



Moving and Handling Policy and Procedure

Contents

Policy for Moving and Handling	2
1 Statement of Aims and Objectives	2
2 Principles	3
3 Definitions	4
4 Responsibilities	4
5 Compliance	5
6 Monitoring and Compliance	5
7 Audit and Review	5
8 Scope	6
9 Procedure	6
10 Responsibilities	8
11 Competence	12
12 Monitoring and Compliance	12
13 Audit and Review	12
14 References	12

Policy for Moving and Handling

1 Statement of Aims and Objectives

- 1.1 The Chief Executive Officer and board members of South East Coast Ambulance Service NHS Foundation Trust (The Trust) have the prime legal responsibility for health and safety within the organisation and are committed to ensuring high standards of health, safety, and welfare for its employees.
- 1.2 This moving and handling policy applies to all staff, contractors, and volunteers.
- 1.3 Working together with our staff, the Trust is committed to addressing risks associated with moving and handling activities in a proactive way by employing good risk management systems, workplace design, and promoting the principles of safe working practices.
- 1.4 As far as is reasonably practicable, the Trust aims to minimise manual handling activities where there is a risk of injury. Where this is not possible, the Trust will implement a range of actions supporting the continual development of safe systems of work. i.e., individual capability manual handling risk assessment for staff with known physical restrictions and provision of suitable and sufficient equipment and resources when needing to lift or move equipment or patients.
- 1.5 The aims and objectives of this policy are to protect staff, as far as is reasonably practicable, from the risk of injury from manual handling. In particular, this policy aims to:
 - Ensure that manual handling tasks with a significant degree of risk, are assessed by competent persons, and safe systems of work are in place to reduce the risks to staff, patients, and others, as far as is reasonably practicable.
 - Ensure that suitable and sufficient information and training is given to staff to ensure they understand their legal duties and are competent to apply the principles of safe handling when lifting or moving.
 - Ensure that appropriate training is provided for staff joining the Trust and throughout their employment via e-learning modules, and through annual key skills training and on the introduction of any new equipment or following significant incidents.
 - Ensure the completion of individual capability manual handling risk assessments for staff with known physical/medical limitations or injury which will be reviewed annually as or when required.

- Encourage full accurate reporting and recording of all accidents, incidents, near misses and ill-health related to moving and handling, and taking action to reduce the risk of recurrence, giving feedback to staff.

2 Principles

- 2.1. The following principles will be supported by an associated procedure (appended to this policy). The procedure will carry the same authority as this policy in terms of required actions, processes, and responsibilities.
- 2.2. This policy is informed by the principles and requirements of the Manual Handling Operations Regulations (MHOR) 1999 (amended 2002).
- 2.3. The MHOR require the Trust as employer to:
 - Comply with risk assessment requirements.
 - Carry out a risk assessment on manual handling tasks.
- 2.4. Employees must make full use of any safe system of manual handling the employer puts in place.
- 2.5. Regulation 4(1) of MHOR sets out a hierarchy of measures to reduce the risks of manual handling.
 - Avoid hazardous manual handling operations so far as is reasonably practicable.
 - Assess any hazardous manual handling operations that cannot be avoided.
 - Reduce the risk of injury so far as is reasonably practicable.
- 2.6. Risk assessments must be reviewed regularly and revised if they become out of date or if the tasks, they refer to change.
- 2.7. Employees have general health and safety duties to:
 - Follow appropriate systems of work laid down for their safety.
 - Make proper use of equipment provided for their safety.
 - Co-operate with their employer on health and safety matters.
 - Take care to ensure that their activities do not put others at risk.
- 2.8. Staff should avoid hazardous manual handling tasks wherever possible. If the task cannot be avoided, then a risk assessment must be carried out to reduce the risks to the lowest level reasonably practicable.
- 2.9. Manual handling equipment is provided as part of the safety arrangements put in place by the Trust and staff have a responsibility to comply with the use of this equipment to carry out the task safely. Where possible and provided, mechanical aids should be used.

- 2.10. Staff are encouraged to request extra staff or equipment to assist with a manual handling task which they believe is outside their safe lifting/ moving capability.
- 2.11. Staff are given information, training, and supervision throughout their employment with the Trust. Staff must put their learning into practice.
- 2.12. Staff must take reasonable care of their own health and safety and that of others by what they do or omit to do at work and must co-operate with their manager so they can fulfil their legal duty.
- 2.13. The Datix incident reporting system is in place and staff must use this and inform their manager of any accident, incident, near miss, faulty equipment or ill-health affecting their ability to carry out manual handling tasks. Manager/handlers and investigators named on these reports are responsible for ensuring that all sections relating to the incident are well documented and show review of current risk assessment and lessons learned.

3 Definitions

- 3.1. MHOR define manual handling as: "The transporting or supporting of a load by hand or bodily force - including the lifting, putting down, pushing, pulling, carrying or moving of any load."
- 3.2. For the purposes of this policy and procedure these activities are referred to generally as moving and handling or manual handling.

4 Responsibilities

- 4.1. The Chief Executive Officer has overall accountability for health and safety within the Trust, and for the successful implementation of this policy.
- 4.2. The Executive Director of Quality and Nursing is the director with delegated responsibility for ensuring that the Trust is compliant with health and safety legislation, and for managing the strategic development and implementation of this procedure as part of the risk, health, and safety process.
- 4.3. **All Managers** have been delegated the responsibility for implementing this policy within their areas of control. All managers are responsible for undertaking written risk assessments and for reviewing these with their staff. Following any accident or near miss, managers must undertake an investigation and record this on the Datix system. All managers are responsible for ensuring their staff are regularly trained in manual handling. Managers are responsible for ensuring that the principles of this policy are applied by the staff under their management in their workplace locations and that their staff understand their role in reducing risks.

- 4.4. Employees, contractors, and volunteers are responsible for understanding and carrying out their responsibilities under this policy and having an awareness of the responsibilities of others.

5 Compliance

- 5.1. The Trust is required by law to comply with the MHOR.
- 5.2. Monitoring and auditing of compliance with the regulations is achieved by the completion of a monthly dashboard setting out levels of compliance which is shared with the Trust Board. Moving and handling activity is also on the Risk Register and the Board have regular sight of this through the Board Assurance Framework (BAF).
- 5.3. All managers throughout the Trust are required to instigate action to ensure the successful implementation of this policy within their area of control. Advice and guidance can be obtained from the Trust's health and safety team and the workforce directorate.

6 Monitoring and Compliance

- 6.1. The Executive Director of Quality and Nursing and members of the Health and Safety Committee will monitor this policy is adhered to and fit for purpose.

7 Audit and Review

- 7.1. This policy will be audited by the Health and Safety Committee at regular intervals, and initially six months after this policy is approved and disseminated.
- 7.2. Effectiveness will be reviewed using the tools set out in the Trust's Policy and Procedure for the Development and Management of Trust Policies and Procedures (also known as the Policy on Policies).
- 7.3. This document will be reviewed in its entirety every three years or sooner if new legislation, codes of practice or national standards are introduced, or if feedback from employees indicates that the policy is not working effectively.
- 7.4. All changes made to this policy will go through the governance route for development and approval as set out in the Policy on Policies.

Procedure for Moving and Handling

8 Scope

The purpose of this document is to provide staff with clear guidance as to the procedure to be followed when carrying out moving and handling tasks, whether involving an inanimate load or a patient, performed using human effort.

The MHOR 1992 (as amended 2002) requires all staff to avoid hazardous manual handling tasks where it is safe for them to do so. If it cannot be avoided, then a risk assessment must be carried out to reduce the risk to the lowest level reasonably practicable.

The risk assessments carried out will use the TILE system which assesses the:

- **T**ask,
- **I**ndividual capability of the staff,
- **L**oad to be moved,
- **E**nvironment in which the handling is taking place and any pressures the staff are under at the time.

Staff will be required to undertake a dynamic risk assessment to consider the changing situations present in their duties.

This procedure recognises the emergency services' well-intentioned improvisation to rescue and recover a casualty in emergency situations. The Trust accepts that in certain emergency situations, this could place employees at higher risk than would normally be accepted, but this risk has to be balanced against the safety of those in danger and the need to give them care.

The Trust also acknowledges its responsibility to monitor the implementation and progress of this procedure and to review it accordingly.

9 Procedure

Written Individual capability Manual Handling Risk Assessments must be completed for all staff with a known physical limitation or injury that have moving and handling as part of their duties. This includes the following groups of staff:

- Frontline operational staff
- Fleet personnel
- Stores personnel
- Clinical education personnel
- Learning and development personnel
- Students
- IM&T personnel and contractors
- Office staff where applicable

- Contractors including Make Ready Centre staff and Private Ambulance Providers
- Volunteers

A Dynamic risk assessment will be required for all manual handling activity. This is an additional control that staff can use to minimise the risk of injury when carrying out a manual handling task which is new to them. The factors considered in these assessments come under the acronym TILE which is taught to all staff:

- **Task** – e.g., holding loads away from the trunk, twisting, stooping.
- **Individual capability of the handler** – e.g., back pain, pregnant.
- **Load** - e.g., weight and shape of patient or load.
- **Environment** – e.g., space available, stairs, weather conditions.

Staff make an assessment on the safe way to carry out the handling task based on the principles of safe handling. See Appendix A for examples of TILE assessments.

Team once trained are demonstrating the correct techniques and are using the appropriate equipment as required for their role. Leaders or line managers should monitor to ensure their staff.

The Trust provides manual handling training on induction and annually through key skills training. Any further training requirement will be identified through accident/near miss investigation.

For staff with a known physical limitation or injury, a review of the individual capability manual handling risk assessment will be undertaken during the appraisal process unless an accident or near miss occurs in the meantime.

Operational staff should ensure that they are aware of the manual handling equipment on their vehicles. Daily visual checks should be undertaken before each use of the equipment, identifying any faults or defects, and removing them from use. If items are faulty, they should be removed, labelled and a Datix report completed using a DIF1.

Replacement items should be collected from make ready, ambulance station or supplies department. Any items not available should be reported to their team leader or manager.

It is the responsibility of line managers to identify staff within their teams with physical/medical limitations or injury and to ensure that regular welfare discussions take place to mitigate any potential risks.

Staff should always ask for advice and guidance if they are asked or required to undertake a task which they believe would put them or others at significant risk of

injury. This could be their line manager or Health and Safety manager; or in the case of operational staff, the duty manager via EOC.

If a staff member or patient is injured or there is a near miss, staff must complete an IWR-1 form which is available on the Trust's intranet. The report will be investigated by their line manager, actioned as appropriate and it is the responsibility of the line manager to give feedback to the staff member.

10 Responsibilities

This procedure is aligned to the moving and handling policy which identifies the lines of accountability.

The **Operational Unit Managers (OUMs)** are accountable for ensuring all staff remain safe at work where practicably possible.

Key performance indicators for manual handling are:

- Number of days lost due to manual handling injuries
- Number of no and low harm incidents or near misses reported as an indicator of a good reporting culture to prevent future harm.
- Percentage reduction in manual handling injuries

OUMs, Operations managers (OMs), OTLs / Managers are responsible for:

- Ensuring that all staff are aware of this policy and understand their role in reducing risks.
- Ensuring the appropriate procedures and equipment guidelines are available in the workplace, either in paper form or on-line.
- Ensuring that all significant non-patient manual handling risks within their specific area of management accountability are identified on the premises risk assessment and implement any action plan coming from them. This may include routine, infrequent or emergency tasks.
- If they are unable to resolve the risk or it may have wider implications across the service, they should contact the health and safety manager.
- These risk assessments must be kept up to date to reflect changes in practice and equipment, notifying any unresolved risks to the health and safety manager.

Requesting the Health and Safety manager to assist with a risk assessment for the purchase any new equipment which may have a significant handling issue. Ensuring that before new equipment is considered the manual handling protocols and hierarchy i.e., avoidance, mechanisation is explored, and risk assessed to ensure it is fit for purpose.

Ensuring that where the capability of a member of staff to carry out handling operations may be a concern (e.g., pregnancy or period of sickness absence following a back injury or pre-existing medical condition) a referral is made to the occupational health provider for assessment.

Make available fast track referral via the wellbeing hub, for any staff sustaining a muscular-skeletal injury at work, or where an injury is affecting their ability to work. Staff receive full training for any new manual handling process or activity to ensure the safety of staff and others.

Ensuring that staff report any accidents, incidents, near misses or ill-health due to work on the web-based incident report form (DIF1). This generates notification to their line manager/team leader who must then either investigate the incident themselves or nominate another person to do this within the identified time frame. Line managers are responsible for ensuring appropriate feedback and support is given to staff.

Ensuring staff are aware where and how to access further guidance for example from Health & Safety, Clinical Education or out of hours' support. Reviewing the use and scope of a dynamic risk assessment as part of an accident investigation following an accident, near miss or reported ill-health due to work, of one of their staff, to ensure the correct procedure was followed.

Specifically, Operational Team Leaders (OTL) are responsible for:

- Ensuring that all operational staff have understood the manual handling risk assessments for the tasks they undertake and understand the measures in place to reduce the risks.
- Ensuring that all their staff are aware of the policies and procedures for handling bariatric patients and those with complex needs. They must also ensure that bariatric vehicles are requested as necessary.
- Ensuring staff have access to both equipment and generic patient handling activity risk assessments so they know the risks and control measures for the handling tasks they undertake.
- Ensuring that where manual handling injuries sustained by their staff at work result in over 7-day absences, reporting to RIDDOR is activated on the DIF-1 form within the 15-day deadline.
- Ensuring that manual handling equipment is available on each vehicle. Ensure the vehicle equipment lists are completed each shift, if possible, with staff accessing any missing equipment or reporting if not available.

Employees are responsible for:

- Understanding and carrying out their responsibilities under this policy and procedure and having an awareness of the responsibilities of others.

- Taking reasonable care of their own health and safety and of others who may be affected by their acts or omissions. Doing this by assessing risks when undertaking manual handling tasks, and not putting themselves or others at risk. If they believe there is a risk of injury, to report this to their line manager or via EOC asking for extra help and advice before attempting the task.
- Attending training to understand the principles of safe handling, best practice techniques and how to use handling equipment and then put these into practice.
- Following their statutory duty by using manual handling equipment provided for their safety and that of others.
- Reporting to their manager all incidents, near misses and manual handling injuries to themselves or to a patient, including exacerbations of existing conditions, and completing an DIF-1 incident form.
- Reporting, in confidence, to their line manager any personal conditions that may adversely affect their ability to perform manual handling tasks, so that they may be referred to the occupational health provider for assessment.
- The Health & Safety Manager is responsible for supporting staff with advice and guidance on manual handling activities and risk assessments are suitable and sufficient. They are also responsible for auditing processes, procedures, and activities to ensure continuing improvement and they should regularly review the policy.
- Minutes of the Local Health & Safety Groups are on the agenda of the Health and Safety Committee. Any action points which need approval will be discussed and a decision made, with action points assigned to the appropriate directorate to take forward. Monitoring of action points stay on the agenda until completed. Risk assessments will then be placed on the intranet and relevant managers notified, to bring to the attention of their staff.
- Giving advice to staff in relation to manual handling policies, procedures, and risk assessments. If issues are raised which have wider implications for the service these will be discussed with relevant managers and safety groups.
- Reporting any manual handling injuries which come under the scope of RIDDOR to the Health and Safety Executive (HSE).
- Collecting data on accidents and ill-health related to manual handling and identifying trends.

Occupational Health Provider is responsible for:

- Undertaking pre-employment medical assessments of staff to ensure they can carry out their job description safely. Further assessment may be carried out at the request of the manager or individual.
- Giving advice on health matters to staff and managers including individual rehabilitation programmes following periods of ill-health.
- Providing trends analysis on the nature and causation of illness and injury associated with manual handling.

Fleet Operations Department are responsible for completing their own written staff individual capability manual handling risk assessments where required.

Clinical Education is responsible for:

- Designing suitable and sufficient training programmes for both patient handling and equipment handling for all operational staff. This includes teaching operational team leaders the skills to be able to deliver manual handling training and how to complete dynamic on-the-job risk assessments.
- Providing a training ratio of 1 trainer to 8 students
- Auditing the quality of delivery and learning outcomes
- Seeking assurance from partner HEI's that suitable and sufficient manual handling training is incorporated into an undergraduate programme
- Teaching manual handling skills and techniques using the manual handling activity risk assessments ensuring that new operational staff are capable of carrying out the manual handling tasks which are inherent to the job.
- Ensuring that manual handling training is facilitated by tutors who have adequate knowledge and skills to teach this subject, i.e., have a recognised national qualification in manual handling or have completed Cascade train the trainer from a tutor with recognised national qualification in manual handling.
- Providing update training through key skills for all operational staff on an annual basis ensuring training records are auditable and held on a central training database.

Emergency Operation Centre Control are responsible for:

- Ensuring that if staff after carrying out a dynamic risk assessment, ask for back up, that this request is granted, wherever possible.
- Ensuring the despatch of the Bariatric vehicle and associated equipment where appropriate and in line with the Bariatric policy and procedure.

11 Competence

The Trust recognises the specific skills required to deliver education, training, and instruction, especially within the manual handling field. The clinical education team will ensure a robust training programme is in place; such training will be delivered only by persons who hold the necessary national recognised qualification in manual handling.

Annual Manual handling training is mandatory for all staff within the Trust. The degree of training will depend on their role within the Trust, and on the degree of risk they may face. Operational staff who need to handle patients will receive an initial one-day equivalent practical based course followed by assessments, then regular refresher training updates on statutory and mandatory training.

12 Monitoring and Compliance

The Executive Director of Quality and Nursing and the Health and Safety Committee will monitor this policy is adhered to and fit for purpose.

13 Audit and Review

This procedure will be audited by the Health and Safety Committee at regular intervals, and initially six months after this procedure is approved and disseminated.

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All changes made to this procedure will go through the governance route for development and approval as set out in the Policy on Policies.

14 References

- Health and Safety at Work Act 1974
- Health and Safety Commission (1999) Management of Health and Safety at Work Regulations
- Health and Safety Executive (1992) Manual Handling Operations Regulations (Revised 2002)
- Health and Safety Executive (1998) Lifting Operations and Lifting Equipment Regulations