

Moving and Handling

Standard Operating Procedure

May 2020

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Name of originator / author:	Ian Plummer Health and Safety Manager (SY&BCCG)
Name Sponsor:	Jackie Mills, Director of Finance
Name of responsible committee:	Governance Sub-committee
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Target Audience:	NHS Sheffield CCG

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<https://www.intranet.sheffieldccg.nhs.uk/policies.htm>



Policy Audit Tool

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

Please give status of Policy: Revised

1.	Details of Policy/Procedural Document	
1.1	Policy Number:	CO027/11/2022
1.2	Title of Policy/document:	Manual Handling Procedure
1.3	Sponsor	Jackie Mills, Director of Finance
1.4	Author:	Ian Plummer, Health and Safety Manager
1.5	Lead Committee	Governance Sub-committee
1.5	Reason for policy/document:	Review of the procedure
1.6	Who does the policy affect?	All directly and indirectly employed staff and other persons working within or on behalf of the CCG.
1.7	Are the National Guidelines/Codes of Practice etc issued?	N/A
1.8	Has an Equality Impact Assessment been carried out?	Yes
2.	Information Collation	
2.1	Where was Policy information obtained from?	Health and Safety Executive guidance documentation
3.	Policy Management	
3.1	Is there a requirement for a new or revised management structure for the implementation of the Policy?	No
3.2	If YES attach a copy to this form.	
3.3	If NO explain why.	N/A
4.	Consultation Process	
4.1	Was there external/internal consultation?	Yes
4.2	List groups/persons involved	Staff side Health and Safety Group
4.3	Have external/internal comments been included?	Yes
4.4	If external/internal comments have not been included, state why.	
5.	Implementation	
5.1	How and to whom will the policy be distributed?	Weekly roundup. CCG Policies / procedures intranet page. CCG H&S intranet page All members of the CCG via Team Brief
5.2	If there are implementation requirements such as training please detail.	No
5.3	What is the cost of implementation and how will this be funded	N/A
6.	Monitoring	
6.1	How will this be monitored	Health and Safety Group
6.2	Frequency of Monitoring	Bi-annual or when a change in legislation dictates.

Version Control

Version	Date	Author	Status	Comment
V2	13th April 2018	Ian Plummer		Addition of the following sections: 2- Scope 9-Review Appendix 1- Equality Impact Assessment
V2.1	27 th May 2020	Ian Plummer		Minor changes to the Policy: Sponsor changed from Julie Newton to Jackie Mills
V2.1	21.08.20	D Bailey		Minor change to review of risk assessment period

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1 Introduction

NHS Sheffield Clinical Commissioning Group (CCG) thereafter known as the 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 Scope

This procedure applies to all directly and indirectly employed staff and other persons working within or on behalf of the CCG.

3 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.

4 Risk assessment

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 the

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 (Appendix 2) shall be undertaken:

- for all areas within the CCG where potential manual handling hazards have been identified
- after all manual handling incidents
- for specific requests for non-standard equipment with respect to carrying loads

Risk assessments will be reviewed in the following circumstances:

- Determined by risk scoring (Low/Med/High)
- 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.

5 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, 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

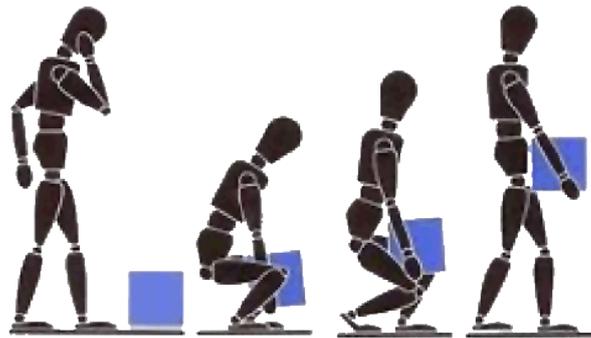
Appropriate Clothing – None restrictive but not loose

Wear sensible footwear – Full flat shoe with a good grip sole which should ensure plenty of support to the whole foot.

6 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.

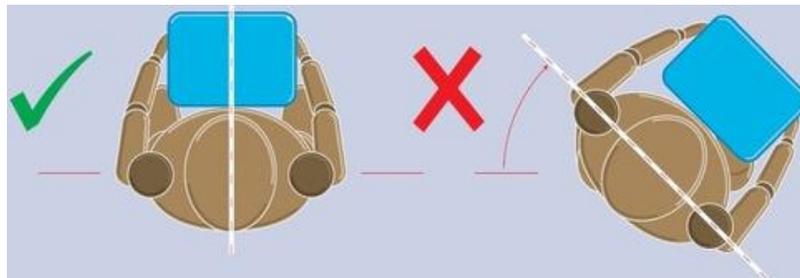
- Keep the load close to the body for as long as possible while lifting. Keep the heaviest side of the load next to the body. If a close approach to the load is not possible, try to slide it towards the body before attempting to lift it.

Don't flex the back any further while lifting

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

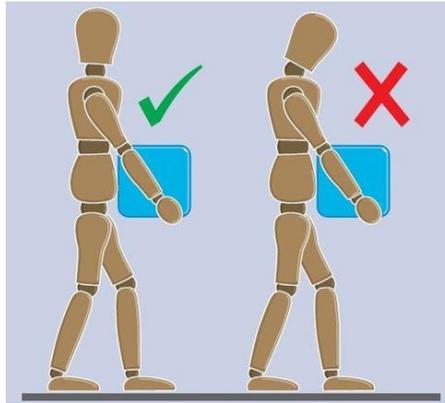
Avoid twisting the back or leaning sideways

- 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.

7 Training

All staff employed by the CCG are 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.

8 Role of Occupational Health

Occupational health have 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
- 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.

9 Review

This document may be reviewed at any time at the request of either staff side or management, but will automatically be reviewed after twelve months and thereafter on a bi-annual basis or when a change in legislation dictates.

10 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
- The Workplace (Health, Safety and Welfare) Regulations 1992
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
- Equalities Act 2010

11 Equality and Diversity

NHS Sheffield CCG aims 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. It takes into account the Human Rights Act 1998 and promotes equal opportunities for all. This document has been assessed to ensure that no-one receives less favourable treatment on grounds of their gender, sexual orientation, marital status, race, religion, age, ethnic origin, nationality, or disability. Members of staff, volunteers or members of the public may request assistance with this policy if they have particular needs. If the person requesting has language difficulties and difficulty in understanding this policy, the use of an interpreter will be considered

NHS Sheffield CCG embraces the six staff pledges in the NHS Constitution. This policy is consistent with these pledges.

NHS Sheffield CCG Equality Impact Assessment 2017

Equality Impact Assessment

Title of policy or service:	Moving and Handling Procedure	
Name and role of officer/s completing the assessment:	Ian Plummer - Health and Safety Manager	
Date of assessment:	Wednesday 27 th May 2020	
Type of EIA completed:	Initial EIA ‘Screening’ X or ‘Full’ EIA process	Initial

1. Outline.	
<p>Give a brief summary of your policy or service</p> <ul style="list-style-type: none"> • Aims • Objectives • Links to other policies, including partners, national or regional 	<p>NHS Sheffield CCG has a legal duty of care via Health and Safety legislation and by common law duty of care, to ensure safe working practices exist for the transportation or supporting of a load by one or more workers, including lifting, putting down, pushing, pulling, carrying or moving a load. The overall aim of the procedure is to describe the CCG’s approach to providing a safe environment and systems of work.</p>

Identifying impact:

- **Positive Impact:** will actively promote or improve equality of opportunity;
- **Neutral Impact:** where there are no notable consequences for any group;
- **Negative Impact:** negative or adverse impact causes disadvantage or exclusion. If such an impact is identified, the EIA should ensure, that as far as possible, it is justified, eliminated, minimised or counter balanced by other measures. This may result in a ‘full’ EIA process.

2. Gathering of Information

This is the core of the analysis; what information do you have that might *impact on protected groups, with consideration of the General Equality Duty.*

(Please complete each area)	What key impact have you identified?			For impact identified (either positive an or negative) give details below:	
	Positive Impact	Neutral impact	Negative impact	How does this impact and what action, if any, do you need to take to address these issues?	What difference will this make?
Human rights	<input type="checkbox"/>	X	<input type="checkbox"/>		
Age	<input type="checkbox"/>	X	<input type="checkbox"/>		
Carers	<input type="checkbox"/>	X	<input type="checkbox"/>		
Disability	<input type="checkbox"/>	X	<input type="checkbox"/>		
Sex	<input type="checkbox"/>	X	<input type="checkbox"/>		
Race	<input type="checkbox"/>	X	<input type="checkbox"/>		
Religion or belief	<input type="checkbox"/>	X	<input type="checkbox"/>		
Sexual orientation	<input type="checkbox"/>	X	<input type="checkbox"/>		
Gender reassignment	<input type="checkbox"/>	X	<input type="checkbox"/>		
Pregnancy and maternity	<input type="checkbox"/>	X	<input type="checkbox"/>		
Marriage and civil partnership (only eliminating discrimination)	<input type="checkbox"/>	X	<input type="checkbox"/>		
Other relevant groups	<input type="checkbox"/>	X	<input type="checkbox"/>		
HR Policies only: Part or Fixed term staff	<input type="checkbox"/>	X	<input type="checkbox"/>		

IMPORTANT NOTE: If any of the above results in 'negative' impact, a 'full' EIA which covers a more in depth analysis on areas/groups impacted must be considered and may need to be carried out.

Having detailed the actions you need to take please transfer them to onto the action plan below

3. Action plan				
Issues/impact identified	Actions required	How will you measure impact/progress	Timescale	Officer responsible
No issues identified				

4. Monitoring, Review and Publication				
When will the proposal be reviewed and by whom?	Lead / Reviewing Officer:	Ian Plummer	Date of next Review:	2022

Appendix 2

Manual Handling Risk Assessment Form

Name:	
Department:	

Manual Handling Task Covered by this assessment	
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1, Task	1 st	2 nd	3 rd
Handling once/week	1	1	1
Handling more than once/week	2	2	2
Handling once a day	3	3	3
Handling 2-3 times a day	4	4	4
Handling 5 or more times a day	5	5	5
Holding client/load away from body	4	4	4
Twisting	2	2	2
Stooping	3	3	3
Reaching stretching upwards	3	3	3
Lifting between high and low levels	4	4	4
Long carrying distances	3	3	3
Strenuous pushing and pulling	2	2	2
Unpredictable movement of client/load	4	4	4
Sub Total:-			

2, THE LOAD / OBJECT	1 st	2 nd	3 rd
IS IT			
Heavy	3	3	3
Bulky	2	2	2
Difficult to grasp	2	2	2
Intrinsically harmful (e.g. sharp/ hot)	2	2	2
Sub Total:-			

3, THE WORKING ENVIROMENT IS THERE	1 st	2 nd	3 rd
Limited space for manoeuvring	3	3	3
Slippery uneven floors / different levels	2	2	2
Hot / cold /humid conditions	1	1	1
Poor lighting conditions	1	1	1
Sub Total:-			

4, OTHER FACTORS – DOES THE RISK	1 st	2 nd	3 rd
Require unusual capability (e.g. height / strength)	2	2	2
Present hazard for carers	2	2	2
Present hazard for employees (e.g. pregnancy / disability / age)	2	2	2
Require specific information / training (e.g. use of equipment)	2	2	2
Present transport problems	2	2	2
Have previous accidents been reported (details of investigation)	2	2	2
Sub Total:-			

Total 1st		Date of assessment	
Total 2nd		Date of assessment	
Total 3rd		Date of assessment	

Assessors signature:

Manual Handling Risk Assessment

SUMMARY OF ASSESSMENT

What is the overall assessment of risk or injury? Please write in box, from overleaf.

Low Risk 0 – 17

Review within 6 month

Medium Risk 18 – 34

Review within 3 month

High Risk 35 - 70

Review within 1 month

Type of footwear:

Remedial action to be taken in order of priority. Please state which action is to be taken.

Include: *Handling Aids /Techniques / Number of staff required.*

1st Priority

With action score

2nd Priority

With action score

3rd Priority

With action score

4th Priority

With action score

Date of review:

Date of training:

Training needs:

Assessor's signature:

Date:

How to complete the manual handling risk assessment

1. Always complete the assessment with two assessors. One of the assessors should be the individual who is involved with the manual handling activity
2. The assessment will cover all elements of a manual handling task and take in to consideration all the factors involved.
3. On first assessment check through all potential risk in the 1st column circle the number if that risk would be present in the activity
4. Once all factors have been considered and scored, add up all the circled numbers in the 1st column and put this score in the Total 1st box.
5. The total for your first assessment is your initial risk score and will determine the manual handling level of risk and within what timeframe the next review should be taken
6. The aim of a risk assessment is to identify risk and reduce the likelihood of accidents happening.
7. Once the 1st assessment is completed, actions should be taken to try and reduce the risk. This may not always be the case, but it should still be reviewed when specified.
8. You may be able to reduce the score and frequency of assessments by putting remedial actions in place.

Examples of remedial actions:

- If carrying over 10 metres then a trolley should be used
 - Do not collect boxes 3 times a day and collect all boxes at the end of the day, or at the start of the next day
 - Use correct manual handling lifting techniques to prevent stooping down for boxes
1. By implementing a remedial action this would reduce or remove the risk scoring for that element of the process.
 2. Priorities any remedial actions in order of importance, and record these on to the summary of assessment section.
 3. The box that says 'with action score' is to put the number, previously circled in the 1st column that will be reduced by implementing that priority. This could also be left blank if it doesn't reduce the risk score, but implementing the priority would still benefit the users of the activity.
 4. If using specialist equipment then use the training needs box to identify what can be conducted and any factors that need to be considered.
 5. Once completed both assessors would need to sign and date to confirm that they are both ok with the contents.
 6. This would remain on the users file and a copy sent to the Facilities Manager for recording
 7. It is the manager's responsibility to arrange a review of the assessment within the timeframes stipulated.