

MANUAL HANDLING GUIDELINES

1. GENERAL STATEMENT

Under Section 2 of the Health and Safety at Work Act 1974 every employer has a duty to provide a safe place of work, a safe environment and safe systems of work, so far as is reasonably practicable. This duty includes the need to minimize risk arising from manual handling tasks.

Under the Manual Handling Operations Regulations 1992/1998 manual handling is interpreted as the transporting or supporting of any load, which includes a person and requires the employer to avoid the need for hazardous manual handling activities, so far as is reasonably practicable. Where it is not possible to eliminate hazardous manual handling, an assessment must be undertaken to determine the level of risk. Suitable controls must then be introduced to reduce the risk of injury to the lowest possible level. This may be achieved by the use of mechanical aids or by redesigning the system of work or even the environment itself.

Statistics show that manual handling is one of the most common causes of absence through injury at work. These injuries may often have long-term effects. These guidelines are intended to reduce the risk of manual handling injuries and to provide guidance on the measures that should be taken to ensure safe lifting and carrying.

DRH will ensure that operations which involve manual handling are eliminated so far as is reasonably practicable. When this is not possible, assessments of manual handling activities will be carried out by competent staff to reduce the risk to the lowest possible level.

All DRH workplaces will have an appropriately trained Back Care advisor

2. EMPLOYERS RESPONSIBILITIES

- (a) Providing and maintaining a safe manual handling environment, taking into account the requirement to ensure that adequate training and instruction is given, and provision of appropriate equipment to ensure that all personnel are able to perform their various tasks safely and efficiently.
- (b) Ensuring that a constant awareness with regard to safe manual handling is maintained in respect of all employees within DRH.
- (c) Identify employees or groups of employees at increased risk.

3. EMPLOYEES RESPONSIBILITIES

All staff employed by DRH have a legal obligation to co-operate in the operation of these guidelines by not interfering with or mis-using equipment that has been provided in the interests of safe manual handling.

All staff working within DRH have an obligation to co-operate so far as is reasonably practicable by:

- (a) Reporting any incident which has led, or could lead to, damage or injury.
- (b) Complying with safety procedures, whether written or brought to their attention by other means.
- (c) Assessing all work activities and reducing hazards to a safe level.
- (d) Assisting in any investigation with regard to accidents.
- (e) Attending training update courses and applying principles learned.

4. MANUAL ASSISTANCE

For manual assistance to continue, only minimal assistance or gentle guidance should be offered to a service user. There must be a comprehensive risk assessment in place and the following criteria must be met:

The service user must be able to:

- Understand what is expected of them
- Co-operate
- Assist
- Weight bear
- Take a few steps, to enable safe transfers

If all of the above criteria cannot be met, then an appropriate alternative to manual assistance will have to be found

5. TRAINING

Manual handling training is mandatory for all staff. All new staff must attend theory training provided as part of Induction at Connaught House prior to starting work.

Within the first week of work a Manual Handling Awareness Form must be completed by all new staff, while working along side a competent person. The Awareness Form must be completed and signed on each section by both parties. The original form is kept by the manager and copied to the staff member.

New staff must also attend the first available Manual Handling Training Course within their home. All staff must attend manual handling training in their home annually.

Training must include:

- Theory
- Practical demonstration and practice of manual manoeuvres
- Use of aids and equipment used in the home

In-house training will be carried out by the homes Back Care Advisor. The length of the course will depend on the dependency level of the client group within the home.

In homes where all service users are totally independent the training will last for **4 hours**.

In homes where there are one or more dependent service users the course will last for **5-6 hours**

6. MANAGERS RESPONSIBILITIES

It is the responsibility of all managers to ensure that the contents of these guidelines are carried out. All Home Managers are to ensure that safety arrangements within their area of responsibility are up to date and reflect the procedures which are to be followed within DRH.

NOTE: where a safe system offered by DRH is rejected by a service user or their relatives, the Home Manager, **as a last resort**, must consider the withdrawal of service, after all safe alternatives have been exhausted. Protection of the service user and staff is of paramount importance.

GUIDANCE NOTES

INTRODUCTION

Manual Handling covers such activities as lifting, lowering, pushing, pulling, supporting, carrying and moving loads by hand or by bodily force. The Manual Handling Operations Regulations 1992/1998 apply to these activities. When a manual handling task cannot be eliminated completely, a risk assessment is required to remove or reduce the risk of injury to staff and service user.

1. Risk Assessment

- This is the process that aims to ensure that precautions which need to be taken are related to the risks created by the work.
- Thus, prior to any manual handling activity, ***the task, the load, the working environment*** and ***the individual's capability*** must all be assessed.
- The potential risk of injury must be identified.
- For everyday activities which are commonly repeated, a generalized written assessment must be undertaken by the Home Manager or designated competent member of the home staff.
- Staff must also be aware of relevant factors prior to any manual handling, ie: **can manual handling be avoided?**

The Manual Handling Operations Regulations suggest an ergonomic approach to eliminate or reduce the risk of injury by taking into account the task, individual, load and environment during the assessment process.

2. The Task

Does the task involve:

- Holding the load at a distance from the body?
- Unsatisfactory bodily movement or posture, especially: twisting the trunk, poor posture such as bending, stooping or stretching?
- Excessive movement of the load, especially: lifting or lowering distances, pushing or pulling distances?
- Risk of sudden movement of the load?
- Frequent or prolonged physical effort (including maintaining a fixed posture)?
- Insufficient rest or recovery periods?
- Repetitive handling?

3. Individual Capabilities

Does the job:

- Require unusual strength, height, etc?
- Put at risk those who have a health problem or are pregnant?
- Does the staff member have existing injuries?
- Require special knowledge or training for its safe performance?

Remember that the service user is also an individual and therefore their capabilities/abilities **must** also be taken into consideration.

4. The Loads

Are they:

- Heavy?
- Bulky or unwieldy?
- Difficult to grasp?
- Unstable, unpredictable or contents likely to shift?
- Sharp, hot or otherwise potentially damaging?

5. The Working Environment

Are there:

- Space constraints preventing good posture?
- Uneven, slippery or unstable floors?
- Variations in levels of floors or work surfaces?
- Extremes of temperature, humidity or air movement?
- Poor lighting conditions?
- Inadequate or insufficient storage facilities?
- Items of furniture that would have to be moved?

6. Ways to Reduce the Risk of Injury

Can you:

- Remove the need to manually handle?
- Improve the layout of the workplace to improve efficiency?
- Reduce the amount of twisting and stooping?
- Avoid lifting from floor level or above shoulder height?
- Reduce carrying distances?
- Avoid repetitive handling?
- Vary the work, allowing one set of muscles to rest while another is used?

Can you make the load:

- Lighter or less bulky?
- Easier to grasp?
- More stable?
- Less damaging to hold?

Can you:

- Use equipment?
- Access help from other staff?
- Remove obstructions to free movement?
- Provide better flooring?
- Avoid steps and steep ramps?

- Prevent extremes of hot and cold?
- Improve lighting?
- Consider less restrictive clothing or personal protective equipment?

Can you:

- Remove the risk to staff with physical problems or who are pregnant?
- Give staff more information?
- Provide new or improved equipment?
- Provide extra training?

7. Handlers Must Avoid:

- Lifting unnecessarily
- Supporting body weight while delivering personal care
- Lifting residents vertically in front or to the side of the knees
- Prolonged lifting or holding
- Lifting in an unstable posture
- Overestimating strength
- Lifting at a distance from the body
- Lifting that requires flexion, side bending or torso twisting

ALWAYS:

- Assess the activity and consider whether it needs to be done
- Consider your own capabilities
- Consider if you need help
- Consider if equipment is necessary
- Plan the manual handling activity
- Spread the feet apart to ensure a stable platform
- Bend at the hips and knees and maintain the natural curves of the spine
- Adopt a firm grip and lift smoothly
- Keep the load close to the body's center of gravity
- Lift using the leg muscles
- Conduct staged lifting, in particular one plane at a time
- Take your time

8. Inanimate Loads

- Load weight is only one consideration; weight limits alone can be misleading
- The shape of the load will affect the way it is handled
- Contents should be stably packed and the centre of gravity should also be identified prior to the manoeuvre
- Loads should be split where possible into "manageable" sizes
- Aids to handling should be used wherever possible, eg: trolleys, sack trucks, lifts, etc
- A plan of the manoeuvre should be identified and potential problems assessed

- Teamwork may be required; the team should ideally be compatible in terms of height, size and capabilities. A leader must be appointed for the manoeuvre

9. Handling Service Users

A full risk assessment of any service user must be carried out prior to any manual handling activity.

TOTAL BODY LIFTING of service users must never be carried out

The following techniques are condemned, and must not be used:

- The drag lift
- The orthodox lift
- The through-arm lift
- The bear hug
- Any technique that places the service users arms around the staff members neck
- The Australian lift
- The arm and leg lug

Service users needing more than minimal assistance should be informed that hoists and lifting aids are used and the reasons why.

A leader must be appointed prior to a team handling activity.

Team handlers should be of compatible height or take the appropriate steps to overcome the problem.

All handling information on what is taking place, how and when it is to be done must be communicated to the service user and all members of the handling team.

Staff members must only use lifting equipment if they are competent to do so.

All staff must receive training in the use of equipment.

Hoists/slings are only to be used in conjunction with their parent hoist.

Hoists and slings must be checked/serviced twice a year by a competent person.

10 Problems

Any identified manual handling problems should be communicated to the Manager, the Health and Safety Advisor and in writing to the Chief Executive.

11 Injury

Back pain or injury must be reported by completing the Accident Book. An Accident Report Form and a RIDDOR form will be completed by the Health and Safety Advisor if necessary. The Home Manager must be advised immediately.

12 Fallen Resident

To rescue a resident from the floor following a fall, the following consideration must be made prior to any manoeuvre commencing:

- (a) Assess the service users physical condition:
 - A new injury - will movement aggravate injury?
 - Will the service user require medical attention?
 - Ensure awareness of known physical status
- (b) If there is no immediate danger for the resident on the floor:
 - They should be made comfortable
- (c) The service user should be encouraged to stand independently if they are able to do so.
Equipment such as hoists and other helpers gathered as necessary to ensure a satisfactory rescue.
- (d) An immediate rescue should only be conducted in an emergency situation, eg: danger from explosion, fire, flooding, etc

REFERENCES

The Manual Handling Operations Regulations 1998 – HSE
The Health and Safety at Work Act 1974

HOME MANAGERS CHECKLIST

Have appropriate staff members been appointed to co-ordinate all manual handling arrangements and carry out an assessment of all manual handling tasks undertaken by all staff?

Do they have the necessary competence and expertise?

Have arrangements been made for the participation of safety representatives?

Have all manual handling tasks been identified? Can some tasks be grouped together to enable initial generic assessments to be made, eg: bed to wheelchair transfer?

Can any manual handling tasks be avoided by altering the system of work or workplace or through the use of mechanical lifting or handling equipment?

Where manual handling is unavoidable, do the handling tasks present a risk of injury?

Where risks are identified, what steps can be taken to eliminate or minimise them? Take into account the following:

Handling Aids and Equipment

- Can handling aids be employed, or equipment and furniture be modified to make handling easier?
- Are mechanical lifting equipment, handling aids and other equipment and furniture selected so that they are compatible with staff and resident's needs, taking into account where and how they are to be used?
- Is there a system for regular, planned maintenance of equipment? Is equipment available and accessible? Are staff and residents trained in its use?

The Task

- Can the workplace or task be redesigned to reduce bending, twisting, stretching, carrying distances or frequency of handling?
- Can tasks be rotated or the times they are carried out changed to avoid repetition and constant exertion? Are there sufficient rest pauses?
- Can poor or constrained postures in duties other than manual handling be eliminated or minimized?

The Load

- Can loads be improved? Can they be made smaller, lighter, and more portable? Can handles be provided? Can loads be made more stable? Can they be altered to eliminate sharp edges, or so they are not too hot or cold to hold?
- Are handling needs incorporated into service user care plans, as identified in the appropriate risk assessments? Are service users encouraged to do as much for themselves as is safe to do?
- Are service users consulted during the assessment process and provided with information and demonstration regarding manual manoeuvres or the use of hoists and equipment so that they can assist as much as possible?

The Working Environment

- Can the workplace be made safer by widening doorways and gangways? Is there enough room to use lifting and carrying equipment and safe lifting techniques?
- Can the workplace layout be rearranged to improve matters? Can obstructions, steps, etc, be removed? Are floors clean, slip resistant and free from clutter? Can lighting, temperature or ventilation be improved?

Individual Capability

- Has allowance been made for individual characteristics of the workforce? Can the work be modified to suit those at risk? Are work surfaces and seating adjustable to suit individuals?
- The *individual* service user's abilities must always be taken into account.

Clothing and Protective Equipment

- Are clothing, footwear and protective equipment compatible with the work being carried out?

Training

- Have arrangements been established for initial and refresher training programmes for all staff?
- Is a Back Care Advisor in place?
- Is training relevant to the job and does it include identifying work risks?
- Is there an appropriate balance between theory and practice?
- Is more training given when new equipment or work methods are introduced, and when there is a change of resident or current residents circumstances and needs change?
- Is the effectiveness of training programmes monitored?
- Is sufficient supervision provided in the home/workplace?

Organisational Arrangements

- Have the changes introduced to avoid or reduce risks been fully implemented?
- Does a comprehensive system exist for reporting, investigating and monitoring accidents, near misses, injuries and ill health with follow-up action as necessary?
- Have safety policies and manual handling policies been revised to cover all staff and handling activities, and to come into line with this guidance? Is appropriate health surveillance available and provided by relevant staff, eg: Occupational Health, and is any problem found acted upon?