and Statutory Training Policy.

Moving and Handling Flowchart: How to follow Manual Handling Regulations 1992



## 1. Introduction

St George's Healthcare NHS Trust is committed to minimising risk to patients and staff involving moving and handling. This Policy describes the Trust's arrangements for the Manual Handling of patients (information regarding heavier patients can be found in the body of this policy and in the appendices).

The aim of this policy is to minimise harm to all, who are involved in moving and handling as part of their daily tasks and to patients who have to be moved and handled / transferred as part of their care in the Trust.

The policy seeks to comply with all the statutory requirements including the Health and Safety at Work, etc, Act, 1974, the Management of Health and Safety at Work Regulations 1999 and the Manual Handling Operations Regulations1992 (as amended 2004).

As accidents cannot be totally eliminated, the introduction of a moving and handling policy that is based on Risk Assessment, the Decision Making Process and Relevant Training (role specific), can be instrumental in reducing injury in the work place. The hierarchy of moving and handling principles must be considered on all occasions in order to control risks i.e. avoiding Manual Handling where possible, eliminating the risks, and introducing automation and mechanisation wherever possible.

All employees are required to accept responsibility for the implementation of this policy and work proactively to reduce the risks that cause musculoskeletal disorders. The Trust will ensure that reasonable resources will be made available so that the requirements of this policy can be effectively implemented.

With regard to the handling of patients this policy includes the operational considerations for the safe handling of all patients

## 2. Purpose

The policy describes how the Trust will comply and maintain compliance with the regulations. It will ensure that the Trust actively reduces the risk of injury from Manual Handling and thereby reduce incidence and costs of work related moving and handling musculoskeletal injury for all Trust employees, enabling the Trust to work towards best practice.

## 3. Definitions

- Health and Safety at Work Etc Act 1974: and its regulations impose a duty on every employer to "ensure, so far as is reasonably practicable, the health, safety and welfare of all their employees".
- Manual Handling Operations Regulations 1992: supplements the general duties upon employers concerning the moving of loads. It imposes a hierarchy of measures to avoid Manual Handling tasks so far as is reasonably practicable; assess those tasks which cannot be avoided and to reduce the risk to the lowest level reasonably practicable
- Moving and Handling / Manual Handling (Interchangeable terms): any activity that involves the transporting or supporting of a load (including the lifting, putting down, pushing, pulling, carrying or moving thereof) by hand or by bodily force. (Manual Handling Operations Regulations 1992 (as amended 2004).
- Load: the load can be animate e.g. human (a patient) or inanimate (object); the handling of inanimate loads is sometimes referred to as "materials handling", "object handling "or "static load handling". (Manual Handling Operations Regulations 1992 (as amended 2004).
- T.I.L.E.E.O: initials of the risk factors to be assessed; Task, Individual, Load, Environment, Equipment, Other.
- **Risk Assessment:** the risk assessment processes is a careful examination of what could cause harm to staff enabling the Trust to ascertain whether suitable and sufficient precautions are in place to lower the risk / to prevent harm. Workers and others have a right to be protected from harm caused by a failure to take reasonable control measures. Risk assessments may be generic or specific completed for an area, department or individual.
- **Ergonomics:** designing the task, workplace and equipment to fit the individual to reduce the risk of strain and injuries.
- **Musculoskeletal Disorder (MSD):** is an injury that affects muscles and joints.
- **Heavier Patient** –this policy denotes a "heavier patient" as any patient who weighs in excess of 127kg (20 stone).

## 4. Scope

This policy and procedures applies to all Trust employees, both substantive and bank, Trust staff working off-site or out in the community and to all agency staff, students / trainees, volunteers and contractors who undertake the moving and handling of people and or inanimate loads.

"in the event of an infection outbreak, flu pandemic or major incident, the Trust recognises that it may not be possible to adhere to all aspects of this document. In such circumstances, staff should take advice from their manager and all possible action must be taken to maintain on-going patient and staff safety".

## 5. Roles and Responsibilities

**5.1 The Trust Board** accepts its responsibilities under the Manual Handling Operations Regulations 1992 and subsequent amendments, and will, "so far as is reasonably practicable, avoid the need for its employees to undertake any handling operations at work, which involve a risk of them being injured."

The Trust Board and Directors must:

- allocate resources to ensure suitable and sufficient staffing, equipment and space is available where reasonably practical; equipment provided should have the greater weight value as gold standard (ref: Hignett 2007/ "Moving and Handling of Plus Size People - NBE 2013")

**5.2 Chief Executive** has overall responsibility for risk management in the Trust which includes responsibility for the implementation of measures to ensure the health, safety and welfare of all employees whilst at work and for the safety of patients and any other relevant person.

**5.3 Joint Director of Estates and Facilities** is the lead executive director with delegated responsibility to ensure that systems are in place for the management of Health and Safety in the Trust for both patients and staff.

### 5.4 Head of Estates and the Estates Department

Have responsibilities to;

- Coordinate the arrangements for the maintenance services and thorough inspections of lifting equipment in accordance with the Provision And Use Of Workplace Equipment 1998 (as amended) (PUWER) and Lifting Operations and Lifting Equipment Regulations 1998 (LOLER).
- Keep a current asset list of patient hoists and maintain records of service reports / certificates of inspection for lifting equipment in conjunction with the Manual Handling Team and Medical Physics
- Provide feedback to ward/departmental managers on incidents involving hoists and other lifting equipment (e.g. MHRA Alerts, equipment failures & defects, service failure).
- Maintain the estate and buildings to ensure safe moving and handling (e.g. appropriate lighting, even floors, appropriate shelving, thermal environment and ventilation, and lift maintenance).
- Ensure that new builds or refurbishment projects take into the account the environmental needs of heavier patients.

### 5.5 Facilities and Capital Projects

- Ensure that new builds or refurbishment projects take into the account the environmental needs of heavier patients.
- Ensure that new builds or refurbishment projects take into the account the ergonomic requirements of the employees working in the area

### 5.6 Divisional Directors of Nursing / Matrons / Senior Managers / Consultants / Clinical Directors / Departmental Heads / Site Managers are responsible to:

- Ensure that this policy is implemented in their area / s of responsibility.

- Monitor the implementation of this policy through annual audit / check list (*Appendix A*); deficiencies must be reported to the Health Safety and Fire Committee along with an action plan and placed, as appropriate, on either the Divisional Risk Register / Board Assurance Framework.
- Ensure that planed procedures for Moving and Handling in an emergency situation are implemented within their areas.
- Ensure that appropriate consultation on Manual Handling and ergonomic issues occurs before giving instructions or approval for redesign and refurbishment of any building / area or procurement of new furniture and equipment.
- Ensure that all staff receive training in line with the Mandatory and Statutory Training policy (MAST / eMAST).
- Ensure where reasonably practicable that safe systems of work and appropriate resources are available as required.
- Provide Out of Hours' and 'Week-Ends' support and advice and ensure equipment requests are authorised as appropriate. Community staff must refer to their Clinical Team Leads (CTL's) for further information.
- Ensure that suitable and sufficient patient / object handling risk assessments are carried out and that planed procedures for Moving and Handling in an emergency situation are implemented within their areas.
- Ensure that each ward or clinical department has a least 2 nominated and trained
- BackCare Facilitators, as appropriate to their area.
- Cascade and manage any safety alerts pertaining to Manual Handling equipment & practices.
- Provide support / advice on Manual Handling issues in the absence of the Manual Handling Team.
- Be a role model for their colleagues and other staff regarding safer Manual Handling practices.

### 5.7 Managers

Managers are responsible for ensuring:

- This policy is made available to their staff (including students, bank, agency, contractors, locum and volunteers) and adhered to in their areas of responsibility.
- Monitor the implementation of this policy through supervision, reviewing the attendance compliance / non compliance of Moving & Handling training (via WIRED), incidences of injury and sick leave due to Manual Handling activities.
- Manual Handling advice and guidance is available at all times by:
  actively prompting good Manual Handling practices as a role model
  nominating appropriate member (s) of staff to act as Back Care Facilitators in their areas
- Manual Handling activities / tasks are planned, co-ordinated and supervised and safe systems of work are developed,
- All patient / load related Manual Handling activities are risk assessed within their area of work

**NB:** In Patient Specific Handling Risk Assessments must be undertaken within 6 hours of admission

- The reporting of any defects and deficiencies regarding moving and handling issues including equipment / staff levels via the online DATIX e-Incident reporting process (Incident Report form)
- Indentified shortfalls require intervention / an action plan to resolve the problem, these must be documented and escalated to the appropriate manager for further action / monitoring.
- Completion of the Moving and Handling checklists (Appendix A)
- The Manual Handling Team is consulted for advice / information on complex handling issues and the related assessment process as necessary; Manual Handling Team (020 8725 1664 /
- ManualHandlingTeam@stgeorges.nhs.uk)

- Identification and allocation of resources to comply with this policy:
  - Manual Handling equipment must suitable for the task; items of equipment must be readily available in sufficient quantities
  - Manual Handling equipment must not be used until staff have received the relevant level of training. Training may be provided by the Manual Handling Team or the equipment / provider / company as appropriate; training is to be recorded locally and a copy of the training register is sent to the Manual Handling Team.
  - Manual Handling equipment (patient and load) / ergonomic equipment is trialled where appropriate, in order to assess suitability. All new patient handling treatment / care surfaces, i.e. beds, plinths, couches, trolleys, etc. should be electronically height adjustable where this function is available The Manual Handling team can be consulted for further advice / information. .
- All employees:
  - receive the relevant information, instruction, and training in Manual Handling
  - receive local supervision regarding Manual Handling issues as necessary
- The Health and Safety Manager is informed of musculoskeletal injuries to staff following incidents; injuries may be reportable under the Reporting of Incidents, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)
- Back Care Facilitators have adequate support, information and resources, knowledge, skills, training, supervision and time to allow them to undertake their role.
- All employees must complete Moving Handling training Level 1 as per the Trust induction Policy (eMast); this training is co-ordinated by the Education and Development Team / Manual Handling Team.

**NB:** Qualified nurses / HCAs (who are involved in patient handling activities) must also attend: Moving and Handling Level 2 (practical Manual Handling training).

- That a member of staff failing to attend training is supervised locally / followed up until they receive the appropriate level of required training.
- Staff training records / non attendance at Manual Handling Training are monitored via Trust electronic reporting system.
- There is:
  - suitable and sufficient Manual Handling equipment in their work area and that staff know where and how to access it, and how to escalate deficiencies in accordance with this policy.
  - a current copy of the Guide to the Handling of People 6th Edition or subsequent updated copies, is available in all clinical areas for reference.
- The management of any safety alerts pertaining to Manual Handling equipment & practices.
- They are a role model for their colleagues and other staff.

### 5.8 Employees

All employees will be accountable for their actions and are responsible for ensuring that they comply with this policy. All professional staff have a duty to refer to, and to uphold their own professional codes of conduct on manual handling guidelines e.g. Nursing, Midwifery Council (NMC), College of Occupational Therapists (COT), and Chartered Society of Physiotherapists (CSP)

Staff are responsible for:

- Attending Manual Handling training and updates as determined by the Training Needs Analysis (TNA); failure to undertake / attend training demonstrates non-compliant which may be put others at risk by this act or omission
- Complying with the instruction / training given. Risk assessments
- Implementing safe systems of work when lifting, moving and handling patients and, or loads / objects.
- Using the appropriate / relevant equipment provided and, or, as identified by a risk assessment.

**NB**: all moving and handling equipment should be checked prior to use.

- Reporting all Manual Handling incidents / lack of or faulty equipment and any resulting injuries to themselves and others, (including the patient), using the online DATIX e-Incident reporting process. Faults should be reported via the Help Desk. In a community setting whereby equipment is loaned from Mediquip / other provider, contact the provider directly / follow local protocol.
- Reporting any potential Manual Handling risks to the appropriate line manger, Manual Handling Team (020 8725 1664/ ManualHandlingTeam@stgeorges.nhs.uk), or Health and Safety department (020 8725 3309 / 2487)
- Contact their line manager and, or Back Care Facilitator/s for advice when concerned or unsure of the handling practices within the workplace. Further information can be obtained from the Manual Handling Team, the Health and Safety Manager

### 5.9 Manual Handling Facilitators

Back Care Facilitators are nominated leads in the ward / clinical department who have attended an initial two day course with the Manual Handling Team.
The Facilitator's role is to act as the specialist link person for patient and / or load handling, working with all ward / departmental staff on all matters relating to minimal handling issues.
Facilitators should have access to a copy of The Guide to the Handling of People 6th Edition or subsequent updated copies for reference / good practice

The duties of the Back Care Facilitator are to;

- Be a role model for their colleagues by:
  - raising staff awareness relating to Manual Handling issues with especial awareness of the Manual Handling risks related tasks/ issues within their area.
  - monitoring quality improvement and giving feedback to staff as necessary .
- Assist the manager and other employees in ensuring that all adverse incidents are reported via the Trust's reporting system
- Assist the ward / departmental manager in undertaking moving and handling risk assessments and the implementation of the action plans, audits, writing protocols, etc.
- Attend an update every other year with the Manual Handling Team.
- Keep paper copies of staff training records and lesson plans locally and forward the original copies to the Manual Handling Team.

### 5.10 Manual Handling Leads / Team

The Manual Handling Leads / Team (tel; 020 8725 1664) are the Trust's designated competent persons for providing appropriate specialist advice and training on moving and handling. The Manual Handling Team / Back Care Team is available **Monday to Friday 8:30am – 16:30pm** to provide information, advice and guidance regarding best practice, techniques and equipment.
The Manual Handling Leads should attend regular forums to maintain their PDP.

The Role of the Moving and Handling Team / Back Care Team is to:

- Provide advice to managers on actions and equipment to help reduce Manual Handling risks with in their areas of responsibility
- Assist managers to:
  - carry out regular Manual Handling monitoring and evaluation
  - undertake complex risk assessments.
- Provide training and supervision for Back Care Facilitators.
- Design, develop and provide and coordinate appropriate Manual Handling training programmes in conjunction with Education and Development department for Trust staff in line with the TNA document.
- Complete documentation and maintain records as appropriate, i.e. training records, lesson plans, risk assessments etc.
- Keep Manual Handling training records, paper and electronic as per this policy and Health and Safety requirements.
- Forge and maintain effective networks / relationships within the Trust and essential external agencies.

- Auditing non-attendance at Back Care Facilitator training and advise Managers of non-attendance.
- Maintain an asset list of patient hoists in partnership with Medical Physics and Estates and Facilities; reports regarding any deficiencies will be submitted to the Health, Safety and Fire Committee as required.
- Receive reports on incidents involving Manual Handling / ergonomic issues from the Health and Safety Manager and follow up as necessary.
- Provide reports to the Health, Safety and Fire Committee with a written updated Manual Handling report regarding Manual Handling deficiencies, incidents and positive outcomes.
- Conduct individual Work Station / Work Place assessment for as necessary, upon receipt of a Occupational Health referral.

### 5.11 Health and Safety Department

- Provide Manual Handling / Ergonomic advice in the absence of the Manual Handling Team, the Health and Safety Team can be contacted on 020 8725 3309.
- Report RIDDOR related musculoskeletal incidents to the Health and Safety Executive (HSE).
- Bring incidents involving Manual Handling / ergonomic issues to the attention of the Manual Handling Team as necessary.
- Prepare incident reports to include Manual Handling / ergonomic issues and present these to the Health, Safety and Fire Committee and all other relevant committees as required.

### 5.12 Occupational Health Department:

- The department must be contacted if a member of staff is injured as a result of a manual handling work related activity, or if advice is required regarding work related ill-health or work implications.
- Undertake pre-employment screening of employees, identify pre-existing injury and make work place ergonomic recommendations if required.
- Provide advice on adverse health effects and the means of prevention / minimisation, where necessary, a rehabilitation plan addressing the needs of the individual in relation to their work, and where appropriate, review as required.
- Special consideration will be given to pregnant & disabled workers, those who have had previous moving & handling injuries or are known to have a history of back, knee, or hip trouble, hernia or other health problems which could affect their Manual Handling capabilities.
- Occupational Health staff will refer individuals to the Manual Handling Team for a Work Station / Work Place assessment as necessary.

### 5.13 Procurement Department / Medical Physics and Clinical Engineering Department

Are responsible for:

Ensuring that any written specifications for tender quotations include weight tolerance of equipment with a positive weighting towards equipment with a higher safer working weight limit. Equipment listed for purchase in the Agresso catalogue master index, should only be added on the advice of the Manual Handling Team.

- Procurement Department: has additional responsibility for providing the Manual Handling Leads with an annual audit of equipments purchased and tender evaluations which will form part of a bigger report to the relevant Trust committees.
- Medical Physics have responsibility for condemning and disposing of unsuitable lifting equipment as appropriate.

### 5.14 Health Safety and Fire Committee

The Health, Safety and Fire Committee will oversee and review compliance of risks associated with the moving and handling of patients and objects.

The Committee will:

- Receive and discuss written / verbal reports on Manual Handling related Incidents and agree

any associated actions / action plans; these are to be recorded in the minutes.

- Escalate Manual Handling issues to the Organisational Risk Committee, as required

## 6. Emergency Handling

All foreseeable situations should be planned and provided for.

- When an emergency situation arises, safety should be maintained as far as possible.
- Managers must complete an adverse incident form as part of the review and debriefing process and review the relevant risk assessment(s)

### 6.1 Emergency Techniques *(See separate Guidance on Patient Handling Techniques)*

These are high risk activities / techniques and should only be undertaken in life-threatening or exceptional circumstances.
Emergency techniques must only be used after appropriate specialist training and after the completion of an individual patient / person handling assessment.
These techniques are taken from the Guidance for Safer Handling during Resuscitation in Health Care Settings (2009).

**Key Points:**

- There is no safe technique to stop a person falling.
- Where a person is standing / walking independently, it is unrealistic to assist the person safely.
- Good quality individual patient / person Handling Risk Assessment will minimise the risk of dealing with the falling / fallen person / patient
- Strategies and techniques to minimise risk of falling while handling i.e. person / patient

### 6.2 Fire Evacuation

Refer to the Fire Safety Management Policy and Standard Operating Procedures

### 6.3 Exceptions

- In life threatening situations when there is no time to carry out a planned manoeuvre, the individual must assess the situation and using their professional knowledge and judgement, act in the most appropriate way in order to reduce risk to the lowest level possible.
- In the event of a fire, patients should be moved as quickly as possible by whatever means are appropriate e.g. Evac chairs, ski pads, ski sheets, Hoverjack , bed, trolley, and wheelchairs
- Each area has an evacuation strategy designed by the Fire Officer. Please refer to the Fire Evacuation Policy.

## 7. Specialist Advice

The Manual Handling Team are **available Monday to Friday 8:30 am – 4:30 pm** (tel; 020 8725 1664 / bleep 6173 / manualhandlingteam@stgeorges.nhs.uk) to provide information, advice and guidance regarding best practice, approaches, techniques, aids and equipment.
In the **absence** of the Manual Handling Team, advice should be sought from:

- Site / local managers / team leads
- Back Care facilitators / practice educators
- Allied health care professionals i.e. Physiotherapists, Occupational Therapists

## 8. Provision of Equipment on Wards / Departments

All areas must have access to suitable and sufficient Manual Handling equipment as identified by the Moving and Handling check list and risk assessment (*Appendices A, C & D),* this includes both; patient handling equipment and equipment required for moving inanimate loads.

### 8.1 Areas requiring:

- patient handling equipment, must have access to equipment as identified by the either

the patient specific or generic risk assessment e.g. hoists, slings, slide sheets, handling belts,

- limb lifting devices, specialist beds, and wheelchairs.
- object lifting / moving and handling, must have access to handling devices as identified by the risk assessment, this may include platform lifts, trolley's / caddies, roll cages / boxes on wheels, stair climbers, mobile Elevating Work Platforms (MEWPs) and cranes & Forklift Trucks.

### 8.2 Staff are required to:

- be familiar with / trained in the use of available Manual Handling equipment,
- ensure that the equipment is safe to use,
- ensure faults are reported to the appropriate department (e.g. Estates)upon identification of a fault.
- ensure damaged / faulty equipment is labelled as such and removed from the work area.

**NB:** Compliance is to be managed by the departmental manager / team leader.

## 9. Procurement of Moving & Handling Equipment

There are a large number of Manufactures and Suppliers providing a very wide range of Manual Handling related equipment. However, to ensure safety, quality, efficiency and cost effectiveness as well as a consistent approach to Manual Handling issues across the Trust, managers must seek advice from the Manual Handling Lead / Team & Infection Control team prior to procuring any of these items.

## 10. Load / Object Handling Guidance *(Appendix B)*

The following guidance sheets describe the Load / Object Handling techniques covered during training sessions for non clinical staff employed by St George's Healthcare NHS Trust / Community Services Wandsworth; this is not an exhaustive list. These sheets are **NOT intended** to replace "Hands On / Face to Face "training, but have been devised as an aide memoir.

## 11. Risk Assessments for Manual Handling (patients and objects / loads) based on ergonomic guidelines (HSE - Manual Handling Operations Regulation 1992). (*Appendices C & D)*

Manual Handling activities are subject to a risk assessment exercise to ensure that the measures taken are adequate / proportionate to the Manual Handling risks to staff / organisation.

- Risk Assessments must take account of:
    - the principles / requirements of: Task, Individual, Load, Environment, Equipment, Other,
    - staff with a pre-existing injury (s) where Manual Handling tasks involving patient or load handling could exacerbate or cause further injury.
    - action plans: these must be developed, implemented and monitored at a local level. Their effectiveness is to be monitored through a minimum of a yearly audit.
    - revisions and updates; these are to be undertaken as necessary, and / or, when there are periods of significant change, introduction of new staff, equipment, work process and following an incident
- All reports, recommendations, and action plans regarding Manual Handling are acted upon accordingly, regularly reviewed, and escalated as appropriate through Divisional Health Safety meetings.
- Requests for the implementation of remedial action to minimise risks following alerts, inspections, maintenance services, annual / adhoc departmental audits and risk assessments are responded to. Reponses may involve the procurement of Manual Handling equipment and aids which could significantly reduce the risk of injury
- People and object / load handling risk assessments are to be undertaken regularly by Managers and any required actions and action plans are to be implemented and monitored.
- All staff involved in patient and /or load handling tasks are responsible for:
    - ensuring patient and /or load handling risk assessments are undertaken as appropriate.
    - ensuring that the relevant risk assessment documentation is completed, reviewed and

updated as necessary ,
- reporting any Manual Handling hazards, Manual Handling accidents or incidents and complete the necessary Datix / Accident Incident Report forms

Heads of Departments, Matrons, and Managers are responsible for reporting to the Divisional Health and Safety meetings any short falls and deficiencies identified by the risk assessments and the required actions / action plans to be implemented.

The Health, Safety and Fire Committee will oversee and review compliance of risks associated with the Manual Handling of patients and objects. The Committee will receive a written, updated Manual Handling report regarding deficiencies and incidents from the Manual Handling Team and Divisional Health & Safety meetings. These are recorded in the minutes and escalated as appropriate. The committee will feed into the Organisational Risk Committee as appropriate and this will be reflected in the minutes.

### 11. 1 Individual Patient Handling Risk Assessments *(Appendix C)*

Patient Manual Handling risk assessments are the responsibility of ward / departmental staff. Staff must complete and document the individual patient risk assessment as part of the patient care plan. Failure to complete an adequate Manual Handling assessment of a patient can lead to an accident and / or injury involving staff and / or patients.

All patients must be handled with respect and dignity and with regard to privacy.

A Patient Manual Handling risk assessment should completed within 6 hours of admission and / or on transfer onto a Community Case Load. Patient Manual Handling risk assessments should detail:

- Patient mobility
- All handling assistance and techniques required
- Amount of staff required for handling needs / techniques used
- Manual Handling / appropriate equipment required.
- Any instructions on techniques / equipment required / given
- Appropriate action plan in the event of an emergency e.g. falling patient

The assessment should be reviewed at the following intervals:

- If there are any significant changes in the patient's / client's condition, or at least weekly,
- On each re admission
- In the event of a patient fall or any untoward incident
- Staff Manual Handling incident involving a patient

In order to provide a seamless approach to the assessment process, a Patient Handling Risk Assessment Form is provided in the patient care plan documentation and this policy *(Appendix C).*
The patient care plan must contain clearly stated information on the patient's movement abilities; fall History, physical and psychological circumstances and needs.
Any changes to the care plan assessment must be recorded and dated.
The Risk Assessment process will be monitored by ward / departmental manger via:

- Spot checks
- Observation / walk round
- Matrons' routine quality checks
- Completion of the annual Manual Handling check list in accordance with the Health, Safety
- and Risk Assessment calendar

### 11.2 Assessment Process Guide:

Adopt an ergonomic approach, where reasonably practicable, by fitting the operation to the individual, this can be achieved by:

- Use of mechanical aids such as hoists, conveyors, trolleys.
- Adopt industry specific guidance
- Improve the task layout by ensuring good positioning of storage, considering weight of load and height of storage shelves
- Reduce the need for twisting, stooping and stretching.
- Improve the work routine
- Encourage Team handling
- Provide personal protective equipment

T.I.L.E.E.O is the process used by the HSE – Manual Handling Operations Regulations 1992 as the basis of all Manual Handling Risk Assessments *(Appendix B)*

### 11.3 Action Plan and follow up

Arrangements for ensuring patient specific and load handling risk assessment.
The Health, Safety and Fire Committee will oversee and review compliance of risks associated with the Manual Handling of patients and objects. The Committee will receive a written, updated Manual Handling report regarding deficiencies and incidents from the Manual Handling Team and Divisional Health & Safety meetings. These are recorded in the minutes and escalated as appropriate. The committee will feed into the Organisational Risk Committee as appropriate and this will be reflected in the minutes. All actions plans developed as part of the risk assessment process are followed up by the divisional governance committees.

## 12. Training

All new staff should complete level 1 Moving and Handling (load handling) within I month of attending Induction, subsequent up dates will be via eMAST. New Nurses / HCAs will attend a moving and handling practical session as part of their induction (Level 2 moving and handling of patients).

### 12.1

Training will include relevant legislation and policies (NHS Scotland. 'Back Pain and Repetitive Strain Injury'- reviewed Oct 2010), spinal biomechanics, assessment tools, moving and handling techniques, handling aids, hoists and other mechanical aids and slings where appropriate.

- Clinical training programmes will meet the Inter-Professional Curriculum Training Standards as stated within the Guide to the Handling of People 6th Edition 2011, and the All Wales Passport. www.wales.nhs.uk/documents/NHS_manual_handling_passport.pdf
- Attendance and participation during practical Level 2 training will be recorded and training records held by the Manual Handling Team / Back Care Team and copies sent to Education and Development as appropriate in accordance with the MAST policy.
- Manual Handling training programmes will be evaluated by the Manual Handling team and are reviewed annually to ensure that they remain up to date and in line with National Guidelines.
- St Georges "Patient Handling Techniques" DVD s available for / used in support of training.

### 12.2

For the information on managing DNAs for Level 2 training refer to the relevant section of the MAST policy

## 13. New Technologies

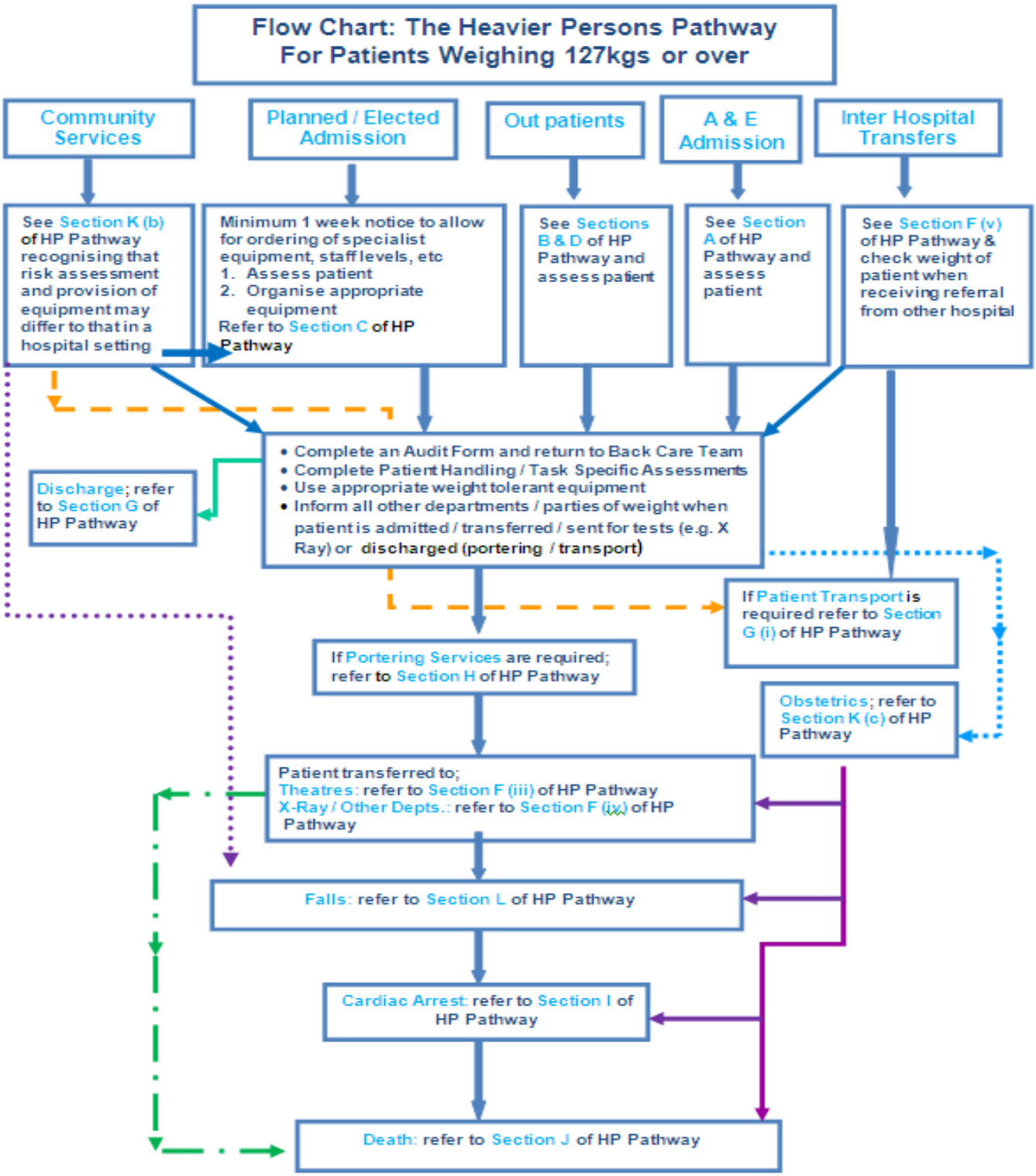
As clinical functionality within iCLIP is developed, it will be possible to gather data electronically

about patients' weights and trends within the Trust, negating the need for paper data collection. Data may include patient's weight and the linking of specific pieces of equipment to the individual patient record. This will enable more sophisticated analysis of demand and capacity of Trust equipment.

**14 Techniques: Moving and Handling of Patients:** *Refer to separate Guidance on Patient Handling Techniques.*

**15. Heavier Patients**

For the purposes of this policy, a "heavier patient" is defined as any patient who weighs in excess of 127kg (20 stone). This Pathway has been in accordance with best practice as recommended by NBE (2013) Moving and Handling Plus Size People.



## 15.1 Heavier Patient Journey / Pathway

This section details the responsibilities and actions for different stages of the patients' journey and follows the following format:

- Presentation at A&E / Minor Injuries Unit
- Presentation at Outpatients Clinic
- Elective Admissions
- Out Patient Community Services (GPs)
- Pre-operative Assessment
- Ward Area
- Theatres / Recovery
- Medical Imaging / Other Dept
- Direct Transfer from another Hospital to Wards / Departments
- Discharge Planning
- Transport
- Porters
- Resuscitation
- Death
- Specialist Areas (Pressure Ulcers, Obstetrics, Care in Other Settings; Patient's Home / Clinic etc )
- Fallen Patient (Acute and Community Settings)
- Equipment ( Procurement and Guidance for Beds)
- General Handling Guidelines

### A. Presentation at A&E / Minor Injuries Unit/ Walk in Centre

Staff receiving the patient should attempt to ascertain the patient's weight accurately or estimate if there is a previously recorded weight.

Staff must conduct a patient handling risk assessment and where the patient's weight is in excess of 127 Kgs / 20 stone, inform all relevant departments e.g. receiving ward area, x-ray, theatres, ambulance service, mortuary, as soon as possible, so that appropriate arrangements can be made with regard to equipment , space and staffing levels as required .

Any patient weighing over 127 Kgs / 20 stone must be placed on the heavy-duty trolley or on a heavy-duty bed within the department.

Complete audit form (*Appendix F*).

**Walking Aids:** where these need to be issued to a patient in A&E / Fracture Clinic:

- inform the departmental physiotherapist (weekends; contact physiotherapist via switchboard)
- observe the weight limits of equipment issued (*Appendix G*).

**Portering Service:** when booking a porter to transfer a heavier patient, state weight of patient and advise if specialist equipment is needed.

**Bed spaces:** it may be necessary to close bed spaces (dependant on admitting area) in order to create more usable area / bed space around a heavier person for hoists and other specialist Manual Handling equipment

### B. Presentation at Outpatient Clinic

Staff receiving the patient should attempt to ascertain the patient's weight accurately or estimate if there is a previously recorded weight. (Refer to *Appendix E for location of appropriate weighing scales*)

Where the patient's weight is in excess of 127 Kgs / 20 stone, staff must conduct a patient handling risk assessment and inform all relevant departments as soon as possible, so that appropriate arrangements can be made e.g. receiving ward area, x-ray, and hospital transport.

- **Seating:** outpatient seating should be suitable and sufficient for the attending client group. Any patient weighing 127Kgs / 20 stone and over must be seated on a heavy duty chair.
- **Couches;** if a couch is necessary for the appointment visit / examination, patients weighing in excess of 190 Kgs / 30 stone will require a heavy duty couch**.**

Complete audit form (*Appendix F).*

## C. Elective Admission

When Consultants are completing a 'TCI form' (waiting list form) for elective admission, and where a patient's weight exceeds 127 Kgs / 20 stone or the standard equipment weight limits, it is essential that the patient's weight is recorded on the form. Outpatient staff are responsible for ensuring that this has been documented appropriately.

Outpatient staff must ensure, that when booking a porter to transfer a heavier patient, this is stated when booking and advise if specialist equipment (e.g. heavy duty trolley / motorised wheelchair).

## D. Outpatient Community Services

- Any patients attending a GP practice with a weight greater than 127kg / 20 stone must have an individual risk assessment.
- Consideration should be given to environmental factors such as door widths and individual buildings when completing risk assessments as some may give easier access than others.

## E. Pre-operative Assessment

Staff receiving the patient should attempt to ascertain the patient's weight accurately or estimate if there is a previously recorded weight. (Refer to *Appendix E for location of appropriate weighing scales*)

- **Couches;** if a couch is necessary for the appointment visit / examination, patients weighing in excess of 190 Kgs / 30 stone will require a heavy duty couch.
- **Risk Assessment:** Where the patient's weight is in excess of 127 Kgs / 20 stone, staff must conduct a patient handling risk assessment and inform all relevant departments as soon as possible, so that appropriate arrangements can be made e.g. receiving ward area, x-ray, hospital transport,.
- **Weight:** Where the consultant has advised a weight reduction, the patient's weight should be reviewed shortly before the planned admission date in order to ascertain whether standard weight limits of equipment may still be exceeded.
- **Patient Pathway Co-Ordinator:** where there is no pre-operative assessment, on receipt of a TCI form with a weight greater than 127Kgs / 20 stone, the patient pathway co-ordinator should notify the ward area and theatres in advance of the elective admission episode so that the appropriate equipment can be obtained.

## F. Ward Area

**I. On Admission:** following notification of an admission / transfer to the ward of a patient in excess of 127Kgs / 20 stone, the Nurse-In-Charge is responsible for ensuring that the appropriate equipment is obtained (*Appendix E*).

Where a patient is admitted or transferred without a known weight, he / she must be weighed as soon as practical by the ward staff and the weight documented in the nursing records.

Use the appropriate weighing equipment; hoist with scales, ward scales or wheelchair weighing equipment. (*Appendix E*).

The Nurse-In-Charge must ensure that a Patient Handling Risk Assessment has been completed in accordance with Trust policy and a care plan initiated to include a heavy duty profiling bed.

The heavier patient may require a larger bed space, particularly if portable overhead gantry hoist system is considered. It will be necessary for the Matron, the Bed Management Team, the Business Manager and others to liaise in order to facilitate this requirement.

Staffing needs should also be considered in the context of the total patient dependency on the ward (Hignett 2007).

The Nurse-In-Charge must ensure that an audit form is completed (*Appendix F*).

The ward physiotherapist should be informed if the patient uses a walking aid to ensure provision of heavy-duty aids where appropriate.

II. **Portering Service:** staff must ensure that when booking a porter to transfer a heavier patient, this information is stated on booking and advise if specialist equipment / extra staff is needed.

### III. Theatres / Recovery

- **Theatre Team Leaders / Clinical Co-Ordinators:** are responsible for ensuring, that on notification of a patient exceeding the maximum weight limit of the theatre table, a heavy-duty table and Hovermat is made available. This may result in rescheduling of lists.
- **Ambulant Patient**: where a patient has walked to theatre, it is the responsibility of theatre staff to ensure that the patient's heavy-duty bed is obtained for the holding area and recovery period.
- **Bed Transfers:** transferring of the patient between a ward and theatres on a bed must be considered as a 2 or 3 person procedure excluding the escort nurse.

### IV. Medical Imaging / Other Departments

- **Bed Transfers:** transferring of the patient between a ward and there departments on a heavy-duty bed or trolley should be considered a 2 or 3 -person transfer procedure in addition to the escort nurse**.**
- **Equipment Weight Limits:** it is the responsibility of all departmental managers to conduct a risk assessment based on the weight limits of the equipment in the department, and to develop local procedures for the management of heavier patients.
- **Portering Services:** staff must ensure that when booking a porter to transfer a heavier patient, this information is stated on booking and advise if specialist equipment / extra staff is needed.

### V. Direct transfer

When accepting a transfer from outside of St George's Healthcare NHS Trust, Trust staff should ascertain patient's weight.

- **Equipment:** on notification of an admission or transfer of a patient weighing in excess of 127Kgs / 20 stone, the Nurse-In-Charge / Department Manager is responsible for ensuring that the appropriate equipment is obtained (*Appendix E*).
- **Patients' Weight:** where there is no knowledge of a patient's weight and patient may exceed127Kgs / 20 stone, staff should attempt to ascertain the patient's weight and order appropriate equipment.
- **Risk Assessment:** the Nurse-In-Charge / Department Manager must ensure that a *Patient Handling Risk Assessment* has been completed in accordance with Trust policy and a care plan initiated.

**NB**: the Nurse- In-Charge / Department Manager must ensure that an audit form is completed

- **Portering Services:** staff must ensure that when booking a porter to transfer a heavier patient, this information is stated on booking and advise if specialist equipment / extra staff are needed.

## G. Discharge Planning

Where it is necessary to refer a patient to outside agencies such as Community Nursing Services, Intermediate Care, Social Services or other hospitals, these agencies should be notified of the patient's weight so that they can make arrangements for obtaining equipment or adjusting staff levels. A copy of the patient's Patient Handling Risk Assessment should be included with the discharge information.

## I. Transport

### a) Heavier Patients – Discharges and Inpatient bookings

Transport requires 48 hours notice prior to discharging a heavier patient or transporting a heavier patient for Treatment. Call **2121 or 6218 or bleep 7512** for guidance.
Transport must notified of the weight and mobility of the patient; this information is necessary for Transport

to risk assess how many ambulance crews will be required to move the patient; in some instances it can require 2, 3 or 4 people or a specialist crew to move the patient.

Further considerations include:

- Can the patient walk any distance?
- Do they require the assistance of a wheelchair?
- Does the patient have their own wheelchair or is a stretcher required? If using patient's own equipment, is this fit for purpose?
- Are there narrow corridors or hallways?
- Do they need to be carried up any flight of stairs? In the event that a patient requires to be carried up a flight of stairs, the weight limit will be 95 kgs / 15 stone, then mobility will come under the category of 'Bariatric Carry Chair'.

**NB:** The importance of the correct mobility is also essential in a heavier patient being discharged to ensure access to the property is checked. This reduces risk of injury to staff and patients.

**b) Heavier Patients – Outpatients**

All SGH outpatient transport bookings and assessments are carried out by the Transport Assessment and Booking Team (TAB). Patients are asked to call 020 8725 0808 for a telephone assessment. The TAB team will check the following.

- Can the patient walk any distance?
- Do they require the assistance of a wheelchair?
- Does the patient have their own wheelchair or is a stretcher required? If using patient's own equipment, is this fit for purpose?
- Are there narrow corridors or hallways?
- Do they need to be carried up any flight of stairs? In the event that a patient requires to be carried up a flight of stairs, the weight limit will be 95 kgs / 15 stone, then mobility will come under the category of 'Bariatric Carry Chair'

**NB:** Queen Mary's Hospital Roehampton and Community service should follow local policy
Clinic and ward staff can call the TAB team on the patient's behalf to make the booking; the patient must be with them. The booking is then sent to G4S, who will also contact the patient to double check the correct vehicle and staff are sent.

## H. Porters

- Portering staff must be notified of the weight of any patient in excess of 127 kgs/ 20 stone requiring moving around the hospital site in order to risk assess how many staff will be required to move the patient.
- Portering staff must make use of the appropriate equipment e.g. Motorised Portering Chair and the in the event of transferring a patient to the Mortuary, the appropriate sized Concealment trolley.

## I. Resuscitation

Refer to Cardiopulmonary Resuscitation Policy and Statutory Mandatory Training Policy

Extra care must be taken when defibrillating patients who have a larger torso because a greater reach distance will be necessary in order to stand clear of the body and the bed when discharging the defibrillator.

It is advised that a hands-free defibrillator is used wherever possible in this situation to reduce risk.

## J. Death

In the event of death, adhere to the following;

**a) Ward / Departmental Staff**:

must ensure that when booking a porter to transfer a heavier patient, this information is stated on booking, so that an appropriate heavyweight 'body-lift' trolley can be brought to the clinical area. This should be collected and operated by 2 trained Porters.

**b) Portering Staff:**

- are responsible for notifying the Site Manager with regard to any issues related to the Mortuary
- must check that there are available spaces prior to transferring the patient.
- must have a documented contingency plan to manage the bodies safely and to ensure privacy and
- dignity in the event of the lift in Stairwell 21 being out of action

**NB:** Portering, Mortuary and Site Management should be aware of the Escalation Plan.

**Transfer Procedure**:

- 2 x Porters must remove a tray from the appropriate / heavier patient fridge and place on the heavyweight trolley; the heavyweight trolley must be used to transfer the body from the ward / ] department area to the Mortuary
- If necessary remove a tray from an upper fridge space to accommodate the body
- If there are no available appropriate sized fridge spaces during out-of-hours, the on-call Mortuary
- Technicians must be contacted.

**NB:** Please refer to the Cellular Pathology Manual Handling Risk Assessment on Moving Bodies In The Mortuary (Ref CE:-MOR-H&S-002).

**c) Mortuary Department**:

- must have an agreed local procedure for patients who exceed the weight and / or size limits for the body fridge, in order to manage the deceased safely and with dignity.
- will inform Undertakers of heavier patients.
- must have a heavyweight 'body-lift' trolley suitable for transferring bodies from clinical areas; this is stored in the Mortuary High Risk Fridge Room
- staff to be aware of any contingency plan to manage the bodies safely in the event of the lift in Stairwell 21 being out of action.
- the Mortuary also has a portable Nutwell Responstor refrigeration unit which can be installed and erected to store a bariatric deceased patient
- the Mortuary department has four Morquip Semi Automatic Scissor Lifts; these have a safe working load of 310kg / 48stone and should only be used by staff trained in their use.

**NB**: The hydraulic post mortem tables located in the Main Post Mortem Room and High Risk Post Mortem Room are capable of operating with a load capacity of approximately 250kg / 39.5 stone Refer to Department of Cellular Pathology, Mortuary Section procedure on the use of a 50 stone Heavy Duty Hydraulic Body Hoist (ref CEL-MOR-EQP-003) and the 'Mortuary Manual Handling Assessments', copies of which are kept in the Mortuary Office.

**d) Medical School**

**Health and Safety Manager:**

- is responsible for ensuring that the Trust is made aware of any deficiency with the lift access to the mortuary in a timely manner and expedite repair; there is only one lift that can be used with the bariatric mortuary trolley.

**e) Death in Community Services:**

- Queen Mary's Hospital does not have their own mortuary and as such no mortuary trolley, therefore patients must remain on their heavy duty bed until removal by the undertaker. During patient transfer, public access areas and corridors must be closed to the public.

**NB:** Funeral directors must be notified of the patient's weight prior to collection of the deceased as special arrangements may need to be made with regard to equipment and staffing numbers from ward / unit to funeral home.

## K. Specialist Areas

**a) Pressure Ulcers:** for guidance refer to the Pressure Ulcer Policy

Community staff are able to order bariatric beds and mattresses as standard issue direct from the Mediquip catalogue through the approved local ordering procedure. Considerations for discharge planning should be a minimum of five days notice in writing / email to include the patient's weight / circumference and equipment needs i.e. bed / hoist and other equipment where ever possible. Specialist hoists may only

be ordered by the Occupational Therapy Team. For further information contact the Community Equipment Lead on 020 8544 6101, (Monday – Friday; 9am – 5pm).Out of hours: refer to local procedure

**b) Care in Other Settings e.g. Patient's Home / GP / Clinic / Nursing Home**

Patients will also be seen by Trust staff within the community in a variety of settings. These include clinics, health centres, residential nursing homes and patients' own homes (this list is not exclusive).
In order to support and ensure patient safety it is essential that an individual patient assessment is carried out and the appropriate equipment is confirmed / ordered prior to treatment or intervention just as with the hospital setting.
The following guidance should be considered prior to care delivery, and on-going checks should be made throughout the patient's care:

- where the patient's weight is confirmed or estimated to be in excess of 127 Kgs / 20 stone, staff must conduct a patient handling risk assessment.
- requirements should be clearly documented in the patients' records and communicated to the
- multidisciplinary team for consistency of approach for on-going checks throughout the patient's care.
- liaise with appropriate other parties in the community setting to order specialist equipment; standard bariatric equipment is available in the Community via the Med Quip catalogue.
- arrangements can be made regarding equipment / staffing levels
- notify the Back Care Team of patients' weighing in excess of 127kg / 20 stone (form on appendix A)

**NB:** Due to cost implications, certain items may need authorisation from others, e.g. when a hoist is required for patient's weighing 127kgs / 20 stone and over; this may need discussion with the OT so the appropriate equipment can be ordered. Contact the Clinical Team Leads (CTL's) for your service for further information.

**c) Obstetrics / Maternity**

Please refer to the local Maternity Guideline Manual details of which can be found on the intranet under 'Maternity'.

## L. Fallen Patient

In the event that the heavier patient falls and is unable to raise him/herself from the floor independently, the individual must be raised in such a manner as not to cause injury to the staff member. Please see equipment list. (*Appendix E*)

**a) Exceptions re Fallen Patient in Community Services**

Community Services need to contact the Emergency Services in the event of a fallen patient and they should notify them of the patient's weight at the time of the call.

## M. Equipment

**a) Procurement**

There are a large number of Manufactures and Suppliers providing a very wide range of moving and handling related equipment suitable for the heavier person. However, to ensure safety, quality, efficiency and cost effectiveness as well as a consistent approach to moving & handling issues across the Trust, managers must seek advice from the Manual Handling Lead / Team & Infection Control team/Procurement prior to procuring any of these items.
Please also see the current equipment available in the hospital and other guidelines in the attached appendices.

**b) Guidelines for Beds**

The width of a patient as his/her widest point will give you valuable additional information when assessing the type of bed that the patient will require.

There is no current standard for the bed width of a patient but clinical staff should ensure that the width of the bed is greater than the width of the widest point of the patient so that there is spare bed space on either side of the patient, assuming the patient is lying in the centre of the bed. This will enable the patient to change position and roll onto their side (or be rolled onto their side)

Consider the following:

- Is the patient too heavy for the bed provided by the Trust?

- Is the bed too narrow for the patient?
- Is the patient unable to get in or out of the bed, even when the bed is at its lowest point?
- Is an ultra low bed required (if the patient is at risk of falling out of bed)?
- Is the bed suitable for specialist positioning?
- Does the bed have integral scales?
- Is the mobile hoist compatible with the bed? (i.e. can you get the hoist under the bed)
- Does the bed have the facility to aide turning?
- Is there another specific requirement e.g. maternity bed or spinal?

If you need to hire a bed from a company, always ask to speak to the nurse advisor if possible and give the following information:

- Weight of patient
- Width of patient
- Height of patient

Ask the company:

- How big is the bed? (You may need to change the bed space or close the adjacent bed space)
- Is the bed compatible with Arjo or Viking XL hoist (otherwise it may be necessary to hire an overhead
- Gantry hoist system )

## N. General Handling Guidelines

1) **Lateral Transfer – Pat sliding**
   4 - 6 staff Minimum are required to manoeuvre the bariatric patient when pat sliding
   extra wide large slide sheets (may require 3 slide sheets)
   Consider use of Hover mat for Theatre/ward based transfers

2) **Bed Manoeuvres**
   Patients must be nursed on an electric bed with the appropriate WLL and width. Two large flat slide sheet or one large tubular sheet or two smaller slide sheets must always be used for bed manoeuvres, with a minimum of 4 staff. Full use of electric bed controls to assist with bed mobility is essential. Enlist the help of the patient wherever possible to promote independence. Ensure that the width of the bed allows for patient movement. Consider hiring an extra wide bed where the patient can move about more freely.

3) **Transfers from Bed to Chair – Mobile patients**
   2-4 staff available depending on risk assessment
   Ensure the bed is the lowest height appropriate for the patient
   The Huntleigh 5000 bed will go down to 31cm /12in (standard height 38/15in)
   Consider heavy duty Zimmer frame
   Provide extra wide Bariatric Chair, Bariatric Riser recliner, for example (would need to be hired in)

4) **Transfers from Bed to Chair – Patients with reduced mobility**
   Minimum of 3-4 staff available depending on risk assessment
   Consider Gantry hoist/ Mobile hoist with suitable WLL
   Consider walking pants – will need to be ordered individually
   Consider heavy duty standing hoist – will need to be hired in
   Provide Extra wide bariatric Chair, Riser recliner (would need to be hired in)

5) **Hoisting and Sling Placement**
   Minimum of 3-4 staff available depending on risk assessment
   Measurement of patient for correct sling size
   Use of slide sheet to place sling under patient
   Over head tracking hoist - hire

6) **Mobilising**
   Carry out a Falls Assessment as per Trust Policy - Make a plan with the patient and staff
   Encourage mobilisation where appropriate .Provide heavy duty Zimmer / crutches if required

7) **Limb handling**
   Consider use of Limb raisers – would need to be hired in. Individually risks assess limb raising issues.

8) **Showering**
Walk in showers
Heavy duty shower seat
Bariatric Shower Trolley - would need to be hired in

9) **Toileting – Mobile Patients**
Bariatric Commode over toilet
Bariatric toilet support – would need to purchase

10) **Toileting – Reduced Mobility**
Gantry hoist/mobile hoist onto heavy duty bedpans
Gantry hoist/mobile hoist onto bariatric commode
Specialist bed with 'patient assist' facility on the mattress (i.e. KCI)

Further information can be sought from the Manual Handling Policy and also the 'Guide to The Handling of Patients' 6th Edition which should be available in all clinical areas and / or the Medical School Library based at St Georges.

## 16. Specialist Handling

### 16.1 Therapeutic Handling

Trust Physiotherapists and Occupational Therapists are employed in both the acute and community settings; they are required to undertake therapeutic handling as part of their treatment of patients. Manual Handling in rehabilitation is a challenging area, and the therapeutic techniques used may not conform to standard Trust policies and as used by other healthcare staff / professionals.

Both Physiotherapists and Occupational Therapists must ensure that evaluations of Manual Handling strategies are an integral part of the therapy assessment. They must minimise as far as is reasonably practicable, the risk of damage to themselves, staff and patients while still enabling the patient's progress towards function. If a therapist feels that a particular handling technique is the only one possible and that he / she is adequately trained and can execute it safely.

### 16.2. Neurological Patients

Physiotherapy staff working within Neurology are required to carry out a risk assessment and document the findings prior to any Manual Handling manoeuvre being undertaken. CSP (2014) guidelines are designed to assist clinical reasoning where a specific transfer is being used as part of the rehabilitation programme. The technique being chosen may differ to that being used by other healthcare staff. The CSP do not recommend the delegation of therapeutic techniques to other healthcare professionals.

### 16.3 Paediatrics

Children's Services are advised to refer to "Manual Handling of Children - National Back Exchange" "(2011) & Guidance for Physiotherapists "Paediatric Manual Handling" (Association of Paediatric Chartered Physiotherapists 2010) This includes risk assessment forms and practical ideas for a variety of handling situations, e.g. handling a baby from a cot and handling children with hip spicas, and finds solutions to more complex handling needs.

### 16.4 Hoisting suspected Spinal Patients from the floor

Where it is suspected that the fallen patient may have sustained a spinal injury staff should use the available Molift spinal scoop stretcher hoist to raise the patient from the floor.

Three Molift spinal scoop stretcher hoists are located within St Georges Hospital, these are situated in:

- Lanesborough Wing = Lady Youde (3rd floor)
- St James Wing = Gunning ward (5th Floor)
- AMW = between Kent and William Drummond wards (3rd floor)

All ward areas should have appropriate training accessed via the Manual Handling Team or the company. All ward areas and departments should have a risk assessment / protocol covering this eventuality.

### 16.5 Helipad

Refer to local policy once helipad operational *April 2014*

## 17. Implementation and Dissemination

### 17.1 Implementation:

The Manual Handling Policy (2010) and the Safer Management of Heavier Patients Policy (2010) have already been implemented and this combined policy supersedes the MH policy version 7and the SMHP version 4.

### 17.2. Dissemination:

This procedural document replaces the separate existing policies, Manual Handling Policy (2010) and the Safer Management of Heavier Patients Policy (2010), and will be updated on the intranet and master paper copy files via the Corporate Offices as per Trust Guidelines and / or as required . This policy will be disseminated via the usual management channels and other methods e.g. Trust Induction, Meetings, Reports

- General Managers will be responsible for disseminating the policy to their directorate managers.
- The policy will be published on the Trust Intranet and the weekly eG bulletin will alert all staff via email with the intranet link directly to the policy
- Manual Handling sessions will include mention of the policy
- Hard copies of the policy should be available in all departments where computer access is not readily available

Managers and Heads of Department are responsible for distributing this policy and ensuring that all staff under their management (including bank, agency, contracted, locum and volunteers) are aware of the policy.

## 18. Monitoring Compliance

| Monitoring Compliance and Effectiveness Table | | | | | |
|---|---|---|---|---|---|
| **Element / Activity Being Monitored** | **Lead / Role** | **Methodology To Be Used For Monitoring** | **Frequency Of Monitoring and Reporting Arrangements** | **Acting On Recommendations and Leads** | **Change In Practice and Lessons To Be Shared** |
| **Risk Assessments**<br>• Arrangements for the organisational overview of risk assessments for the moving and handling of patients and objects<br><br>See *Appendices C & D* | • All Divisional Directors / Departmental / Ward Managers<br>• Each Division is responsible for managing the Manual Handling issues within that division and escalate unresolved issues to the Divisional Risk Register and / or Health Safety and Fire Committee as appropriate | **Evidence of the following:**<br>• On-going Generic and Specific Patient Handling Risk Assessments<br>• On-going Generic and Task / Load Specific Handling Risk Assessments<br>• Completion of an Annual Manual Handling Check List (Appendix A)<br>• On-going Datix Reports; monitoring of Adverse Incidences and Near Misses<br>• Matrons' / Managers routine quality checks<br>a) Departmental Heads<br>b) Ward Heads<br>c) Practice Educators<br>*d)* Back Care Facilitators | • Annually or as required<br>• Each Division is responsible for managing the Manual Handling issues within that division and reporting quarterly to the Health Safety and Fire Committee (HS&FC).<br>• The HS&FC is expected to read and interrogate the report to identify deficiencies in the system and act upon them | • HS&FC is expected to read and interrogate the report to identify deficiencies in the system and act upon them. | • Required changes to practice will be identified and actioned within a specific timeframe.<br>• A lead member of the HS&FC will be identified to take each change forward where appropriate.<br>• Lessons will be shared with all the relevant stakeholders. |
| ***It is the manager's responsibility to ensure that the Manual Handling check list is completed, risk assessments are undertaken, and action plans are formulated, implemented and escalated accordingly*** | | | | | |
| • Techniques to be used in the moving and handling | • Manual Handling Team<br>• BackCare Facilitators | • Continuous monitoring during Manual Handling | • All training sessions as determined by training | • Manual Handling Team<br>• Departmental / Ward | • Required changes to practice will be identified and actioned within a |

| | | | | | |
|---|---|---|---|---|---|
| of patients and loads<br>• Access to specialist advice<br>• Auditing compliance with the Manual Handling Policy via the Manual Handling Check List (Appendix A) on an annual basis as determined by the Trust's H&S Risk Assessment Calendar | • Practice Educators<br>• Departmental / Ward Managers | training and evaluation<br>• Annual audit by wards / departments; action plans devised and monitored locally as required<br>• Divisional leads to report to the Health, Safety and Fire committee<br>• Annual spot checks of risk assessments<br>• Manual Handling Check List (Appendix A)<br>• Lesson plans / training records<br>• On-going Datix monitoring<br>• Site managers: Out Of Office Hours - Bleep | needs analysis<br>• Bi-monthly Manual Handling report to the HS&FC from Divisions.<br>• Each Division will provide a quarterly report to the HS&FC; this should include any actions as a result of completed risk assessments.<br>• Each Division is responsible for managing Manual Handling issues within their areas<br>• The HS&FC is expected to read and interrogate reports to identify deficiencies in the system and act upon them<br>• Reactive – Datix<br>• Proactive – Divisional reports to include any deficiencies | Managers<br>• HS&FC.<br>• BackCare Facilitators<br>• All Staff<br>• Required actions are to be identified and completed in a specified timeframe | specific timeframe.<br>• A lead member of the HS&FC will be identified to take each change forward where appropriate.<br>• Lessons will be shared with all the relevant stakeholders. |
| **Monitoring Compliance and Effectiveness Table: Heavier Patients Pathway** | | | | | |
| • Total number of patients weighing 127kg or more<br>• Spot check reviews of heavier patients will be undertaken<br>• Patients over 127kg / 20 stone included in the audit have had appropriate equipment provided | • Manual Handling Team<br>• Matron / Ward Manager / Departmental Manager | • Data collection tool Appendix F plus review of medical records<br>• Routine quality checks | • Ongoing collection audit<br>• Annual report to the HS&FC - The lead or committee is expected to read and interrogate the report to identify deficiencies in the system and act upon them | • Trust HS&FC<br>• Divisional H&SC<br>• Required actions will be identified and completed in a specified timeframe. | • Required changes to practice will be identified and actioned within a specific timeframe.<br>• A lead member of the team will be identified to take each change forward where appropriate.<br>• Lessons will be shared with all the relevant stakeholders. |

## 19. Standards / Key Performance Indicators

The policy and its associated appendices form part of the evidence of compliance for the Care Quality Commission's Essential Standards of Quality and Safety with regard to Standard 3 Care and Welfare of People Who Use Services and Standard 10 Safety Availability and Suitability of Equipment.

CQC's Provider Compliance assessments Outcome 11 (Regulation 16) Safety, availability and suitability of equipment and Outcome 12 (Regualtion21) Requirements relating to workers

It also forms part of the evidence towards NHSLA Risk Management Standards as follows:

- Standard 3 Competent and Capable Workforce, 3.7 Moving and Handling Training
- Standard 4 Safe Environment, 4.5 Moving and Handling.

## 20. Associated Documentation: Related Trust Policies

- Health and Safety Policy
- Lifting Operations and Lifting Equipment Regulations
- Risk Management Policy
- Maternity Governance and Risk Framework
- Adverse Incident Reporting Policy and Procedures
- Serious Incident Policy
- Slips , Trip & Falls Policy
- Cardiopulmonary Resuscitation Policy
- Mandatory and Statutory Training MAST Policy
- Personal Protective Equipment
- Corporate Induction Policy
- Local Induction Policy
- Pregnancy and Nursing Mothers
- Admissions Policy
- Transfer Policy
- Infection Prevention and Control
- Pressure Ulcer Prevention Policy
- Discharge of Patients from Hospital Policy
- Policy for the Management and Use of Medical Devices
- Safe Nursing Staffing Escalation Policy
- Fire Safety Management Policy and Standard Operating Procedures
- Provision and Use of Work Equipment Policy
- Workplace (Health Safety & Welfare) Policy
- Control of Service Providing Contractors Policy
- Display Screen Equipment Policy

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**Appendix A**

St George's Healthcare NHS Trust

# MANUAL HANDLING CHECK LIST

All parts of this checklist must be completed, with the use of NA where sections are not applicable.
A completed copy of the check list should be kept for inspection at local level at all times.
This check list is available separately on the Health and Safety home page via intranet.

| **Ward / Department or Area being inspected** | | | | **Date:** |
|---|---|---|---|---|
| **Names of those involved in completing this checklist:** | | | | |
| **Signed:** | | | | **Review date:** |
| **Manual Handling Check List** | **Yes** | **No** | **N/A** | **Comments / Actions** |
| **1.Moving and Handling Policy**<br>Do all staff have access to the Moving and Handling Policy including Heavier Patients Pathway? | | | | |
| **2.Risk Assessments**<br>**2a** Do all inanimate load handling tasks have a suitable and sufficient risk assessments and are these made available to all staff? (e.g. pushing or pulling hospital beds, trolleys or stores pallets)<br>**2b.**Have suitable and sufficient load handling risk assessments been undertaken on every patient and is this made available to all staff? (This must be filed in the patient's Kardex / records / notes)<br>**2c.** Are there control measures to manage the issues identified by the Risk Assessment? e.g. hoists / slings / slide sheets / suitable chairs / beds / space issues.<br>**2d.**Have the staff member's personal capabilities been taken into account when assessing the risks?<br>e.g. individuals working who may require an individual ergonomic assessment due to:<br>• Pregnancy<br>• Disability<br>• Other medical conditions | | | | |
| **3. Do all clinical staff know how to:**<br>• Assess the weight of a patient<br>• Obtain suitable patient moving & handling equipment, including hoists, beds & chairs<br>• Obtain suitable / specialist moving & handling equipment for patients over 127kgs? | | | | |
| **4. Work Place Assessments.**<br>Has an appropriate referral been made to Occupational Health and / or the Manual Handling Leads for those individuals who may need an ergonomic assessment? | | | | |
| **5. Manual Handling Training**<br>Have all staff appropriate Manual Handing Training?<br>a) Level 1: e-learning - All staff **MUST** complete<br>b) Level 2: patient handling | | | | |

| | | | | |
|---|---|---|---|---|
| **6. BackCare Facilitators.**<br>**6a**. Does the ward / department / community setting have Back Care Facilitators (cascade trainers / link workers) as appropriate?<br>**6b**. If Yes, have these Facilitators attended an 2 yearly Update with the Manual Handling Team?<br>**6c**. Do all ward / clinical areas have access to the 'Guide to the Handling of People' (6th ed)?<br>**NB:** It is considered good practice that clinical and ward areas, as appropriate, make a copy available to staff. Copies are available from the SGH Library / BackCare (www.**backcare**.org.uk) | | | | |
| **7. Manual Handling Team**<br>Do **All** staff know how to contact the Manual Handling Team? | | | | |
| **8. Manual Handling Aids / Equipment**<br>Are there appropriate Manual Handling aids / equipment available within the ward / department?<br>• Slide sheets / lateral transfer aids<br>• Hoists and slings<br>• Handling belts / rota stands<br>• Equipment required for moving inanimate loads<br>**NB:** this is not an exhaustive list | | | | |
| **9**. **Equipment**<br>**9a**. Have all staff had training on how to use any **new** handling equipment? | | | | |
| **9b.** Has all hoisting equipment within the ward / department / community settings been serviced in the last 6 months this includes:<br>• Checking of non-disposable slings<br>• Patient and non-patient equipment: these must be marked with the safe working load and a service sticker should be attached to the equipment | | | | |
| **9c.** Are all staff who hoist patients / service users:<br>• Aware of the need to carry out / undertake visual inspections of slings, both non-disposable (fabric) and disposable (patient specific) slings, as taught by the SGH Manual Handling Team<br>• Aware of how to get replacement slings (fabric) / report faulty (patient specific) as taught by the SGH Manual Handling Team<br>**9d.** Do staff know how to report faulty equipment and accidents arising from Manual Handling tasks? (DATIX electronic incident reporting) | | | | |

## Action Plan

| Actions Taken / Agreed | Staff Member Responsible (Name & Job Title) | Target Date For Completion | Date Completed |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

| | | | |
|---|---|---|---|
| **Is A Risk Assessment Required** | **Yes / No** | **Date Completed** | |
| **Is A Risk Register Inclusion Required – Divisional Risk Register** | **Yes / No** | **Date Completed** | |

## Appendix: B Lifting and Lowering Guidelines

### Good Handling Techniques for Lifting

**Think before lifting / handling.**

- Plan the lift.
- Can handling aids be used?
- Where is the load going to be placed?
- Will help be needed with the load?
- Remove obstructions such as discarded wrapping materials.
- For a long lift, consider resting the load midway on a table or bench to change grip.
- Keep the load close to the waist.
- Keep the load close to the body for as long as possible while lifting.
- Keep the heaviest side of the load next to the body. If a close approach to the load is not possible, try to slide it towards the body before attempting to lift it.

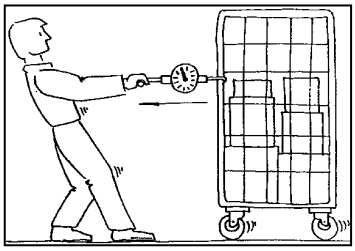
- Adopt a stable position.
  - The feet should be apart with one leg slightly forward to maintain balance (alongside the load, if it is on the ground). The worker should be prepared to move their feet
  - during the lift to maintain their stability.
  - Avoid tight clothing or unsuitable footwear, which may make this difficult.

- Start in a good posture.
- At the start of the lift, slight bending of the back, hips and knees is preferable to fully flexing the back (stooping) or fully flexing the hips and knees (squatting).

### Guidance for Pushing and Pulling Loads / Objects

**Handling Devices**

Aids such as barrows and trolleys should have handle heights that are between the shoulder and waist. Devices should be well maintained with wheels that run smoothly (the law requires that equipment is maintained). When purchasing new trolleys etc, ensure they are of good quality with large diameter wheels made of suitable material and with castors, bearings etc which will last with minimum maintenance.



**Force:**

As a rough guide the amount of force that needs to be applied to move a load over a flat, level surface using a well-maintained handling aid is at least 2% of the load weight.

For example, if the load weight is 400 kg, then the force needed to move the load is 8 kg. The force needed will be more if conditions are not perfect (e.g. wheels not in the right position or a device that is poorly maintained).

The operator should try to push rather than pull when moving a load, provided they can see over the load and control steering and stopping.

**Slopes**

Employees should enlist help from another worker whenever necessary if

they have to negotiate a slope or ramp, as pushing and pulling forces can be very high. For example, if a load of 400 kg is moved up a slope of 1 in 12 (about 5°), the required force is over 30 kg even in ideal conditions -good wheels and a smooth slope. This is above the guideline weight for men and well above the guideline weight for women. (8.2 Lifting & Lowering Guidelines)

**Uneven Surfaces**
Moving an object over soft or uneven surfaces requires higher forces. On an uneven surface, the force needed to start the load moving could increase to 10% of the load weight, although this might be offset to some extent by using larger wheels. Soft ground may be even worse.

**Stance and Pace:**
To make it easier to push or pull, employees should keep their feet well away from the load and go no faster than walking speed. This will stop them becoming too tired too quickly.

**Moving a Bed**
Identify the brake, swivel wheel and steer facility on the bed you are moving.
When using the steer facility (useful for cornering or long distances in a straight path) identify which wheel is locked and push from the opposite end of the bed i.e. lock distant wheel and swivel near wheels.

- Consider the member of staff guiding the bed and adjust to a height which will allow both staff to maintain their spines in natural curves.
- When pushing a standard kings fund bed, take care that the back rest and pillows do not obstruct the view of the person pushing the bed.
- As with all Manual Handling activities a good grip on the load is essential, ensure that the bed has a base plate and headboard in position.
- Keep hands and fingers away from the bed sides to avoid trapping/crush injury
- If transporting patient with IVs attach an IV stand to the bed frame or dedicate one member of staff to push a mobile drip stand. DO NOT attempt to push a bed and any other equipment simultaneously.

**Wheel Chairs**

- Check that the wheel chair is fit to move a patient:
- Brakes hold chair stationary when applied
- Foot plates move appropriately
- Wheels move freely
- Tyres are adequately inflated
- Armrests and backrest are secure
- Safe Working Load
- Oxygen / drip pole facility

**Do not attempt to assist the patient to move into the chair unassisted unless you are certain they and you are capable of doing so.**

- Before starting to move the chair check that the patient's feet are supported by the footrests and that the patient's arms are inside the wheelchair's arm rests (if the chair has a safety strap, use it.
- Never pull a patient backwards except if necessary when clearing the bed area. Pulling a patient backwards is undignified and unsafe for the patient. It also increases the risk of you developing shoulder injuries.
- When starting to push the wheelchair stand in a walk stance position and gently transfer your weight from your back to front foot. Rather than all the effort coming from your arms and shoulders your body weight will help to start the chair moving. If it is necessary to pull the wheelchair a few steps to clear the bed area, stand in a walk stance position and gently transfer your weight from your front to your back foot.
- Aim to maintain your spine in its natural curves, your elbows close to your body and your knees relaxed. Pushing loads with your elbows and knees extended will increase your risk of musculo-skeletal injury and you will find it harder to control the wheelchair's movements.
- Avoid twisting when turning corners.
- Use the hold switch when entering / exiting lifts.
- Ask another person to hold a swing door open while you pass through it; attempting to hold a swing door open or rushing into a lift while the doors are ajar will increase the risk of injury to both you and the patient.
- Before the patient leaves the chair apply the brakes. If the patient is unable to transfer from the chair independently, seek assistance.

## T.I.L.E.E.O

***Task***

- Adopt an ergonomic approach, where reasonably practicable, by fitting the operation to the individual.
- Use of mechanical aids such as hoists, conveyors, trolleys.
- Adopt industry specific guidance.
- Improve the task layout by ensuring good positioning of storage, considering weight of load and height of storage shelves.
- Reduce the need for twisting, stooping and stretching.
- Improve the work routine
- Encourage Team handling
- Provide Personal Protective Equipment

***Individual Capability***

- Does the job require someone of unusual height or strength? Does the individual have an existing health problem which increases the risk?
- Does the job put at risk someone who might be pregnant or have a disability?
- An individual's age, strength, level of skill and experience will affect how much a person can safely handle.
- Is there a requirement for specific information or training?

***Load***

- Make the load lighter, smaller, easier to grasp, more stable and less damaging to hold. In the case of a patient is the load the main risk factors can be summarised from the detailed assessment carried out.

***Environment***

- Provide sufficient space for the operation to be carried out.
- Maintain surfaces in a good condition, properly drained and free from obstacles.
- Avoid Manual Handling on different levels.
- Provide a comfortable working environment
- Ensure adequate lighting.

***Equipment***

- What equipment do you have and, or, need
- Is it suitable and sufficient and is it in working order (has it been serviced).
- Have staff been trained in how to use?

***Other Factors***

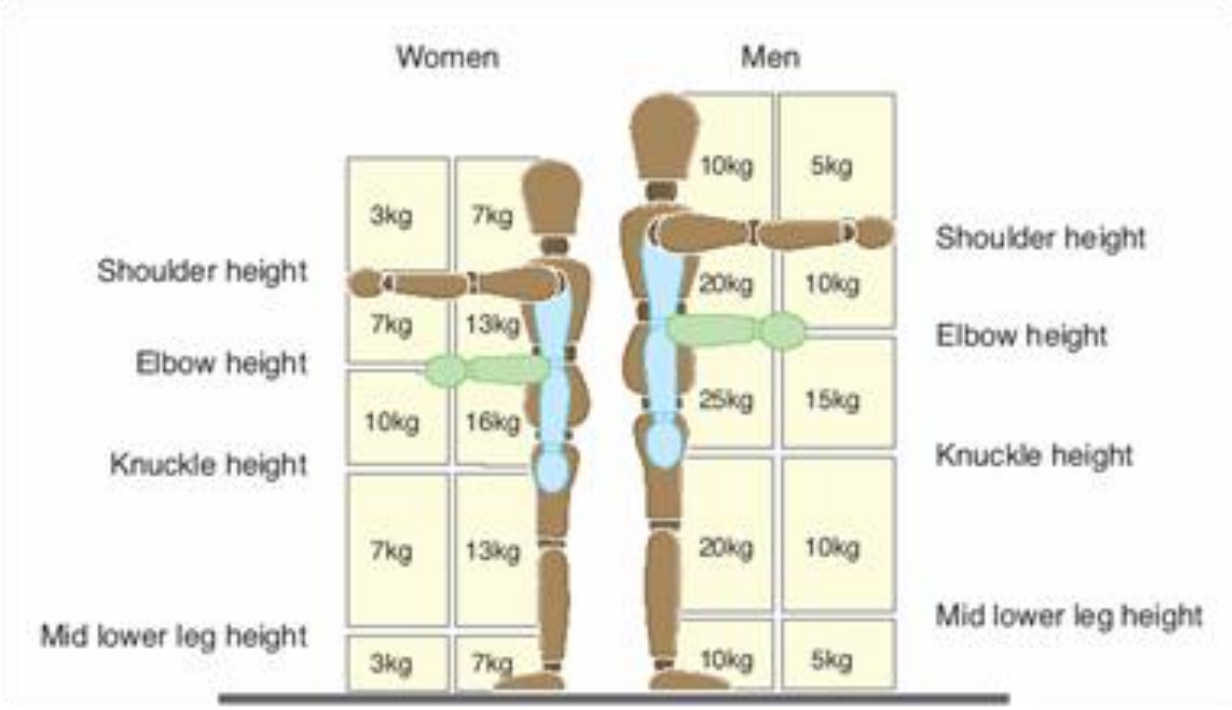
- Where Personal Protective Equipment is used as a last resort, its implications for the risk of
- Manual Handling injury by inhibiting movement should be taken into consideration.

***Generic Risk Assessment***

- Generic Risk Assessment forms (Appendix D) must completed on Manual Handling tasks which cannot be avoided.

## LIFTING & LOWERING GUIDELINES

*These guidelines are not safe limits for lifting. Working outside the guidelines is likely to increase the risk of injury, so you should examine it closely, i.e. carry out a Risk Assessment.*




The above guidelines apply to approximately 30 repetitions per hour. Variations on this will require suitably amended guideline weights:

- Once to twice per minute reduce guideline weight by 30%.
- Five to eight times per minute reduce guideline weight by 50%.
- More than 12 times per minute reduce guideline weight by 80%.

If the task involves a twisting of the Trunk then weight guidelines are similarly amended:

- Twisting through 45º reduce weight by 10%.
- Twisting through 60º reduce weight by 15%.
- Twisting through 90º reduce weight by 20%.

Consider also the general risks also of:

- Carrying the load more than ten meters.
- Having to change grip.
- Lifting above shoulder height.
- Few rest pauses (consider job rotation)

**Appendix: C**

***MANUAL HANDLING PERSON / PATIENT RISK ASSESSMENT FORM***
***FOR USE BY WARD STAFF (STANDEX FORM)***

***NB: TO BE USED UNTIL ADVISED OTHERWISE***

| **Please Complete or Affix label** | |
|---|---|
| Surname:<br><br>Forename:<br><br>Date of Birth:<br><br>Hospital No: | **Page 1 of 2**<br><br>Ward: _____<br><br>Form no: _____ |

**MOVING AND HANDLING ASSESSMENT**

Moving and Handling score

| **Age** | **Score** | **Weight Score** | | **Mobility Score** | | **Environment Score** | | **Movement Method Score** | |
|---|---|---|---|---|---|---|---|---|---|
| 10-49 | 1 | Up to 30 Kg | 1 | Totally Independent | 0 | Good | 1 | No assistance necessary | 0 |
| 50-64 | 2 | Up to 50 kg | 2 | Supervision only required | 1 | Potential Hazard | 2 | Supervision required | 1 |
| 65-74 | 3 | 51-70 kg | 3 | Moves with minimal assistance | 2 | Hazard present e.g. fixed furniture | 3 | Select handling Technique & small aid | 2 |
| 75-80 | 4 | 71-90 Kg | 4 | Needs considerable help | 3 | Small space | 4 | Select handling technique & discuss with co-worker | 3 |
| 81+ | 5 | 91+ | 5 | Limited mobility requires two carers | 4 | Very difficult | 5 | Mechanical lifting aid essential | 4 |
| | | | | Very immobile | 5 | | | | |
| | | | | Totally dependant | 6 | | | | |

**Key to Score**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| <10 | Low Risk | 10+ | Medium Risk | 15+ | High Risk | 20+ | Very High Risk |

**Chart appropriate score**

| **Date** | **Age score** | **Weight Score** | **Mobility Score** | **Environment Score** | **Movement method Score** | **Total Score** | **RISK** | **Signature** |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
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| | | | | | | | | |
| | | | | | | | | |

**Please continue following section**

**MOVING AND HANDLING ASSESSMENT** **Page 2 of 2**

**Only to be filled out if patient requires assistance for any of the following tasks**

| TASK | METHOD + EQUIPMENT<br>e.g. slide sheets, turntable, transfer board, handling belt, rope ladder, hoist or other handling aid | NO. OF CARERS | DATE |
|---|---|---|---|
| **MOVEMENT IN BED** | | | |
| Roll onto right side | | | |
| Move up the bed | | | |
| Move down the bed | | | |
| Sit on edge of bed | | | |
| **TRANSFERS** | | | |
| Bed/trolley | | | |
| Bed/chair/commode | | | |
| **BATH/WASHING** | | | |
| In bed | | | |
| To bathroom/shower | | | |
| **TOILETING** | | | |
| **STANDING** | | | |
| **WALKING** | | | |
| **STAIRS** – if appropriate | | | |
| **OTHER** | | | |
| **OTHER** | | | |
| **OTHER** | | | |

Further assessment required by moving and handling facilitator: YES ☐ NO ☐

Date of first assessment: _____ Name of assessing nurse: _____

Signature of assessing nurse: _____ Trust Bank Agency

Review date: _____ Signature of reviewing nurse:_____

Review date: _____ Signature of reviewing nurse:_____

Review date: _____ Signature of reviewing nurse:_____

# *MANUAL HANDLING PERSON / PATIENT RISK ASSESSMENT FORM FOR COMMUNITY USE*

| ***SECTION A: PATIENT DETAILS*** | | | |
|---|---|---|---|
| **Patients Name:**<br>**Date of Birth:**<br>**Residential Address:** | **Ward** [ ]<br>**Clinic** [ ]<br>**Site Address:** | **Weight (kgs): ……**<br>• Accurate: [Y/ N]<br>• Estimate: [Y/ N]<br>**Height: ……**<br>• Accurate: [Y/ N]<br>• Estimate: | **Relevant Medical History** |

| ***SECTION B: PATIENT ASSESSMENT*** | ***ACTION / NOTES*** |
|---|---|
| **Physical Ability / Disability (level of mobility)**<br>Can patient:<br>▪ mobilise independently [Y / N]<br>▪ weight bearing [Y / N]<br>Does the patient require / use:<br>▪ hoist [Y / N]<br>▪ transfer aids, mobility aids [Y / N]<br>▪ specialist equipment e.g. chairs / beds [Y / N] | |
| **History of Fall(s)**<br>▪ is a fall / emergency protocol in place? [Y/N]<br>▪ if yes give details | |
| **Specialist Services:**<br>▪ include details of all specialist medical services / equipment<br>▪ social care services if applicable | |

| ***SECTION C: SPECIFIC MOBILITY REQIREMENTS:*** | |
|---|---|
| **Sit to Stand:**<br>a) bed to chair<br>b) chair to bed<br>c) chair / bed to wheelchair | |
| **Stand to Sit:**<br>a) bed to chair<br>b) chair to bed<br>c) chair / bed to wheelchair | |

| | |
|---|---|
| **Repositioning in Chair:**<br>a) independent / verbal Instruction<br>b) handling aids required e.g. Rota Stand<br>c) hoist: standing or full body lift | |
| **Repositioning in Bed:**<br>a) moving up / down bed<br>b) turning / rolling in bed<br>c) sitting up in bed<br>d) in and out of bed<br>e) hoist required<br>f) state all equipment used, e.g. slide sheets etc | |
| **Lifting Legs**<br>a) independent / verbal Instruction<br>b) handling aids required e.g. limb lifter / inflatable cushion<br>c) two or more staff needed | |
| **Mobility:**<br>a) walking<br>b) stairs<br>c) steps | |
| **Personal Hygiene**<br>**Bathing:**<br>a) bed bath required<br>b) into bath / shower<br>c) out of bath / shower<br>**Toileting:**<br>a) on toilet / commode<br>b) off toilet / commode<br>How many staff required?<br>Spatial constraints?<br>Floor surface? | |
| **Wheel Chair User** **[Y/ N]**<br>a) specialist wheelchair used?<br>b) in / out of wheel chair<br>c) repositioning self in chair<br>d) manoeuvring wheelchair | |

| ***SECTION D: EQUIPMENT SPECIFICS / REQIREMENTS:*** | |
|---|---|
| **Equipment:**<br>a) **Bed**<br>a) own (domestic) single / double<br>b) hospital profiling / adjustable ?<br>c) other specialist bed<br>b) **Hoist**:<br>a) needed / in situ?<br>b) correct sling and sling size for patient, specify details: e.g.<br>• toileting / full body<br>• loop or clip system<br>• small / med / large – state how size was determined<br>• safe working load<br>• reporting faults/ obtaining replacement hoist /slings<br>c) **Equipment Power Supply:**<br>a) Sufficient sockets available etc | |
| ***ISSUES FOR FURTHER CONSIDERATION; COMPLETE AS NECESSARY*** | |
| **Space:**<br>▪ Is there sufficient space to manoeuvre equipment?<br>▪ Is there sufficient space for staff to work safely?<br>▪ Is the area clear of slip / trip hazards?<br>Consideration needs to be given to the Safe Working Load of the floor surfaces if larger items of equipment are required:<br>**NB:** *the safe load of floors may be exceeded by the increased weight of any necessary specialist equipment*<br>**Is there adequate space for:**<br>▪ Patient to mobilise safely with / without equipment?<br>▪ Care staff to work safely? | **Details / Action:** |
| **Hoisting Issues:**<br>**If the Patient Provides His / Her Own Sling For Clinic / Hospital visits:**<br>▪ Is the Patient's sling compatible with ward / clinic / surgery hoist? | |
| **Lighting:**<br>▪ Is it sufficient to allow good visualisation of working areas / patient | |
| **Flooring:**<br>▪ Carpeted<br>▪ Smooth | |

| | |
|---|---|
| ▪ Uneven<br>▪ Condition: good / poor<br>▪ Wet / slippery | |
| **Physical Access:**<br>Consider<br>▪ External entry (doors) to area (width measurements)<br>▪ Internal doors / passageways (width measurements)<br>} may be an issue for wheelchair users / larger | |
| **Waiting Room Chairs – Clinic Areas**<br>Consider:<br>▪ Safe Working Load (SWL) of chairs<br>▪ Size / width of chairs: are they large enough to accommodate the individual's girth / size | |
| **Access / Egress**<br>▪ General access steps /ramp / stairs / passageways / lifts<br>▪ Parking | |
| **Other:**<br>▪ Additional staff,<br>▪ Additional / specialist equipment<br>▪ Further advice regarding risk assessment from:<br>➢ Moving and Handling<br>➢ Health & Safety<br>➢ Multidisciplinary Care Teams<br>➢ Social Care Services etc<br>▪ Transfer of care from a community setting, of a severely medically compromised patient to an Acute Unit / Hospital as required<br>▪ Datix Reporting?<br>▪ Fault Reporting? | |

**Appendix: D**

## Generic Moving & Handling Risk Assessment

**1. Rationale.** The Manual Handling Operations Regulations 1992 require risk assessments be undertaken for all Manual Handling tasks in the work location. This is in order to assess the risk of injury or damage inherent in an identified task and implement appropriate risk controls.

| | |
|---|---|
| **Hospital:** | |
| **Directorate:** | |
| **Location:** | |
| **Description of task:** | |
| **List who could be harmed (include all staff involved in task, list by job title):** | |

**2. Identified factors.** These will have a bearing on the selected task and could impact the final assessment score.

| **Task (tick box if applicable)** | | **Individual** | |
|---|---|---|---|
| Stooping/bending? | | Call for specialist training? | |
| Twisting? | | Hazardous to expectant/new mothers? | |
| Holding loads away from trunk? | | Is more than one handler required? | |
| Repetitive handling (indicate number of times per hour)? | | Present a hazard to those with a health problem/disability? | |
| Long carrying distances (more than ten metres)? | | Is the wearing of personal protective equipment required? | |
| Is there scope for work variations and breaks? | | Require unusual capability/attributes i.e. strength, height? | |
| Strenuous pushing or pulling? | | | |

| | | | |
|---|---|---|---|
| Reaching upwards e.g. high shelf? | | | |
| Large vertical movements e.g. from floor? | | | |
| Can the rate of work be varied by the handler? | | | |
| Frequency of activity (number of times on one working shift)? | | | |
| **Load** | | **Environment** | |
| State weight of load (kilograms)? | | Postural constraints i.e. restricted space, low work surface? | |
| Bulky or unwieldy? | | Congested access? | |
| Dimensions i.e. more than 75 centimetres in width? | | Variations in levels e.g. steps, gradients, ladders etc.? | |
| Uneven weight distribution? | | Hot, cold or humid conditions? | |
| Does load have hand holds? | | Strong air movement's e.g. adverse weather? | |
| Unstable/unpredictable? | | Poor lighting? | |
| Intrinsically harmful e.g. sharp, hot, contaminated? | | Floor surfaces; are they uneven, slippery, unstable etc.? | |
| Loose items? | | Distractions e.g. busy pressured environment? | |
| Other | | Other | |

**3. Score;**

All tasks will need a Risk Score to determine the perceived risk and appropriate response measures. The risk matrix below will enable workers to identify the anticipated level of impact (Consequence) and the possibility of occurrence (Likelihood) from any hazards inherent within the task.

| | |
|---|---|
| Detail the current control measures already taken to reduce the risk:<br>1. Staff training<br>2. Number of staff required for task<br>3. Equipment<br>4. Method<br>5. Other | 1. Training<br>2. Personnel<br>3. Equipment<br>4. Method |

## Likelihood score (L)

What is the likelihood of the consequence occurring? The frequency-based score is appropriate in most circumstances and is easier to identify. It should be used whenever it is possible to identify a frequency.

| **Likelihood Descriptor** | **Rare** | **Unlikely** | **Possible** | **Likely** | **Almost certain** |
|---|---|---|---|---|---|
| **Score** | **1** | **2** | **3** | **4** | **5** |
| Frequency: How often might it / does it happen | This will probably never happen /recur | Do not expect it to happen /recur but it is possible it may do so | Might happen or recur occasionally | Will probably happen/ recur but it is not a persisting issue | Will undoubtedly happen/recur possibly frequently |

**4. Risk Factor = Consequence x Likelihood (C x L)**

| **Likelihood** | | **Consequence** | | | | |
|---|---|---|---|---|---|---|
| | | **1 Negligible** Injury requiring no / minimal intervention / treatment. No time off work | **2 Minor** Injury requiring minor intervention Time off work >3 days | **3 Moderate** Injury requiring professional intervention Time off work 4-14 days | **4 Major** Injury leading to long-term incapacity / disability. Time off work >14 days | **5 Catastrophic** Death, multiple permanent injuries or irreversible health effects |
| | **1 Rare** | **1** | **2** | **3** | **4** | **5** |
| | **2 Unlikely** | **2** | **4** | **6** | **8** | **10** |
| | **3 Possible** | **3** | **6** | **9** | **12** | **15** |
| | **4 Likely** | **4** | **8** | **12** | **16** | **20** |
| | **5 Almost Certain** | **5** | **10** | **15** | **20** | **25** |

| **Consequence Score** | | | **Likelihood Score** | | | **Risk Score** | |
|---|---|---|---|---|---|---|---|

## 5. Action Plan.

| | SCORES | RISK |
|---|---|---|
| | **1- 3** | **Low Risk:** If possible reduce risk of recurrence, a low risk of recurrence may remain and is deemed acceptable |
| | **4 - 6** | **Moderate Risk:** Management action at departmental level and control mechanisms regularly reviewed. |
| | **8 - 12** | **High Risk:** Senior management to determine level of investigation and instigate control mechanisms. Record in Directorate Risk Register |
| | **15 -25** | **Extreme Risk:** General Manager overseeing immediate investigation. Inform Risk Management of status, if not immediately reducible add event to Corporate Risk Register |

| | |
|---|---|
| The aim is to reduce the risk to low so additional control measures may be required:<br>1. Staff training<br>2. Number of staff required for task<br>3. Equipment<br>4. Method<br>5. Other<br><br>This will give a Residual Risk Score (which is provisional). When an agreed change is implemented then a new Risk Score is achieved and this document suitably amended. | 1. Training<br>2. Personnel<br>3. Equipment<br>4. Method |

| | | | | | | |
|---|---|---|---|---|---|---|
| Residual Consequence Score | | x | Residual Likelihood Score | = | Residual Risk Score | |

| | |
|---|---|
| Date of Assessment: | Name of Assessor: |
| Signature: | Position / Job title: |

| Agreed Action | Compliance Date | Signed and Dated By Manager |
|---|---|---|
| | | |
| | | |
| | | |

Review risk annually or as required i.e. if control measures are not effective or new equipment comes into use.

**Appendix: E**

## Specialist Equipment Available at St George's

| Item | Weight limit | Number available | Contact |
|---|---|---|---|
| Bed (profiling) HNE Contura C 880 | Up to 240 Kgs / 38 stone | 27 | Bed Frame Co-Ordinator Bleep 7367 |
| Bed (profiling) HNE Contura C1080 PC98 | Up to 450 Kgs / 71 stone | 4 | Bed Frame Co-Ordinator Bleep 7367 |
| Commode ( static) | Up to 254 Kgs / 40stone | 6 | Bed Frame Co-Ordinator Bleep 7367 |
| Armchair (static) 747 Teal | 254Kgs / 40 stone | 6 | Bed Frame Co-Ordinator Bleep 7367 |
| Hoist Arjo Opera | 220 Kg / 32stone | Numerous | Various OPDs |
| Hoist Arjo Maxi move (with power positioning) | Max 227kgs / 35stone | Numerous | Various Wards |
| Hoist Liko Viking 300kgs / XL<br><br>Slings: Material and Disposable.<br><br>(Flat lifts on Cavell, Neuro ITU and CTCCU only) | 300 Kgs / 47.5 stone limit | 10 | **St James Wing:**<br>• Cavell Ward<br>• Vernon Ward<br>• Allingham<br>• Amyand x 2<br>• Keate Ward<br>**Lanesborough Wing**<br>• Carman Suite<br>• Thomas Young / Wolfson<br>**Atkinson Morley Wing**<br>• Cardiothoracic Critical Care<br>• Neuro ITU |
| Heavier Persons Trolley | 50 stone/ 318 Kgs | 1 | A/E |
| Morquip Semi Automatic Scissor Lifts | 318Kg / 48 Stone | 4 | Mortuary |
| Extra Large Wheelchair (Manual) | 320Kgs / 50 stone | 1 | Porter's Lodge X2134 (SGH) |
| Extra Large Wheelchair (Motorisedl) | 250Kgs / 39 stone | 1 | Porter's Lodge X2134 (SGH) |
| Theatre Table Alphamaxx | 450Kgs | 6 | Theatres |
| Hover Matt<br>( lateral transfer aid) | Designed for heavier patients | 1x<br>1x | St James Theatres<br>GICU |
| Hover Jack | Designed for Heavier Patients | 1x<br>1x | Thomas Young / Wolfson<br>Lymphoedema Clinic |
| Manger Elk | Rising Cushion From The Floor | 1 | Thomas Young / Wolfson |
| Concealment Trolley | 190kg / 30 stone (app)<br>254kg / 40 stone | 1 of each | Mortuary / Porters |
| Macquet theatre table<br>Beaver Madiplinths | 260kg / 41 stone<br>260kg / 41 stone | 1<br>3 | Clinic 3 St James Wing |

## Maximum User Weights for Walking Aids

| Walking Aid | Maximum Weight |
|---|---|
| Wooden Walking Sticks | **127kg (20 stone)** |
| Adjustable Fischer Sticks | **127kg (20 stone)** |
| Coopers Elbow Crutches | **127kg (20 stone)** |
| Vilgo Elbow Crutches | **100kg (15.5 stone)** |
| Coopers Permanent User Elbow Crutches | **190kg (30 stone)** |
| Coopers Comfy Crutches | **127kg (20 stone)** |
| Coopers Gutter Crutches | **127kg (20 stone)** |
| Coopers Paediatric Elbow Crutches | **100kg (16 stone)** |
| Coopers Walking Frame / Rollator | **160kg (25 stone)** |
| Coopers Three Wheel Walker ( Delta) | **114kg (18 stone)** |
| Coopers Forearm Frame with Castors ( Ferrules Back Legs) | **127kg (20 stone)** |
| DMA Atlas Gutter Walking Frame ( Ferrules All 4 Legs ) | **160kg (25 stone)** |
| Benmor Heavy Duty Walking Frame | **300kg (47 stone)** |

*Source: Physiotherapy Department SGH + QMH: 2008 updated 2014*

## Accessing Weigh Scales for the Heavier Patient in the Trust

| **Item:** | **Location:** |
|---|---|
| Wheel chair weigher | Thomas Addison Unit, Lanesborough Wing 300kgs<br>Clinic D St James Wing 300kgs<br>Gwynne Holford ( QMH) 300kgs |
| Stand on Scales | Blood Pressure Unit 300Kgs<br>Clinic A St James Wing 300Kgs<br>Lymphoedema Clinic, Lanesborough<br>300 kgs |
| Liko Viking XL Hoist<br>(with scales)(300kgs / 47.5 stone) | Vernon<br>Amyand / Allingham<br>Keate<br>Neuro ITU<br>Carman<br>Cardiothoracic Intensive Care Unit<br>TY Wolfson |
| Bed weighing scales | GICU |

| *LIST OF RADIOLOGY EQUIPMENT* | | | | |
|---|---|---|---|---|
| **Area:** | **Table Max Weight Limit** | **Table Width** | **Gantry Diameter** | **Comments** |
| **CT** | 220kgs | 64cm | 70cm | *CT scan field 48cms diameter; this is the maximum diameter that can be scanned therefore any body part larger 48cms, although it may fit through the gantry, would only be partially scanned* |
| **Cardiac Catheter Lab** | 200kg | • 28cms at head<br>• 45cms at body<br>• 80cms from knee down. | | *Had 196Kg on table, no problem.*<br>*Doesn't feel heavy to pan the table either.* |
| **MRI Scanner** | 135kg. | | 55cm | • *Depending on the region of the body being scanned, patients who are wider than 55cms can be accommodated if the whole of the body is not required to be inside the bore of the magnet, e.g. lower limbs*<br>• *Anything from the pelvis and above requires the whole body to go into the scanner and therefore patients wider than 55cms cannot be accommodated.* |
| **Vascular Unit** | 200kg. | 56cm | | |
| **General Room (Plain Film)** | 133 kg / 21 stone | 75cm | | |
| **Rm 2:Fluoro I.E Ba Meals / Swallows** | 200kg / 31stone | 66cm | | |
| **Rm 3: Fluoro I.E Ba Enemas** | 180kg / 28 stone | 69cm | | |
| **Nuclear Medicine** | 170 kg | 55cm | | |
| **Neuroradiology C** | • Head: 178kg / 28stone<br>• Body: 140kg / 22stone | 63cm | 70cm | |
| **Neuroradiology MRI** | 133kg / 21 stone | 60cm | 60cm | *Contract with Shirley Oaks Hospital to use their Ring Magnet MRI Scanner for Neuro Scans for patients exceeding size limit* |
| **QMH Roehampton**<br>**CT**<br>**General room**<br>**Fluoro room** | <br>300kg<br>150kg<br>179kg | <br>70 cm<br>78 cm<br>55 cm | 78cm | |
| **St John's Therapy Centre** | 300kgs | 80cm | ? | |

*Information supplied by X-Ray Departments at SGH / QMH / St John's Therapy Centre 2008: updated 2014*

**Appendix: F** **Audit Form**

## Notification of Patients Weighing 127kgs And Above

All Wards / Departments to Complete as Necessary
Return completed copies of this form to:

**BackCare Team**
**c/o Occupational Health Unit 2**
**Perimeter Road**
**St George's HealthCare NHS**

**PATIENT DETAILS / ADDRESSOGRAPH LABEL (THIS SECTION MUST BE FULLY COMPLETED)**

**Patient's Name:**
**M / F:**
**Ethnicity:**
**DOB;**
**Hospital No:**

**Date and Time of Admission:**

**Hospital (SGH / QMH)**

**Ward / Department / Clinic:**

**Width / cm:**

**Weight on Admission/kg:**

**Height / m:**

**Diagnosis;**

**Signed:**

**Date:**

**If you require specialist equipment contact bleep 7367 (SGH only) or contact relevant external company directly to hire specific equipment**

**For Audit Purposes Only:**

**Indicate if you needed to hire any of the following equipment:** √ ***or X***

| | |
|---|---|
| **Chair** | |
| **Specialist Bed** | |
| **Commode/Toilet Frame(heavy duty)** | |
| **Specialist hoist/overhead tracking system** | |
| **Any other equipment hired/borrowed from other wards / departments (please list)** | |

# Trust wide Audit of the Management of Heavier Patients

| | | |
|---|---|---|
| Date of Audit: | Auditor: | Ward: |
| Number of beds: | Number of patients today: | Number of Patients >127kg: |

## Please complete for each patient >127kgs (20 stone

| | | | |
|---|---|---|---|
| Hospital Number: | Age | Gender M / F | Date of Admission: |
| Has the patient got the correct equipment? | | | |
| Chair ☐ Yes ☐ No ☐ N/A | | Specialist Bed ☐ Yes ☐ No ☐ N/A | |
| Specialist Hoist / overhead tracking system & sling* ☐ Yes ☐ No ☐ N/A | | Commode/Toilet frame ☐ Yes ☐ No ☐ N/A | |
| Other *(please state)* ☐ Yes ☐ No ☐ N/A | | | |

| | | | |
|---|---|---|---|
| Hospital Number: | Age | Gender M / F | Date of Admission: |
| Has the patient got the correct equipment? | | | |
| Chair ☐ Yes ☐ No ☐ N/A | | Specialist Bed ☐ Yes ☐ No ☐ N/A | |
| Specialist Hoist / overhead tracking system & sling* ☐ Yes ☐ No ☐ N/A | | Commode/Toilet frame ☐ Yes ☐ No ☐ N/A | |
| Other *(please state)* ☐ Yes ☐ No ☐ N/A | | | |

**Appendix: G Scale Conversion Chart**

## Metric Conversion to the Nearest Kilogram

| Stones | Kilos | Pounds | Stones | Kilos | Pounds |
|---|---|---|---|---|---|
| 1 | 6 | 14 | 26 | 165 | 364 |
| 2 | 13 | 28 | 27 | 171 | 378 |
| 3 | 19 | 42 | 28 | 178 | 392 |
| 4 | 25 | 56 | 29 | 184 | 406 |
| 5 | 32 | 70 | **30** | **191** | **420** |
| 6 | 38 | 84 | 31 | 197 | 434 |
| 7 | 44 | 98 | 32 | 203 | 448 |
| 8 | 51 | 112 | 33 | 210 | 462 |
| 9 | 57 | 126 | 34 | 216 | 476 |
| 10 | 64 | 140 | 35 | 222 | 490 |
| 11 | 70 | 154 | 36 | 229 | 504 |
| 12 | 76 | 168 | 37 | 235 | 518 |
| 13 | 83 | 182 | 38 | 241 | 532 |
| 14 | 89 | 196 | 39 | 248 | 546 |
| 15 | 95 | 210 | **40** | **254** | **560** |
| 16 | 102 | 224 | 41 | 260 | 574 |
| **17** | **108** | **238** | 42 | 267 | 588 |
| 18 | 114 | 252 | 43 | 273 | 602 |
| 19 | 121 | 266 | 44 | 279 | 616 |
| **20** | **127** | **280** | 45 | 286 | 630 |
| 21 | 133 | 294 | 46 | 292 | 644 |
| 22 | 140 | 308 | 47 | 298 | 658 |
| 23 | 146 | 322 | 48 | 305 | 672 |
| 24 | 152 | 336 | 49 | 311 | 686 |
| **25** | **159** | **350** | **50** | **318** | **700** |
| | | | **60** | **381** | |
| | | | **70** | **445** | |

**Source:** Arjo (2003) Scale conversion chart

St George's Healthcare NHS
NHS Trust

**Appendix: H**

# *1. EQUALITY IMPACT ASSESSMENT FORM – INITIAL SCREENING*

| Service / Function / Policy | Directorate / Department | Assessor(s) | New or Existing Service or Policy? | Date of Assessment |
|---|---|---|---|---|
| Manual Handling Policy<br>Safer Management of Heavier Patients | Human Resources | Suzanne Payne / Karen Stubbing | Merger of two existing policies in to one policy | 31/1/2014 |

**1.1 Who is responsible for this service / function / policy?**
Manual Handling Team

**1.2 Describe the purpose of the service / function / policy?**
**Who is it intended to benefit? What are the intended outcomes?**
All Staff / Patients

**1.3 Are there any associated objectives?** e.g. National Service Frameworks, National Targets, Legislation, Trust strategic objectives

*YES:* Health and Safety 1974 / Manual Handling Operations Regulations 1993 (amended 2004) Trust TNA

Forms part of the evidence towards NHSLA Risk Management Standards as follows:

- Standard 2 Competent and Capable Workforce, Criterion 9 Moving and Handling Training
- Standard 3 Safe Environment, Criterion 4 Moving and Handling.

**1.4 What factors contribute or detract from achieving intended outcomes?**

*This policy is intended for the benefit of both staff and patients by the reduction of the potential injury to both parties as a result of poor Manual Handling*

Factors that may detract:

It can be perceived that it may be quicker / easier to carry out a non-approved method to move a patient than it is to use an approved method of patient handling.

Additionally:

- Staff attitude and training; staffing resource
- Availability of equipment for patients and for training
- Limitations of the physical spaces where patients are treated e.g. layout, floor space, provision for gantry hoists/overhead tracking
- Financial limitations re capital projects, equipment, training
- Increase in the population falling into this category
- Failure to record patients' details through the organisation and multiple IT systems
- Requirement to inform Patient Transport of a patient's support needs, including those of the heavier patient
- Patients' attitude towards their condition / size / weight: the patient may be in denial and refuse to use specific equipment intended to facilitate good care.

**1.5 Does the service / policy / function / have a positive or negative impact in terms of race, disability, gender, sexual orientation, age, religion or belief and Human Rights?**
Details: [see Screening Assessment Guidance]

All patients are treated with dignity and respect in terms of Manual Handling and receive timely care using appropriate the equipment and techniques.

Race - the patient and staff population is multicultural; English may not be the first language so staff need to speak / communicate clearly to ensure that patient consent is obtained
Disability- patients with limited mobility, with chronic conditions, those following surgery, with balance problems and mental health problems may require more Manual Handling intervention
Gender -
Age - mobility and cognitive issues are considerations for all age groups
Weight - ensure weight-tolerant equipment is available when an individual patient needs it; specialist equipment may need to be sought / provided for patients whose weight exceeds 127kg/ 20 stone.
**NB:** there is currently no hoist available within the Trust to accommodate a patient whose weight exceeds 300 kgs

**1.6 If yes, please describe current or planned activities to address the impact.**
Training to update skills and knowledge
Trust must look to providing the appropriate equipment to minimise risk / harm to staff and patients alike

**1.7 Is there any scope for new measures which would promote equality?**
Human Rights – patients deserve to be moved with dignity and respect, therefore staff need to be aware of Manual Handling devices which could compromise this e.g. hoist usage; take additional care to protect modesty and explain the intended task to the patient to gain their consent
The policy aims to improve the impact to patients of the factors identified as they relate to patient moving and handling in terms of patient safety and the safety of the staff caring for them

**1.8 What are your monitoring arrangements for this policy/ service**
Spot checks / Annual audit

**1.9 Equality Impact Rating [low, medium, high]- see guidance notes 3.1 above**
Medium

**2.0. Please give you reasons for this rating**
*If you have rated the policy, service or function as having a high impact for any of these equality dimensions, it is necessary to carry out a detailed assessment and then complete section 2 of this form*

**Appendix: I**

## Checklist for the Review and Approval of Procedural Documents

*To be completed and attached to any document submitted to the Policy Approval Group for ratification.*

| | Title of document being reviewed | Yes/No/Unsure | Comments |
|---|---|---|---|
| **1.** | **Title** | | |
| | Is the title clear and unambiguous? | YES | |
| | Is it clear whether the document is a guideline, policy, protocol or standard? | YES | |
| **2.** | **Rationale** | | |
| | Are reasons for development of the document stated? | YES | |
| **3.** | **Development Process** | | |
| | Is the method described in brief? | YES | |
| | Are individuals involved in the development identified? | YES | |
| | Do you feel a reasonable attempt has been made to ensure relevant expertise has been used? | YES | |
| | Is there evidence of consultation with stakeholders and users? | YES | |
| **4.** | **Content** | | |
| | Is the objective of the document clear? | YES | |
| | Is the target population clear and unambiguous? | YES | All Staff |
| | Are the intended outcomes described? | YES | |
| | Are the statements clear and unambiguous? | YES | |
| **5.** | **Evidence Base** | | |
| | Is the type of evidence to support the document identified explicitly? | YES | |
| | Are key references cited? | YES | |
| | Are the references cited in full? | YES | |
| | Are local/organisational supporting documents referenced? | YES | |
| **6.** | **Approval** | | |
| | Does the document identify which committee / group will approve it? | YES | |
| | If appropriate, have human resources / staff side committees (or equivalent) approved the document? | YES | HR and Staff Side sit on the Health, Safety and Fire Committee |

| | | | |
|---|---|---|---|
| **7.** | **Dissemination and Implementation** | | |
| | Is there an outline/plan to identify how this will be done? | YES | |
| | Does the plan include the necessary training/support to ensure compliance? | YES | |
| **8.** | **Document Control** | | |
| | Does the document identify where it will be held? | YES | |
| | Have archiving arrangements for superseded documents been addressed? | YES | |
| **9.** | **Process for Monitoring Compliance** | | |
| | Are there measurable standards or KPIs to support monitoring compliance of the document? | YES | |
| | Is there a plan to review or audit compliance with the document? | YES | |
| **10.** | **Review Date** | | |
| | Is the review date identified? | YES | |
| | Is the frequency of review identified? If so, is it acceptable? | YES | |
| **11.** | **Overall Responsibility for the Document** | | |
| | Is it clear who will be responsible for coordinating the dissemination, implementation and review of the documentation? | YES | |