

# Trueblue Nurses Moving and Handling Policy

## Policy Statement

-The aim of Trueblue Nurses is to avoid the manual moving of people and loads where there is a risk of injury, so far as is reasonably practicable. This should be commensurate with the best interests, dignity, promotion of independence and rights that people have under the Human Rights Act 1998.

-This policy describes how the balance between the health and safety of staff and others is not placed at risk, so far as is reasonably practicable when assisting individuals whose functional ability and/or ability to comply with the procedure is impaired.

## Purpose of the Policy

The purpose of the policy is to ensure that:

Safety and comfort for the individual is maximised. The risk of injury to staff and individuals is minimised. Legal requirements are met. The wishes of the individual are considered within the principles of person centred planning.

## Legal Context

The Health and Safety at Work etc Act 1974 is the basis of all health and safety legislation and sets out the legal requirements, which employers have towards employees and others, and employees have to themselves and each other. (HASWA)

3The Manual Handling Operations Regulations 1992 were introduced to enable the UK to implement the European Directive 901269/EEC, which made a risk assessment approach a requirement.

The Management of Health and Safety at Work Regulations 1999, place an obligation on employers to carry out a suitable and sufficient assessment of the risks whilst they are at work.

The Lifting operations and lifting Equipment Regulation (LOLER) 1998.

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995. (RIDDOR)

The Provision and Use of Work Equipment Regulations 1998. (PUWER) The Human Rights Act 1998 (HRA)

The above is not an exhaustive list

## Manual Handling

-In the context of this document manual handling refers to the moving and handling of any load. Current legislation states "Each employer shall avoid hazardous manual handling, so far as is reasonably practicable, therefore manual handling is not prohibited and requires a balanced approach to ensure that:

Employees are not required to perform tasks that put them and/or individuals at risk, unreasonably. Individuals' personal wishes on mobility assistance are respected wherever possible as is their independence and autonomy.

-The aim should be to meet the individuals' wishes using the principles of Putting People First in assessing their needs for independence without compromising the safety of anyone concerned with their health and well being. The dignity, autonomy and privacy of the individual should be respected at all times. For individuals who are unable or incapable of expressing their wishes see section 8.

-Managers and staff should consider risk control strategies:

Eliminate the risk, Reduce the risk, Isolate the risk, Control the risk (ERIC) Re-designing the task to avoid moving the individual or the load. Reducing the weight risk of any load to be lifted.

The use of mechanical lifting equipment and small handling equipment.

-As part of this process individuals should be encouraged to assist in their own transfers as far as possible and appropriate moving and handling equipment should be used to reduce the risk of any injury to themselves and staff.

-There may be cases where there is no reasonably practicable alternative to manual moving and in such circumstance a detailed risk assessment must be completed identifying all elements of risks and staff skills and capabilities which need to be factored in.

-Where a manual handling risk assessment has identified a two person manual move best practice requires that both people are trained. Alternatively, at the Registered Manager's discretion one employee assisted by a trained and/or competent informal/unpaid carer may be permitted, if this is supported by the findings of a full risk assessment as detailed in section 5.5 which takes into account needs and capabilities.

-An individual's state of health, both physical and mental, must be taken into account before trying to manually handle them and an appropriate health care professional be alerted if there is a concern.

-Manual handling training will be provided in accordance with the organisations training policy. Specific training may be provided in certain circumstances.

-All accidents, handling incidents and near misses must be reported promptly to the appropriate person within that organisation e.g. Registered Manager and/or health and safety manager in accordance with the reporting procedures of Trueblue Nurses

#### Risk Assessments

-Risk assessments must be completed for any essential moving and handling tasks.

-The Care Quality Commission (CQC) insists that independent care providers conduct their own risk assessments but it would be good practice where multi-disciplinary agency working is involved for risk assessments to be jointly completed.

-When making a moving and handling risk assessment, there are some factors that must be considered.

TILE (Task – Individual – Load – Environment).

-The nominated professional, whether internal or external to Trueblue Nurses carrying out the care tasks, must be contacted for advice on preferred moves in difficult situations e.g. where space constraints in a person's home are a limiting factor.

-The current risk assessment must be stored with the individual's information file within the home, unless the individual objects to information files in their home a safe system of work plan must be left in the home even if no other details are stored there because it must be easily accessible to staff. Where there is a joint risk assessment then a copy should be retained on all files within the home. In community hospitals and establishments the assessments need to be kept on individual's files and staff made aware of their location.

-Risk assessments should be reviewed in accordance with local working practices and policies or if there is reason to suspect that it is no longer valid; or where there has been a significant change in circumstances. Any changes should be recorded on the care plan.

Individuals who have Difficulties Expressing their Views or may Lack Mental Capacity

-Where the individuals have mental capacity in relation to the moving and handling decision but have difficulty expressing their wishes employees should make all reasonable attempts to ascertain their wishes by making use of interpreters, non-verbal communication, technological aids, independent advocates and the views expressed through others.

-No-one can give consent to treatment on behalf of another adult but the appropriate Health & Social Care professionals can normally provide treatment/intervention which they believe to be in the best interests of the person, provided they have carried out an assessment of capacity & best interests assessment.

-Under the terms of the Mental Capacity Act it is possible for individuals to make an advanced directive as to their wishes and this should be honored whenever practicable. Staff should also check whether individuals have made an Advance Decision to refuse a particular treatment or whether they have made a Lasting Power of Attorney (LPA) Health & Welfare or have a Court of Protection appointed Deputy. If so, both of the latter become the decision maker.

### Emergency Handling

-Some situations are foreseeable and can therefore be planned for to reduce the risk of injury e.g. If a individual has a history of falls or collapses then this must be incorporated into their manual handling risk assessment and be clearly stated in their care plan.

-However, there may be situations where staff have no time to get equipment or plan the move. Consider your safety and the safety of others around you prior to taking any further action.

-If a person falls and is unable to stand independently and is not in danger, non-medically qualified staff should make the person comfortable and seek advice from an appropriate professional. They must stay with the person until necessary assistance/equipment arrives.

-If an individual patient falls when they are with a member of staff, the staff member should allow them to fall to the floor as attempts to break the fall would pose too great a risk to the member of staff.

### Equipment

-Staff must avoid all unnecessary manual moving and use the appropriate equipment where it is assessed as necessary.

-All equipment must be suitable for use in line with (PUWER Regulations 1998).

-Staff must use equipment with which they have been trained. It is the responsibility of each prescriber i.e. risks assessor/ employer/moving and handling trainer to give instruction in the use of such equipment. Informal carers should not instruct care staff in the use of aids or equipment. Staff must seek guidance if they are still unsure about how to use equipment.

-A professional should advise staff of the range of mechanical and other moving and handling equipment, and encourage its use where appropriate through training and refresher sessions.

-Trueblue Nurses must ensure that all staff know the system for the regular checking and the reporting of all faults and failures of equipment is known to all staff.

-All staff have a responsibility to use moving and handling equipment correctly and to report any malfunction or potential malfunction immediately. The equipment must be marked with a sticker and dated to alert other people to the potential problem and moved to a safe place. (It cannot be used until checked/serviced and deemed safe by a competent person.

-All staff have a responsibility to check that the equipment is clean and in good working order before using it.

-Equipment must be suitable and sufficient for the purpose and the person for whom it was provided after an assessment of needs. It should not be used for any other person for who it was assessed.

-Specific lifting appliances e.g. hoists must have a current test certificate it must be signed by the competent person and must specify the safe working load and this must not be exceeded. This equipment is also required to have a thorough and documented examination by a competent person every 6 months. (LOLER 1998).

## 12. Training

-All employees must receive moving and handling training before being required to move any person/load.

-Annual Mandatory update training session will be provided for every staff member.

-All newly-employed staff involved must have read and demonstrated their understanding of the Moving and Handling Policy, and sign to confirm that they have done so.

Trueblue Nurses will ensure that written records of training are kept, that a system for identifying staff needing updates is in place, and that staff are put forward for appropriate training at the right time within identified frequencies.

## 13. Employees' Responsibilities

-Employees must take reasonable care for their own safety, and that of others when carrying out moving and handling and attend moving and handling training as required.

-Employees must read/review the risk assessment and moving and handling plan every time they attend to the individual and after every subsequent risk assessment review. Individuals or their representatives must also sign to say they have seen the risk assessment and agree to it.

-Employees must use moving and handling equipment and techniques in accordance with training and written instructions received from a nominated professional and the manufacturer's instructions and guidance.

-They must observe the principles of manual handling and use the equipment provided in accordance with instructions.

-Employees should wear appropriate clothing and footwear i.e. (not open toed sandals) that do not constrain movement/posture when moving and handling and use the personal protective equipment provided by Trueblue Nurses.

-Employees must comply with relevant infection control policy and procedures.

-Employees must report to their manager if they are unsure of any moving and handling procedure, or if they consider any task too difficult or likely to pose a risk of injury through Trueblue Nurses reporting procedures. They must also alert managers to the need for a review of

the risk assessment, equipment or further training. This must be documented and actioned.

-Employees must immediately report all incidents or potential incidents arising from moving and handling in line with Trueblue Nurses incident reporting procedures, and any disabilities or health conditions including pregnancy, which may affect their handling capacities.

-Employees must attend training as required to do so by their organisation.

## Trueblue Nurses Responsibilities

-Trueblue Nurses must ensure, in accordance with HASWA, that no one is exposed to foreseeable risk of injury so far as is reasonably practicable.

Risk assessments must be carried out in line with this policy.

- Managers must attend training on Health and Safety management, including risk assessment and keep themselves updated in accordance with local requirements.
- Managers must ensure that all their employees are trained in the basic skills of manual handling before being asked to move any person or load, and that they comply with the risk assessments and care plans for individuals.
- Managers must satisfy themselves that their employees are following the principles of manual handling and not operating contrary to the way that they have been trained. They must take action if employees persist in using inappropriate or unsafe methods.
- Managers should seek advice from the Moving and Handling advisor/trainer/appropriate professional for any unresolved issues concerning manual handling practice.
- Managers have a duty to both individuals and staff. They have a responsibility to ensure that a balance must be found where one party's benefit does not significantly increase the risk of the other party.

#### Implementation

Moving and Handling training will be underpinned by this policy and other relevant Trueblue Nurses policies. It will be monitored through the incident reporting procedures and complaints monitoring.

#### Monitoring and Review

This policy will be monitored through staff supervision, the reporting of accidents and incidents and sickness returns. The policy will be reviewed annually.

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