



Rotherham

Clinical Commissioning Group

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Distribution:	All staff and GP members of the CCG.
Compliance:	Mandatory for all permanent and temporary employees of Rotherham CCG.
Equality and Diversity Statement:	In applying this policy, the Organisation will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010); age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation, in addition to offending background, trade union membership, or any other personal characteristic.

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1 Introduction

NHS Rotherham Clinical Commissioning Group (CCG) thereafter known as NHS Rotherham CCG acknowledges a duty of care to the health, safety and welfare of staff and acknowledges that preventing harm to staff is an important health and safety issue.

The Manual Handling Operations Regulations 1992 (amended 2002) are based upon established principles of good occupational health and safety practices and apply to a wide range of manual activities including lifting, lowering, pushing, pulling or carrying; the load may be either inanimate, such as a box or a trolley, or animate, such as a person or an animal.

In line with these regulations, employers are required to make an assessment of the risks to health, which arise from the manual handling of loads, in the circumstances of their own particular workplace. Where risks are identified as a result of such an assessment, employers must establish what measures are necessary to eliminate or adequately control the risk of injury due to manual handling and what further precautions may need to be taken.

Manual handling is defined by the Health and Safety Executive as any:

“Transporting or supporting of a load (including the lifting, putting down, pushing, pulling, carrying or moving thereof) by hand or bodily force”.

2 Document definitions

Manual handling:	Any transporting or supporting of a load by one or more workers, including lifting, putting down, pushing, pulling, carrying or moving a load.
Load:	Equipment or plant, or somebody, which needs to be supported, carried or moved.
Ergonomics:	The means by which the working environment and working practices are altered to more suitably match the individual, thus reducing risk of injury.
Injury:	Any harm to the person.
Inanimate object:	An object that cannot move on its own i.e. nonperson.
Hazard:	Something with the potential to cause harm.
Risk:	The likelihood of a hazard causing harm.
Reasonably practicable:	Weighing up the level of risk to employees against the cost of reducing it in terms of resources, staff, time and effort.

3 Risk assessment

Health & Safety Executive (HSE) guidance on the manual handling regulations details a clear hierarchy of measures to be used when managing manual handling tasks. Firstly hazardous manual handling operations should be avoided where

possible. Where this is not possible, risks should be assessed, taking into consideration the following factors:

Task (What does it entail?)

- holding loads away from the body?
- twisting, stooping or reaching upwards?
- large vertical movement?
- long carrying distances?
- strenuous pushing or pulling?
- repetitive handling?
- insufficient rest or recovery time?
- a work rate imposed by a process?

Individual (Person carrying out the task)

- require unusual capability, e.g. above average strength or agility?
- endanger those with a health problem or learning/physical disability?
- endanger pregnant women or young persons?
- call for special information or training

Load (What you are moving?)

Is the load:

- heavy or bulky?
- difficult to grasp?
- unstable or likely to move unpredictably (Like patients)
- harmful, e.g. sharp or hot?
- awkwardly stacked?
- too large for the handler?

Environment (What the surrounding area is like you are about to travel through?)

- restrictions on posture?
- bumpy, obstructed or slippery floors?
- variations in floor levels?
- hot/cold/humid conditions?
- gusts of wind or other strong air movements?
- poor lighting conditions?
- restrictions on movements from clothes or
- personal protective equipment (PPE)?

Appropriate measures should be taken to eliminate or reduce the risk as far as is reasonably practicable.

There is a statutory requirement on all employers to assess the health and safety risks to their employees and others (public, visitors, and contractors) that may be affected by their work. Manual handling risk assessments will be carried out in accordance with NHS Rotherham CCG's risk assessment procedure as appropriate to the task; an action plan will be developed in accordance with manual handling procedures.

Manual handling risk assessments shall be undertaken for:

- all areas within NHS Rotherham CCG where potential manual handling hazards have been identified
- all manual handling incidents which resulted in a RIDDOR report
- all manual handling incidents which did not result in a RIDDOR report.

Risk assessments will be reviewed in the following circumstances:

- routinely every 12 months'
- where there are significant changes i.e. to equipment/staffing
- where a manual handling incident has occurred
- when there has been a change in legislation which would have an impact on the manual handling risk assessment process.

4 Principles of Handling

These principles should be applied to any handling situation whether a person, object or animal.

STOP/AVOID

- lifting whenever possible
- stooping
- twisting and stooping when supporting, lifting or carrying a load
- a prolonged hold (or lift)
- wearing restrictive clothing and unsafe footwear
- lifting loads above chest height.

CAUTION – THINK FIRST

Assess the load:

shape, size, weight, potentially damaging, hot, cold, patient capabilities, patient cooperation, comprehension, attachments, clothing, pain, pressure sores, wounds, muscular spasm/rigidity, paralysis/weakness, continence problems, sight/hearing impairment.

Assess the environment:

space, hazards, floors, temperature, ventilation and lighting

Assess own capability:

will assistance or equipment be required?

Make a decision:

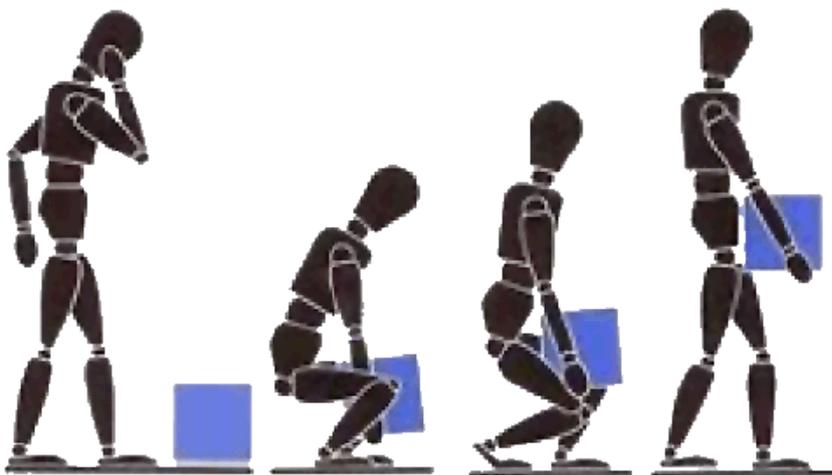
what is the safest method of moving the load/patient?

Prepare the environment:	remove hazards, create adequate space
Get Close:	hold the load as close to the body as possible
Bend the knees:	use strong thigh and buttock muscles
Maintain a wide base for stability:	preferably with one foot in front of the other
Take a firm hold:	use all of the hand to support the load if possible
Keep the spine in its natural line:	in its natural erect posture
Appropriate clothing:	none restrictive but not loose
Wear sensible footwear:	full flat shoe with a good grip sole which should ensure plenty of support to the whole foot.

5 Good handling technique 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.



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 person should be prepared to move their feet during the lift to maintain their stability.



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).

Get a good hold

- Where possible the load should be hugged as close as possible to the body. This may be better than gripping it tightly with hands only.



Keep the load close to the waist

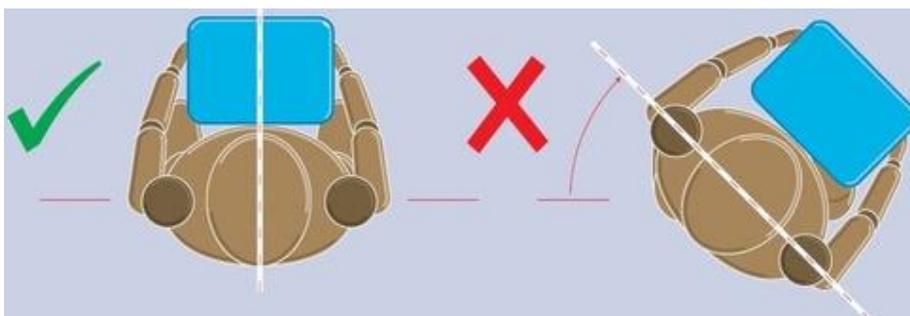
- Keep the load close to the body for as long as possible while lifting. Keep the heaviest side of the load next to the body. If a close approach to the load is not **possible, try to slide it towards the body before attempting to lift it.**

Don't flex the back any further while lifting

- This can happen if the legs begin to straighten before starting to raise the load.

Avoid twisting the back or leaning sideways

- Especially while the back is bent. Shoulders should be kept level and facing in the same direction as the hips. Turning by moving the feet is better than twisting and lifting at the same time.



Keep the head up when handling

- Look ahead, not down at the load, once it has been held securely.



Move smoothly

- The load should not be jerked or snatched as this can make it harder to keep control and can increase the risk of injury.

Don't lift or handle more than can be easily managed

- There is a difference between what people can lift and what they can safely lift. If in doubt, seek advice or get help.

Put down, and then adjust

- If precise positioning of the load is necessary, put it down first, and then slide it into the desired position.

6 Training

All staff employed by NHS Rotherham CCG is required to undertake statutory and therefore mandatory manual handling (object) training within the below cycle:

- on joining the CCG
- update every three years.

Staff will be informed of mandatory training via the intranet and staff bulletin. Training will be via e-learning and classroom based practical manual handling training.

7 Role of Occupational Health

Occupational health has a number of roles in relation to moving and handling these are:

- to confirm the fitness of new employees and those returning to work following injury/sickness to undertake manual handling tasks identified by their job description by undertaking pre-employment assessments.
- to assess and manage the care of staff who are referred to the occupational health department following a manual handling accident.
- to provide a programme of management for staff presenting with musculoskeletal problems. Review their work situation, and offer advice, before return to work.
- to advise managers who identify a need for further moving and handling training for a particular staff member or have any concerns about a member of staff's ability to carry out safe moving and handling.

8 Equality and Diversity

NHS Rotherham CCGs aim is to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

Whilst there is no requirement for an Equality Impact Assessment for this procedure, NHS Rotherham CCG will monitor any themes and trends and address any trends linked to a particular building, staff group or people with an Equality Act “protected characteristic” (age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation).

9 References

The following is a list of statutory and guidance documentation applicable to manual handling.

Whilst every effort has been made to cover every aspect of documentation, inevitably legislation and guidance will, from time to time, undergo revision.

- The Health and Safety at Work etc Act 1974
- The Manual Handling Operations Regulations 1992
- Workplace (Health, Safety and Welfare) Regulations 1999
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
- Equalities Act 2010

Manual Handling of Loads: Risk Assessment checklist

Section A

<p>Job description:</p> <p>Factors beyond the limits of the guidelines?</p>	<p>Is an assessment needed? (i.e., is there a potential risk for injury) Yes / No</p>
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If 'Yes' continue. If 'No' the assessment needs to go further.

<p>Operations covered by this assessment (detailed description):</p> <p>Locations:</p> <p>Personnel involved:</p> <p>Date of assessment:</p>	<p>Diagrams (other information):</p>
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Section B – See below for detailed analysis

Overall assessment of the risk of injury? Low / Med / High*
Remedial action to be taken:

<p>Remedial steps that should be taken, in order of priority:</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p>	
<p>Date by which action should be taken:</p>	
<p>Date for re-assessment:</p>	
<p>Assessor's name:</p>	<p>Signature:</p>

Section B

If yes, tick appropriate level or risk

More detailed assessment where necessary	L	M	H	Problems occurring from the task (make rough notes in this column in preparation for the possible remedial action to be taken)	Possible remedial action (possible changes to be made to system/task, load, workplace / space, environment. Communication that is needed)
The tasks – do they involve: Holding loads away from trunk? Twisting? Stooping? Reaching upwards? Large vertical movement? Long carrying distances? Strenuous pushing or pulling? Unpredictable movement of loads? Repetitive handling? Insufficient rest or recovery? A work rate imposed on a process?					
The loads – are they? Heavy? Bulky/unwieldy? Difficult to grasp? Unstable/unpredictable? Intrinsically harmful (e.g., sharp/hot)?					

<p>The working environment – are there:</p> <p>Constraints on posture? Poor floors? Variations in levels? Hot/cold/humid conditions? Strong air movements? Poor lighting conditions?</p>					
<p>Individual capability – does the job:</p> <p>Require unusual capability? Hazard those with a health problem? Hazard those who are pregnant? Call for special information/training?</p>					

<p>Other factors:</p> <p>Is movement or posture hindered by clothing or personal protective equipment?</p>		
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