



Acacium Group

Manual Handling Policy

Policy Reference | CLIN 18

Version | V4.0

Policy Name	Manual Handling Policy
Purpose of Document	To inform all Acacium Group workers of their responsibilities and the standards required in regard to manual handling, ensuring compliance with national and Acacium Group policy.
Target Audience	All Acacium Group workers
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Author	Karen Matthews-Shard
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Risk and Resource Implications	Risks: • injury to Acacium Group workers • injury to clients • hazards exist related to manual handling involving clients and inanimate loads. Resource: Training
Associated Strategies and SOPs	CLIN 01 Clinical Risk Management Policy CLIN 07 Infection Prevention Policy CLIN 14 Health Records Management Policy CLIN 19 Resuscitation (Adults and Children) Policy CLIN 26 Clinical Governance Policy CORP 03 Whistleblowing for Internal Employees Policy CORP 04 Whistleblowing for Associate Workers and External Parties Policy CORP 07 Equality, Diversity and Human Rights Policy CORP 10 Policy on Policies Policy ORG 03 Health and Safety Policy ORG 04 Incident Reporting Policy ORG 06 Communication Policy
Equality Impact Assessment (EIA) Form	Acacium Group is committed to Equality, Diversity and Inclusion and in line with our values, we strive to ensure that everyone that is part of the Acacium community is not disadvantaged or discriminated against given their individual need or characteristics. To support this, an Equality Impact Assessment has been undertaken on this policy/procedure. This information is held centrally and can be requested from the Clinical Governance Team.

About Acacium Group	Details of all Acacium Group trading companies that this policy applies to are detailed within Appendix A
Legislation	Legislation and Guidance pertinent to this policy can be found within Appendix B

Document History			
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V4	Jan 2024	Rebrand	Clinical Advisory Group
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1. Introduction

- 1.1 Acacium Group recognises that hazards may exist relating to manual handling involving clients and inanimate loads. As such, Acacium Group is committed to reducing, as far as is reasonably practicable, the risk of injury from any manual handling tasks or operations to workers, clients and their families.
- 1.2 Acacium Group provides its workers with a safe place of work, safe equipment, safe systems of work, safe substances and competent fellow workers along with adequate information, instruction, access to voluntary training and supervision.
- 1.3 All Acacium Group workers take reasonable care of their own health and safety and that of others who may be affected by their acts or omissions.

2. Definitions

Topic	Definition
Manual handling	The legal definition of this, in terms of the Manual Handling Operations Regulations 1992, as amended in 2002 (MHOR), is 'any transporting or supporting of a load (including the lifting, putting down, pushing, pulling, carrying or moving thereof) by hand or by bodily force'.
Load	Includes any client, who requires physical assistance with movement or any piece of equipment or object that is moved.
Reasonably practicable	The level of risk is balanced against any potential resource input that is required to remove or reduce the risk.
Risk assessment	This may be generic, completed for an area or department, or individually completed as an assessment of any manual handling risks in providing care or rehabilitation for a client. See the Acacium Group Risk Management Strategy and the Risk Assessment SOP.
Ergonomics	Designing the task, workplace and equipment to fit the individual with a view to reducing the risk of strain and injury.
Lifting Operations and Lifting Equipment Regulations 1998 (LOLER)	These Regulations (often abbreviated to LOLER) place duties on people and companies who own, operate or have control over lifting equipment . This includes all businesses and organisations whose employees use lifting equipment, whether owned by them or not

3. Scope of Policy

- 3.1 While Acacium Group acknowledges that manual handling is the responsibility of all individual workers there is also organisational responsibility and accountability. Table 2 sets out the organisational accountability and the structures in place to effectively manage manual handling. The general roles and responsibilities of the organisation, as a whole, are set out in the policy document CORP10 Policy on Policies for drafting, approval and review of policies, and SOPs. The key responsibilities that relate to manual handling are set out in Roles & Responsibilities.

4. Roles & Responsibilities

Role	Responsibility
Global Clinical Director/Group Chief Nurses	Responsible for ensuring that all policies, standard operating procedures (SOPs), protocols, training, and competencies, are in place to support workers or care in the safe delivery of safe and effective care provision.
Clinical Governance Committee	Monitor trends in manual handling incidents and highlights issues in relation to incidents that require escalation to the Acacium Group Board to: • Ensure that lessons learnt are disseminated and implemented throughout Acacium Group • monitor compliance with the Manual Handling Policy.
Occupational Health Advisor	Assesses and advises those individual workers who have been referred by their Line Manager/appropriate other to Occupational Health. This could arise because of a Manager's concerns about fitness for work or at the start of the process of rehabilitation for a worker returning to work after illness or injury. The use of occupational health mailbox, self-assessments, personal requests and management referrals, should follow the OH SOP.
On Call Manager	Makes decisions about the seriousness of a manual handling incident and whether immediate escalation to the Clinical Director and/or the Chief Executive is required.
Line Managers / appropriate others	Ensure that: • moving and handling activities which involve significant risk of injury or tasks that are of a repetitive, prolonged nature, which, when performed regularly, could lead to injury, are avoided • where moving and handling activities cannot be avoided, appropriate risk assessments by competent persons must be initiated, with a view to introducing remedial measures, and / or reduction of the moving and handling task • risk assessments, in respect of young persons, are made in accordance with Management of Health and Safety at Work Regulations 1999 • it is the responsibility of the line manager to ensure risk assessments are monitored and to ensure that remedial action has been taken to reduce risks, that they remain valid and are updated regularly including where service history is incomplete • prior to using moving and handling equipment, all workers must have been instructed in its use and be competent in its safe operation • a referral to occupational health is made if any worker is injured as a result of a manual handling incident. Line managers/appropriate others should liaise with the worker and clinical governance/OH mailbox to ensure that personnel are supported through their recovery period • their workers report manual handling incidents, which should also be reported on Datix

	• their workers access training, supervision, and support, relevant to their roles and responsibilities.
Individual workers	Must: • Take reasonable care for his / her own health and safety. This includes the health and safety of others who may be affected by their activities • Make use of the equipment provided and for which they have been trained to use safely, in line with the manufacturer's instructions • Report any damaged / defective moving and handling equipment as soon as possible, so that replacement equipment can be provided and / or repairs made if reasonably practicable • Report any concerns regarding inappropriate moving and handling techniques to their Line Manager / appropriate other if they feel any action is compromising their own or another's safety. See the Acacium Group Whistleblowing Policy • Inform their Line Manager/appropriate other of any physical/medical condition, permanent or temporary, including pregnancy, which may affect their ability to safely handle a load or client • Report manual handling incidents, in accordance with this Policy and the Incidents Reporting Policy as soon as they occur, or as soon as they become aware • Report to the Line Manager / appropriate other if absent from work for more than three days as a result of an incident to ensure it is reported as a RIDDOR incident • Take part in training, including attending updates so that they maintain their skills • Inform the manual handling trainer(s) of any physical / medical condition, either temporary or permanent, including pregnancy, which may prevent full participation in a manual handling training session. Full participation may include being able to replicate the moving of a light load / box. If the worker is not able to participate in any practical element of the training due to either, health issues or unwillingness, the candidate will fail the face to face session. this will be recorded on the attendance sheet against the attendee's name, Training LMS and the relevant division will be informed. It will be assumed that they have learnt the principles of safe handling through attendance to this session. Wear appropriate clothing for the job / role i.e. shoes and clothing that do not restrict or constrain movement, or posture, when moving and handling. The dress code should to be adhered to in accordance with the Acacium Group Uniform Policy/Dress code • Maintain a high level of record keeping practice at all times. See the Health Records Management Policy. • Follow the Manual Handling policies/procedures/risk assessments/reporting procedures of the client e.g. Trust, Nursing Home

Clinical Advisory Group (CAG)	Review policies associated documents and training content for the Group. To support high clinical standards and quality improvement agendas in line with the Groups vision, strategic aims.
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5. Manual Handling Best Practice

5.1 Manual handling

5.1.1 Best practice encompasses routine risk assessment, preventing the likelihood of recurrence of manual handling incidents, avoiding manual handling where possible, protecting the health and safety of client's, their families and Acacium Group workers.

5.2 Assessment of risk - general points

5.2.1 Assessment of risk and planning are integral to manual handling and Acacium Group workers are expected to contribute to these processes. See Risk Management Policy.

5.2.2 Assessments must be documented using the Acacium Group format and must be undertaken in relation to a client requiring movement, a load or be based on the person(s) who need to undertake the manual handling activity, or a combination of all factors.

5.2.3 Where significant risks are identified an action plan should be developed and actions taken to reduce the likelihood of the incident occurring or recurring if it has happened before. The aim should be to reduce the likelihood to the lowest category that is reasonably practicable.

5.2.4 Risks that are significant to Acacium Group and client's or those that may be difficult to manage should be entered on the Acacium Group risk register so that there is corporate awareness and monitoring. See Acacium Group Risk Management policy for further details and for risk assessment templates.

5.3 Risk assessments of individual clients

5.3.1 Risk assessments of clients should be undertaken within a locally agreed time frame and again when circumstances change. All risk assessments must be documented in the care records. All healthcare professionals assessments and recommendations should be taken into consideration when creating a clients individual care plan.

5.3.2 Clinical and professional judgement must be used, and the following rules apply:

- Where able, clients should be encouraged to move independently with guidance from Acacium Group workers as required
- Operations involving the manual lifting of client, where reasonably practicable, will be reduced by:
 - Encouraging client, where able, to move independently
 - Client being assessed for, and provided with, aids to mobility and taught correct use of the equipment
 - Teaching appropriate handling techniques to Acacium Group workers involved in clinical contact with clients
 - Ensuring that risk assessments are carried out and reviewed regularly or when there is a change in the client's level of mobility or underlying health condition
 - Making suitable equipment available to the workers, ensuring they are trained in correct checks and use of equipment in line with Acacium Group Health and Safety Policy 'Medical Devices' section.

5.4 Specific manual handling requirements

5.4.1 Specific handling requirements following the assessment must be included in the client's care plan and should be easily accessible, clearly detailed and easy to understand for all workers involved in the moving and handling of the client and any of their equipment.

5.5 Monitoring risk assessments

5.5.1 Risk assessments should be monitored regularly for effectiveness and should be reviewed when there are changes in the client's clinical condition and functional abilities. Appendix D is an example of a risk assessment used.

5.6 Avoiding lifting

5.6.1 First, check whether it is essential to move the load. For instance, is there another way of making the client comfortable, or does the load need moving? Consider and use any available handling aids at all times.

5.6.2 Information will be provided to client and relatives informing them that Acacium Group workers will avoid carrying out any hazardous lifting activities and that handling aids and equipment may be used as part of their care.

5.6.3 All Acacium Group workers involved in the manual handling of clients should be aware of safer handling techniques and the principles of avoiding hazardous manual handling operations.

5.7 The evacuation of clients in an emergency

5.7.1 The evacuation of client as a result of life-threatening circumstances constitutes an emergency. During these situations, Acacium Group workers must use their own professional judgement and observe the safe principles of manual handling when considering how to move the client, as far as is reasonably practicable.

5.8 Inappropriate or unsafe techniques

5.8.1 Acacium Group workers carrying out inappropriate or unsafe techniques and exposing themselves and others to risk of injury, will be referred for further training and may be subject to disciplinary action in line with the Acacium Group Disciplinary Policy. Clinical and professional judgement must be used along with standard working procedures and professional guidelines to determine what is an inappropriate technique.

5.9 Expectant and new mothers

5.9.1 All Acacium Group workers who are expectant or new mothers must have an assessment of the risks to their health and safety when manual handling or moving loads. These workers must be clear about their limitations and only take on roles that they feel fit enough to manage. They are obliged to inform their Line Manager/appropriate other and the Occupational Health Service, so that appropriate assessment of risk can be made and any changes to working practice implemented. Please see Appendix D: The risk assessment template for expectant and new mothers, which is to be completed in all cases, on a regular basis, as defined by the needs of the workers. Assessments must be sent to Healthier Business as per OH policies/SOP and the OH mailbox for clinical governance to save to the appropriate files.

6. Principles of Good Manual Handling

6.1 Where factors to minimise risk are within the worker's control, they must take all the necessary steps to ensure their safety and that of those around them. Figure 1 sets out advice that every worker should consider when planning manual handling.

The principles of good manual handling

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Think and plan before moving and handling:

- Read the clients care plan to ensure that you are aware of what is required.
- Assess the situation and plan the move. Use handling aids where possible
- Do not put yourself at risk. If unsure about your ability or correct procedure get help.
- Wear appropriate clothing and footwear. Loose fitting clothes, flat enclosed shoes.
- Remove watches, rings or anything else that might be hazardous to the client.
- Always select the appropriate manoeuvre and handling equipment for the task in hand. Follow established procedures.
- When moving and handling with more than one person, ensure that the appropriate number of staff are available and ensure that one person takes the lead, giving precise instructions i.e. ready, steady, move and not 1-2-3.
- Prepare the handling area. Get equipment ready, remove clutter etc.
- Where appropriate apply the brakes on equipment.
- Make a good stable base with your legs and feet. Feet slightly apart and one leg slightly forward to help maintain balance. If working on a bed, make a stable base with your foot and knee, and hand and arm if appropriate. Be prepared to move your feet during a move to maintain balance and to avoid twisting.
- Keep the person, or object, to be transferred as close to your body as possible. Where necessary, use Personal Protective Equipment. The distance of the load from your spine is an important factor in the overall load on your spine and back muscles. Keep the heaviest side of the load next to you. If a close approach is not possible, try the sliding load towards you before lifting.
- Make sure of a good handgrip. Test your grip and the weight of the load if necessary before attempting the manoeuvre.
- Know your own handling capacity and do not exceed it. There is a difference between what you can lift and what you can manage safely.
- Look ahead and not down at the load once you have grasped and secured it.
- At the start of the lift, slight bending of the back, hips and knees is preferable to fully bending your back or fully bending your knees.
- Don't bend your back any further as you lift. This can happen if you begin to straighten your legs before starting to raise the load.
- Avoid twisting the trunk or leaning sideways, especially while the back is bent. Turn by moving your feet.
- Move smoothly, try not to jerk or snatch at the load as this can make it harder to keep control of the load and can increase the risk of injury.
- Keep yourself physically fit for the jobs that you have to do.

If in doubt, seek guidance from your Line Manager / appropriate other.

6.2 Key messages to remember prior to manual handling are set out in figure 2

Figure 2: Key messages when planning manual handling

Always remember The Manual Handling Operating Regulations (MHOR) 1992 Key Messages as amended by the Health and Safety Regulations 2002.

MHOR'S 1992			Risk Assessment Elements	
A	Avoid		T	Task

A	Assess		I	Individual Capability
R	Reduce		L	Load
R	Review		E	Environnment
			D	Other Factors

T	Think
A	Assess
P	Plan/prepare
E	Execute/evaluate

6.3 Manual handling code of conduct for safe client handling

<https://www.hse.gov.uk/healthservices/moving-handling.htm>

6.3.1 This code of conduct is based on the, 'Guide to the Handling of People' this was updated in March 2022; it is a source of reference for training and for agreed techniques to be used.

6.3.2 Some of the factors, which predispose to back injury, are:

- Moving/handling at arm's length
- Moving/handling with your back twisted or leaning to one side
- Moving/handling from the floor or otherwise awkward position
- Moving/handling with the weight mostly on one arm
- Moving/handling excessive weights related to safe capacity
- Moving/handling with insufficient personnel
- Assisting Clients who are:
 - Uncooperative or 'confused'
 - 'Heavy'/taller than those doing the moving or handling
 - In significant pain
 - Have complex and multiple health problems
 - Have a history of falls or are liable to fall.

6.3.3 Factors to consider before moving or handling a Client:

- Should be encouraged to do as much for themselves as is safely possible
- Must be given sufficient time and encouragement to enable them to co-operate
- Must be individually assessed. The assessment must include:
 - The height and Weight of the client
 - The extent of the client's ability to assist, weight bear and mobilise
 - Any other relevant information i.e. aids used, co-operation, behaviour, communication, pain, disability, spasm, fatigue, history of falls etc.
 - Client choice and preferred method (s) of being assisted where possible and safe to do so.

6.3.4 These guidance notes are provided to reduce the risk of injury to both workers and clients. All Acacium Group workers must comply with them.

6.4 Manual handling plan

6.4.1 Having assessed the client, a manual handling plan must be outlined for the physical management of that client and recorded in the care plan. All workers are expected to read the care plan and risk assessments before they commence the delivery of care. The assessment must be regularly reviewed and updated in response to changes in the environment, condition or ability of the client and the available equipment.

6.4.2 It is permissible to provide assistance in the form of supervision/guidance. However, where the client needs significant physical help, mechanical aids must be considered. The specific responsibility for each handling task lies with the individual worker. It is the individual worker who must decide the safest and most appropriate way to carry out the task based on the care plan and their on the spot assessment. The worker may ask for more help but must not deviate from a written care plan without authority or a review taking place.

6.5 Manual Handling - difficult situations

6.5.1 Where it is required to adopt a bent or stooped posture or where the client is uncooperative, any attempt to take the weight of the client is to be regarded as dangerous, regardless of the weight of the client and is to be avoided. Do not support the weight of a client whilst at the same time carrying out a care procedure i.e. toileting. If the client becomes unsteady you are liable to injure your back. Safer options include the use of mechanical aids or changing the client on their bed.

6.5.2 Avoid confrontation. Clients must be invited to stand, walk etc., and be encouraged to do so if initially unwilling. DO NOT attempt to physically force a Client to stand etc., if they do not wish to do so unless they are in imminent danger if not moved.

6.5.3 Workers will instinctively reach out to save a client who suddenly starts to fall. This can cause significant unexpected loading on the spine. Many back injuries are caused in this way. If properly positioned, carers can allow the client to slide against them and down to the floor in a controlled manner. This will only be appropriate when the worker and client are reasonably matched for size. Often there will be no safe way for the worker to respond and prevention is paramount. If a client is in a chair, and needs to be treated for an emergency, they should be moved from the chair and onto to the floor. This can be achieved by sliding them from the chair and does not require a whole body lift.

6.5.4 Any manual handling task that involves moving a client from the floor, a low bed, or a low chair must be regarded as hazardous and needs careful assessment. Should the client deliberately put themselves onto the floor, the worker should not respond by automatically lifting them. Lifting any client from the floor is a high-risk activity and if the client is uncooperative or resistive the risk of injury to the worker and client is significantly increased. If the client must be moved, the worker must take that decision based upon the urgency of the situation and the resources available. Options for getting client up from floor:

- Assist if the client is able and willing to help
- Use a hoist.

6.5.5 If hoist cannot be used i.e. the client is injured, then make them comfortable and call an emergency ambulance. The ambulance staff will assess the health of the client and move them in the most appropriate way.

6.5.6 Under **NO** circumstances should the worker use:

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- The orthodox lift
- The Australian lift
- The drag lift,
- Any lift that requires the client to put their hands around the neck of the worker.

6.6 Training in the use of manual handling equipment

6.6.1 All workers that use equipment for moving, transferring and lifting client's must be trained in its use, be familiar with the operating instructions and be aware of safety precautions. Do not use if untrained. Clients must not be left unsupervised on transfer and lifting equipment. The appropriate number of workers or operators must be in attendance at all times.

6.7 Approved methods of handling and transferring

6.7.1 Set out in table 4 are the approved methods of handling and transferring clients.

Table 4: Approved methods of handling and transferring Clients

Approved techniques	Precautions	Do not use	Equipment to assist
In bed • slide sheets up/across bed • draw/sheet slide with • slide sheet • hoist • assisted moves.	Check: bed sheet /draw sheet for rips or strength before use. To check service dates are completed within the appropriate time frame and that all equipment is in an acceptable and usable/safe condition	Whole body lifts of adult clients.	Sheet/towel: • slide sheets • trapeze • rope ladder • electric bed.
Transfers Stepping transfers • hoist-sling or stand aid • transfer board • assisted moves.	To check service dates are completed within the appropriate time frame and that all equipment is in an acceptable and usable/safe condition	• drag lift • whole body lift as above • handling belts are not designed for lifting.	• transfer board • chair raise • riser chair • standing hoist • handling belt.
Bath Transfers • bath hoist • overhead/mobile sling hoist • bath trolley • assisted moves.	To check service dates are completed within the appropriate time frame and that all equipment is in an acceptable and usable/safe condition	• drag lift • whole body lift as above.	• transfer board • chair raise • riser chair • standing hoist • handling belt

Off floors	Assist only most able clients.	Manual lift.	Hoists. Hover jacks (air patient lift)
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6.8 Good hoist and sling use

6.8.1 Acacium Group workers must NOT use a hoist unless they have been trained, assessed to use it and deemed competent to do so. Commissioned clients should have been assessed by occupational therapy and or physiotherapy to determine the appropriate moving and handling procedures and ensure familiarity with care plans and client specific care. The worker must also be completely familiar with the manufacturer's operating instructions and these guidelines. Workers must read the handbook for hoist and sling use before first use and must:

- Gain the clients consent where applicable
- Assess the client to ensure that the client can be safely hoisted with the equipment available
- Check the client's weight which must not exceed the safe working load of the hoist and sling
- Make a written record of the style, size and make of the sling to be used. Also record the make and model of the hoist
- Carry out the pre-use safety checks to ensure that the sling and hoist are in sound condition and have an in date service and or maintenance sticker. Any defects noted must be reported immediately for repair and the equipment marked accordingly and taken out of use. Slings must not be used which are frayed or damaged
- Ensure all staff assisting are trained, safe and fit to complete the manoeuvre
- Explain the lift and manoeuvre to the client and any assisting worker
- Prepare the handling area. A great deal of room is needed to safely operate a hoist
- Practice the manoeuvre before lifting the client, to ensure there is sufficient space
- Ensure that the carry-bar is lowered below face level before approaching a seated client with the hoist
- Place the client in the centre of the sling, ensuring that the sling is correctly applied and free of creases
- Fit the sling in accordance with the manufacturer's instructions
- Attach the sling to the hoist correctly in accordance with the manufacturer's instructions
- Ensure that all attachments are secure
- Explain the procedure to the client once again prior to lifting
- Reassure them and maintain their dignity at all times
- Raise the carry-bar a few inches to put some tension in the straps then stop and check attachments for security again
- Raise and transfer the client smoothly and efficiently
- If available, have another worker available to prevent the client from swinging in the hoist
- Not attempt to manoeuvre the hoist by pushing on the mast, boom or client, use the handle provided
- Minimise the amount of time that the client remains suspended in a sling, move short distances only
- Lower the client to the lowest comfortable position during transit
- Ensure that the client is correctly positioned in the new location to prevent further manual handling once the sling is removed
- Remove the sling carefully to avoid damage to the client's skin

- Clients must not be left unsupervised on hoists
- Carry out the lifting operation according to the instructions in the user manual
- Not attempt to push or pull a loaded hoist over a floor obstruction, over which the castors are unable to easily ride
- Not use electric mobile hoists in a shower or charge an electric hoist in a bathroom or other wet environment
- Ensure when raising and lowering, that the castors are left free and that brakes are OFF
- Not park a loaded hoist on any sloping surface
- Ensure that pregnant workers only assist, subject to the individual assessment of their ability to help
- Ensure that if the client has a known infection that the sling is not used for anyone else until laundered
- Ensure that slings, in use, must be laundered if soiled/contaminated
- Ensure that slings are laundered as per manufacturers guidelines
- Ensure that slings are removed at the end of a move. If a sling is to be left in place under a client, they must be assessed that is appropriate to do so. In particular they must be assessed for risks to possible pressure area damage.

NB: The client's weight must always remain within the bounds of the base legs of the hoist and the base width set to the maximum useable width. Care must be taken when manoeuvring the hoist with a client on it, that the worker does not twist their back.

6.8.2 Hoists and slings should be inspected prior to being used to ensure safety and any concerns should be escalated as per clients care plan and they must be inspected by the agreed service contractor every six months (the six month timeframe may differ in a hospital setting as some slings may be single patient use) You need to know that the hoist and sling you intend to use have had their periodic inspection. Where this is not possible this should be risk assessed in the clients care plan.

6.9 Information for client and their families

6.9.1 In order to be transparent about the care provided and any risks to clients, it is important to give information at the start of a care package detailing any risks and how Acacium Group will minimise these. It is important for clients and their families to understand what may not be done in order to promote health and maintain client safety. Clients and their families must be advised that if a client refuses to be moved, when it is in their best interests, and/or declines the use of resources to help with moving them that this may affect the level of care that can be provided and may increase risks to their health and safety. This discussion should be fully documented in the clients care record, along with the agreed outcome. At the start of a care package, this information pack must be given to the client or their family/carer and their attention drawn to the letter about promoting safety and manual handling. See Appendix F for a copy of the letter.

6.10 Safe use of manual handling equipment

6.10.1 Any equipment used to assist with the manual handling of clients must be well maintained. All equipment must be checked regularly for damage and serviced according to manufacturer's requirements. See also the Acacium Group Health and Safety policy. Any damaged equipment must be removed from use immediately and the organisation from which care was commissioned informed and a replacement requested promptly. If this organisation fails to act in a way that minimises risks to the client and/the Acacium Group worker this should be raised through the Line Manager/appropriate other for possible addition on the risk register. Full documentation must be in place.

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7. Training

- 7.1 Acacium Group requires all its workers to be competent in manual handling training to ensure they are competent and have reached an agreed standard of proficiency. This can be evidenced by previous completed training and certification or training can be provided free of charge where necessary. The training will be proportionate and relevant to the roles and responsibilities of each worker/staff member.
- 7.2 Acacium Group workers are also expected to attend training which is specific to the manual handling. The training will be proportionate, and relevant, to the roles and responsibilities of each staff member.
- Take part in annual training, including attending updates so that they maintain their skills and are familiar with procedures
 - Ensure they provide appropriate information and training about the manual handling
 - Training needs have been identified and acted on where required
- 7.3 Acacium Group requires all staff to participate in on the job training in manual handling to ensure they are competent, have reached an agreed standard of proficiency and are certificated as competent if this cannot be evidenced by previous training/competencies. This will form part of the training required to work with a specific client. The training will be proportionate, and relevant, to the roles and responsibilities of each staff member. The delivery of this training is the responsibility of the operational teams. This should be supported by written guidance which will be in the Care Plan.
- 7.4 It is the responsibility of the central training team to organise and publicise educational sessions and keep records of attendance. It is the responsibility of the Line Managers/appropriate others ensure workers attend training.

8. Implementation

- 8.1 The flowchart for the drafting and revision of policies and SOPs sets out the process of consultation, communication and dissemination of a policy and may be found in Appendix E of the Policy for Drafting, Approval and Review of Policies and SOPs
- 8.2 Ratification for the revision or creation of policies and SOPs. See Appendix D of the Policy on Policies and SOPs.
- 8.3 **Dissemination**
- 8.3.1 This policy will be implemented as part of the review of Governance mechanisms and policies in Acacium Group during 2011. The Clinical Director will ensure the dissemination of this policy across the organisation.
- 8.4 **Audit and monitoring**
- 8.4.1 Acacium Group will regularly audit its manual handling to assess compliance with this policy. Processes for monitoring the effectiveness of the policy include:
- Audits of specific areas of practice
 - Evidence of learning across the organisation
 - Incident reporting procedure
 - Appraisal and Personal Development Plan (PDP).
- The audit will:
- Identify areas of operation that are covered by this policy
 - Set and maintain standards by implementing new procedures, including obtaining feedback where the procedures do not match the desired levels of performance,

- Highlight where non-conformance to the procedures is occurring and suggest a tightening of controls and adjustment to related procedures
- The results of audits will be reported to the Governance Committee.

Specific elements for audit and monitoring will be:

- Review of risk assessments
- Review of manual handling reported incidents
- Audit of investigations following any reported incidents, under the RIDDOR regulations, related to manual handling procedures
- Recording of risks on risk register
- Identification of appropriate manual handling tools for given situations
- Uptake of manual handling training.

9. Associated Policies / SOPs

Policies

CLIN 01 Clinical Risk Management Policy
 CLIN 07 Infection Prevention Policy
 CLIN 14 Health Records Management Policy
 CLIN 19 Resuscitation (Adults and Children) Policy
 CLIN 26 Clinical Governance Policy
 CORP 03 Whistleblowing for Internal Employees Policy
 CORP 04 Whistleblowing for Associate Workers and External Parties Policy
 CORP 07 Equality, Diversity and Human Rights Policy
 CORP 10 Policy on Policies Policy
 ORG 03 Health and Safety Policy
 ORG 04 Incident Reporting Policy
 ORG 06 Communication Policy

10. References

- Health and safety at work amendment order 1998 – amended 2006.
- A guide to the Reporting of Injuries, Disease and Dangerous Occurrences Regulations (RIDDOR) guide to regulations (Northern Ireland) 1997.
- Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations (RIDDOR) Health & Safety Executive.1995. updated 2013
- Health & Safety at Work Act HMSO 1974.
- Manual Handling Operations Regulations HMSO 1992.
- Manual handling - Manual Handling Operations Regulations 1992 - Guidance on Regulations - <https://www.hse.gov.uk/pubns/books/l23.htm>
- Manual Handling Operating Regulations (MHOR) Northern Ireland Health and Safety Executive Northern Ireland (HSENI) 1992.
- HSE Getting to grips with manual handling. A short guide HSE 2009. <https://www.hse.gov.uk/pubns/indg143.PDF>
- Guide to the Handling of people 6th Edition. Back care in Collaboration with the RCN and National Back Exchange. 2011 Royal College of Nursing (RCN).
- Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) HMSO 1998
 Provision & Use of Work Equipment Regulations 1998 (PUWER) HMSO 1998.
- Manual Handling Assessments in Hospitals and the Community (An RCN Guide) RCN 2003.
- Provision and Use of Work Equipment Regulations (PUWER), HSENI.1998
<https://www.hse.gov.uk/work-equipment-machinery/puwer.htm>

- A guide to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations HSE 1995
- CQC Essential standards of quality and safety. Last updated 25/08/2022.
- Regulation and Quality Improvement Authority (2003). Northern Ireland.
- Health and Social Care Act 2008. – updated 2012
- Social Care and Social Work Improvement Scotland (SCSWIS) September 2011 (Known as the Care Inspectorate).

Appendix A: About Acacium Group

Acacium Group consists of a number of trading companies, each providing services within core niche areas of the health and social care industries. Therefore, as this document is a Group Policy, the Policy herein applies to all trading companies detailed below:

 Part of Acacium Group	 Part of Acacium Group	 Part of Acacium Group
		 multistaffing one solution
 Part of Acacium Group	 Part of Acacium Group	 Part of Acacium Group
 Part of Acacium Group	 Part of Acacium Group	 Part of Acacium Group
 Part of Acacium Group	 Part of Acacium Group	 Part of Acacium Group
 Part of Acacium Group	 Part of Acacium Group	 Part of Acacium Group

Appendix B: Legislation

- The table below sets out some of the legislation, national policies and guidance which support best practice in manual handling.

Acts / National Policies / Guidance	Explanation
Health and Safety at Work Act 1974 (HASAWA)	All Acacium Group workers have the right to work in places where risks to their health and safety are properly controlled. The Health and Safety at Work Act states the legal obligations for workers and employers, including the undertaking of risk assessments to identify risks and put in place preventative measures.
Health and Safety at Work Act (extended to Northern Ireland in 1978)	As above for Northern Ireland.
Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) (Scotland, England and Wales - Updated 2013)	The RIDDOR Regulations require employers to report certain occupationally acquired injuries and diseases to the Health and Safety Executive (HSE). Incidents including those involving a worker that results in death, major injury, hospital admission for over 24 hours or more than 3 days absence from work. Certain workplace occurrences must also be reported. These Regulations include strict timescales for reporting. Failure to comply is an offence. See Appendix G: RIDDOR reportable incidents.
Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (Northern Ireland) 1997 (RIDDOR)	As above for Northern Ireland.
Manual Handling Operating Regulations 1992 (MHOR)	The Manual Handling Operations Regulations require that organisations, where possible, avoid hazardous manual handling, assess the risk and reduce the risk of injury. The MHOR require workers to make full and proper use of any system at work provided by the employer.
Manual Handling Operating Regulations (Northern Ireland) 1992 (MHOR)	As above for Northern Ireland.
Provision and Use of Work Equipment Regulations 1998 (PUWER)	Guidance stating that all equipment provided and used in the course of employment should be checked prior to its first use and on a regular basis thereafter. The regularity will depend on the device or piece of equipment being used.
Provision and Use of Work Equipment Regulations 1998 (PUWER). HSENI	As above for Northern Ireland.
Lifting Operations and Lifting Equipment Regulations 1998 (LOLER)	Guidance stating that all equipment used for lifting a person whether a hoist and any material sling used or lifts

	in buildings must be checked by an appropriately qualified person/engineer every 6 months.
Lifting Operations and Lifting Equipment Regulations 1998. (LOLER 1998), Lifting Operations and Lifting Equipment Regulations 1998. (LOLER 1998), HSENI.	As above for Northern Ireland.

2. Equality and diversity

Under the Race Relation (Amendment) Act 2000 Acacium Group has a statutory duty to 'set out arrangements to assess and consult on how their policies and functions impact on race equality', in effect to undertake Equality Impact Assessments (EIA) on all policies and SOPs. The Equality Act October 2010 demands a similar process of Equality Impact Assessment in relation to disability. An EAI must be completed by the author of this policy using the checklist provided in Appendix A. See also Acacium Group Equality and Diversity policy.

Appendix C: Example Moving and Handling Risk Assessment and Care Plan for Clients

(If the Client is independently mobile – please state so)

Client name:		Date of birth:	
Address (include postcode):			
GP name, address, telephone number:			
Height:		Weight if known:	
Assessor's name and designation:			
Assessor's signature:		Date and time:	
Handling constraints/risk factors:	YES	NO	COMMENTS
Pain/discomfort			
Paralysis/spasms			
Contractures			
Skin condition, pressure areas			
Comprehension & communication			
Behaviour			
Anxiety/fears			
Neurological deficits			
History of falls			
Environmental restrictions			
Equipment restrictions			
Sensory impairment			
Continence			

Task	No of people	Method & equipment (Specify type of hoist/equipment, sling, size, type of bed, etc) Identify night plan, if appropriate.	Signature, designation, date & time
Handling in bed i.e. sitting, turning, getting in/out.			
Seating. Inc height and type of chair or wheelchair (use of incorporated lap belt).			
Transferring i.e. bed, chair, toilet, commode, wheelchair (include any vehicle transfers, if appropriate)			
Standing/walking Specify indoors/outdoors			
Bathing			
Steps/stairs			

Reassessment date:

Appendix D: Example Risk Assessment for Expectant and New Mothers

Assessment Date: _____

Name: _____

Job Title: _____

Client Name & Location: _____

Hours of work: _____

Expected week of Childbirth: _____

Expected start date of Maternity: _____

Any current Medical Problems: _____

Brief description of main duties:

Present work-related risk	No	Yes	If yes, please explain
Moving and handling heavy weights Is there any time that the expectant mother is expected / required to lift or move anything that is too heavy or awkward?			
Travelling to & from work Please state how the expectant mother travels to & from work			
Shift work Does the expectant mother do shift work?			
Violence Is there any possibility the expectant mother will come in contact with violence?			

Present work-related risk	No	Yes	If yes, please explain
Lone worker Is there any time the expectant mother becomes a lone worker?			
Workstation Is there any potential risks around the expectant mother's workstation – trip hazards etc?			
Lift Is there a lift in the building that the expectant mother can use?			

Stairs Do all stairways within the building that the expectant mother is required to use, have stair rails? Are there any trip hazards?			
Contact numbers Does the office hold all contact numbers in the case of an emergency?			
Advice Does the expectant mother know within the group who to contact for advice?			
Other risks Please add any additional information you believe could be relevant, (with as much detail as possible)			

Hazards perceived by associate (please add as much detail as possible)

Health & Safety Comments by Business Unit (Please add any recommendations and brief reasons behind them)

Associate Signature:	Date :
Acacium Group Business Unit Signature:	Date:

Appendix E: Example Letter re Client Safety and Manual Handling

For your safety:

Acacium Group has adopted a Safer Handling Policy for Clients.

Many established methods of lifting people have been found to be inefficient and painful for Clients and their carers. The "lifts" also carry a high risk of causing injury to you and the person lifting you. Due to this and to provide you with the best level of care, staff will where reasonably practicable avoid physically lifting any Client.

At the onset of your care, a thorough assessment of your ability to move yourself will be undertaken and wherever possible you will be expected to move yourself. This is nothing to be concerned about as you will not be expected to do more than you are capable of, and you will receive full support and advice from our workers.

Following your assessment, if it is found that you have difficulty in moving yourself, or that you cannot move yourself, the workers will use a range of handling and moving equipment, to ensure that you are moved or are able to move safely and comfortably.

There may be times or circumstances that the workers may need to use a hoist to move you, but before any worker do use a hoist or any equipment, the procedure and equipment will be explained fully to you.

In some instances, it may be necessary to take steps to ensure that care can be provided in a safer environment, for example by asking for furniture to be rearranged to allow the carers more working space.

If for any reason a Client does not want equipment to be used, it may be necessary to provide care in a way, which does not put carers at risk. In some cases, this may restrict the Client's ability to get out of bed.

With your co-operation it will be possible to move you with the minimum amount of discomfort, and the minimal risk to you, your family and our staff.

We have introduced this policy as the law states that we must prevent the injury to Clients and our workers by preventing hazardous lifting. We believe that this policy will help to promote and maintain your independence.

Thank You

Appendix F: RIDDOR Reportable Incidents

What must be reported:

- [Deaths and injuries](#)
- [Occupational diseases](#)
- [Dangerous occurrences](#)
- [Gas incidents](#)

Death of a Person

All deaths to workers and non-workers, with the exception of suicides, must be reported if they arise from a work-related accident, including an act of physical violence to a worker.

Specified Injuries to Workers

The accident that caused the death or injury must be connected to the work activity, a report is needed if it provides further evidence. The list of 'specified injuries' in RIDDOR 2013 replaces the previous list of 'major injuries' in RIDDOR 1995. Specified injuries are (regulation 4):

1. Reportable major injuries are:

- Fracture, other than to fingers, thumbs and toes
- Amputation of an arm, hand, finger, thumb, leg, foot or toe
- Loss of sight (permanent) or reduction in sight to one or both eyes
- Any burn (including scalping)
- Serious burns including scalding which:
 - Covers more than 10% of the body
 - Causes significant damage to the eyes, respiratory system or other internal organs
- Any crush injury to the head or torso causing damage to the brain or internal organs
- Any degree of scalping that requires hospital treatment
- Any loss of consciousness caused by head injury or asphyxia
- Any other injury arising from working in an enclosed space which:
 - Leads to hypothermia or heat induced illness
 - Requires resuscitation or admittance to hospital for more than 24 hours.

N.B Hypothermia is NOT a specified risk in the Confined Spaces Regulations

2. Over 3-day incapacitation

Accidents must be recorded, but not reported where they result in a worker being incapacitated for MORE than 3 consecutive days.

3. Over 7 – Seven-day incapacitation of a worker

Accidents must be reported where they result in a worker or self-employed person being away from work, or unable to perform their normal work duties for more than seven consecutive days as a result of their injury. This seven-day period does not include the day of the accident, but does include weekends and rest days. The report must be made within 15 days of the accident.

4. Occupational diseases

Employers and the self-employed must [report diagnoses of certain occupational diseases where these are likely to have been caused or made worse by their work. These diseases include:](#) 

1. Carpel tunnel syndrome
2. Severe cramp of the hand or forearm
3. Occupational dermatitis
4. Hand-arm vibration syndrome
5. Occupational asthma
6. Tendonitis or tenosynovitis of the hand or forearm
7. Any occupational cancer
8. Any disease attributed to an occupational exposure to a biological agent

5. Dangerous occurrences

Dangerous occurrences are certain, specified near-miss events. Not all such events must be reported. There are 27 categories of dangerous occurrences that are relevant to most workplaces, for example:

- Collapse, overturning or failure of load-bearing parts of lifts and lifting equipment
- Plant or equipment coming into contact with overhead power lines

6. Non-fatal accidents to non-workers (e.g. members of the public)

Accidents to members of the public or other who are not at work must be reported if they result in an injury and the person is taken directly from the scene of the accident to hospital for treatment to that injury. Examinations and diagnostic tests do not constitute 'treatment' in such circumstances.

There is no need to report incidents where people are taken to hospital purely as a precaution when no injury is apparent.

7. Gas Incidents

Distributors, fillers, importers and suppliers of flammable gas must report incidents where someone has dies, lost consciousness or been taken to hospital or been taken to hospital for treatment to an injury arising in connection with that gas. Registered Gas Engineers (under the Gas Safe Register), must Provide details of any gas appliances or fittings that they consider to be dangerous to such an extent that people could die, lose consciousness or require hospital treatment. The danger could be due to the design, construction, installation, modification or servicing of that appliance or fitting, which could cause:

- An accidental leakage of gas
- Incomplete combustion of gas
- Inadequate removal of products of the combustion of gas

Unsafe gas appliances and fittings should be reported.