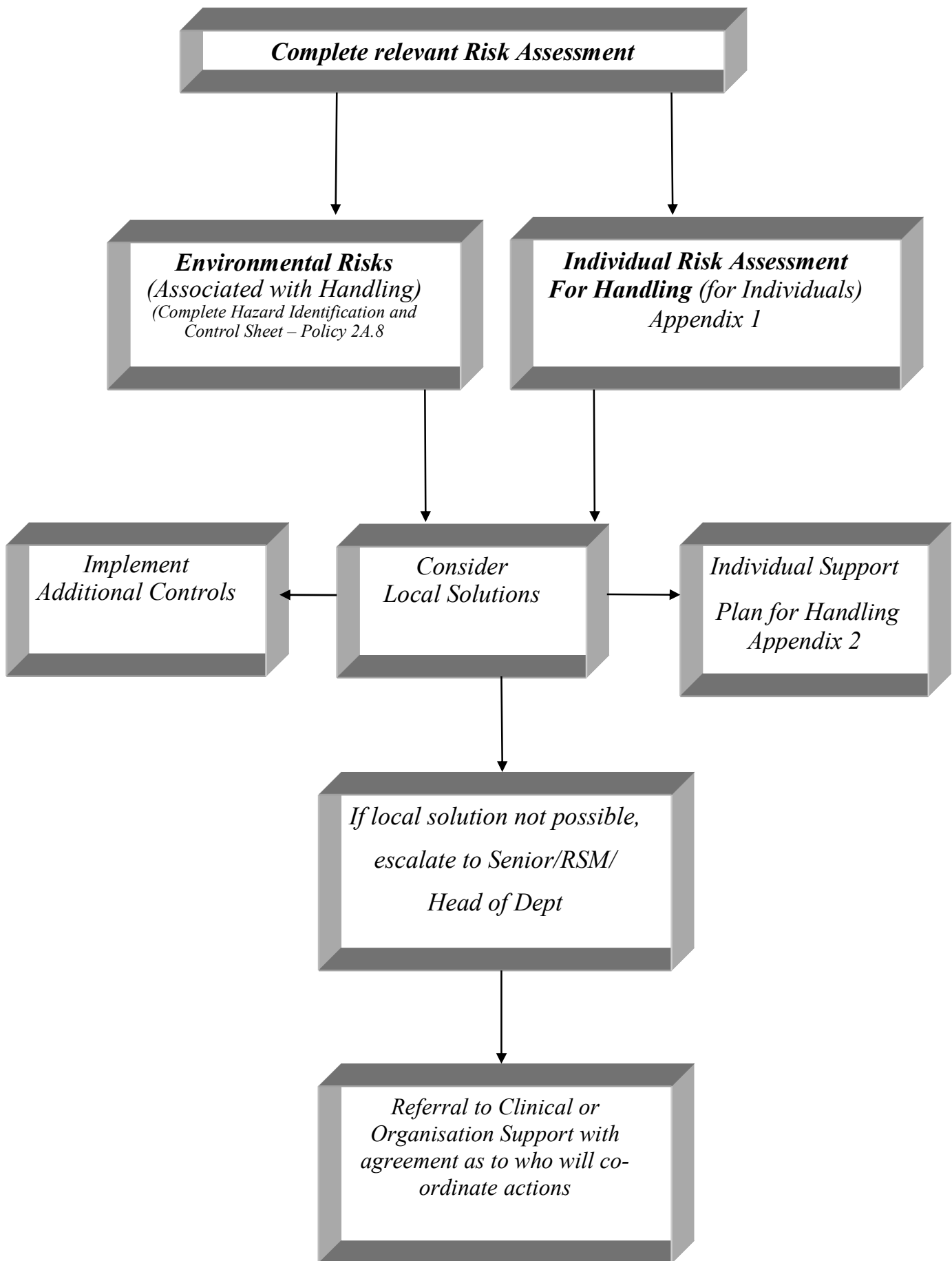




Policy / Procedure Details	Title:	Guidelines on Manual Handling
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Current Version Details	Written By:	Tom Hughes – Head of Evaluation & Training Pat Walsh – Senior Physiotherapist Pauline Brennan – Human Resources Manager
	Reviewed By:	Adult Occupational Therapist Senior/Regional Service Managers
	Approved By:	Executive Director
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The development of this policy has been informed by the following regulations

- Manual Handling Regulations in the Health, Safety and Welfare at Work Act (2005)
- General Application Regulations (GAR) (2007) – Manual Handling of Loads
- General Application Regulations (GAR) (2007) – Protection of Pregnant, Post-natal and Breast Feeding Employee's

Western Care Association exists to empower people with a wide range of learning and associated disabilities in Mayo to live full and satisfied lives as equal citizens.

It is the intention of Western Care Association to ensure the safety, health and welfare of all employees through the provision and maintenance of a safe place of work, safe plant and machinery and safe systems of work.

As employees of the Association it is inevitable that staff will be working in situations that involve manual handling, e.g. inanimate lifting and/or people handling tasks. In all Manual Handling activities, the wishes as well as the needs of the person are important. In this respect it is necessary to work with the person throughout the activity being sensitive to the needs of the individual for privacy and dignity whilst being mindful of the safety issues for all involved in the activity.

Handling issues are addressed through a system of proactive management which is in place, i.e Individual Risk Assessments at local level and onward referrals where required and the option of additional supports through staff training. It is noted that emergency/urgent situations may occasionally arise and need to be treated as such, i.e. acute and sudden deterioration of a person's needs. In these instances the manager should contact their Senior/Regional Service Manager/Head of Department to request a priority response. Urgent cases should be the exception.

Manual Handling is defined as:

'Any transporting or supporting of a load, by one or more employees and includes lifting, putting down, pushing, pulling, carrying or moving a load which by reason of its characteristics or of unfavourable ergonomic conditions involves a risk, particularly of back injury to employees.'

PRINCIPLES OF SAFER HANDLING:

Assess the load and the area (using **TILE** – task, individual, load and environment)

- a) Keep the object close to you
- b) Bend the knees
- c) Broad stable base
- d) Back in neutral (not necessarily vertical)
- e) Firm palmer grip
- f) Arms in line with the trunk
- g) Avoid lifting and twisting – turn feet in the direction of movement
- h) Move smoothly, where possible lead with the head.

Employers Responsibility:

- To seek to minimise Manual Handling wherever possible and to ensure safe practices through ongoing staff training and supervision, regular risk assessments and appropriate use of resources and aids.
- To assess the risk and where possible eliminate it or where it is not possible reduce it to an acceptable level.
 - Through Risk Assessment and risk reduction where Manual Handling cannot be avoided
 - By mechanical means
 - Through better organisation of the work
 - Provide on-going training, information and supervision.
- Provide training in safe Manual Handling initially and then Refresher training every three years in order to keep staff up to date with new practices and developments.
- Maintain contracts for servicing of prescribed equipment.

Employees Responsibility:

- Ensure that they do not risk their own health and safety when carrying out Manual Handling activities.
- Apply the principles of safer handling
- Participate in the completion of the relevant risk assessments.
- Attend training and implement learning in their work place.
- Use equipment prescribed by appropriate personnel to reduce lifting and handling activities, where required.
- Report any problem relating to an activity or equipment to their line manager.
- Report any work related injuries to themselves through their line manager using the Incident Reporting Procedure (WCA 1.10)

Line Managers Responsibility:

- To undertake a Risk Assessment and/or support staff to complete same on any handling issues within a service.
- To identify and implement solutions to issues raised, or seek further advice through Senior/Regional Service Manager/Head of Department.
- Ensure that all new staff complete their Manual Handling Training and that as part of their induction they are made aware of Manual Handling Policy and local practices, risks and associated plans in place to address the risks.
- Ensure urgent training needs are brought to the attention of the Evaluation and Training Department.
- To undertake regular risk assessments in relation to Manual Handling situations in their workplace.
- Ensure that their staff follow a safe system of work and that steps are in place to reduce any risks associated with lifting and handling in their workplace. These steps may include additional resources including the use of prescribed lifting aids, hoists etc.
- Provide appropriate supervision for staff in relation to handling issues and ensure that best practice is reinforced as per training.

- Ensure that prescribed equipment used in manual handling is serviced in line with the requirements and any defects/broken equipment is reported and fixed/replaced accordingly.
- Maintain list of equipment and their service records for all prescribed equipment in their service.

Senior/Regional Service Manager/Head of Department Responsibility:

- To support Line Managers with issues raised on Risk Assessments through engagement in problem solving and/or onward referral to relevant Department.
- To ensure urgent referrals are flagged and identified as priority.
- To engage with Health & Safety Officer on a quarterly basis to review and discuss manual handling practices and issues in their area.

Health & Safety Officers Responsibility:

- Respond to Risk Assessments which are referred to the Health & Safety Officer and take action where required.
- To monitor and review information relating to Manual Handling on a quarterly basis in order to evaluate progress and assure continuous improvement.
- Organise and meet with the Senior/Regional Services Manager/Head of Department's every quarter to review and discuss manual handling instances in their area.
- To identify learning and provide relevant organisation information to the Leadership Team on a quarterly basis.
- Provide guidance and direction to the Leadership Team in relation to safe practices regarding manual handling and to ensure that we comply with relevant legislation.

Completing Risk Assessments:

Risk Assessment should be undertaken in relation to environmental issues, inanimate and people handling.

- **Environmental Risks Associated with Handling:** A Risk Assessment should be completed using the Hazard Identification and Control Sheet, (Ref: Department Safety Statement 2A.8) by staff/line manager on an annual basis or as required in line with the Department Safety Statement to address any risks associated with handling including inanimate lifting.
- **People Handling:** Section A of the Individual Risk Assessment for Handling (Appendix 1) should be completed by named staff or delegated staff and agreed with the line manager, together with an Individual Support Plan for Handling (Appendix 2) when manual handling is required to support a person. A copy should be retained on the person's IP and reviewed annually or more often as required.

If there are issues such as cost or other implications including clinical support that the FLM cannot address directly the completed Individual Risk Assessment for Handling together with a copy of the Individual Support Plan for Handling should be forwarded to the Senior/Regional Service Manager/Head of Department who will complete Section B. A copy of Section B will be retained on the persons IP

Senior/Regional Service Manager/Head of Department in conjunction with Front Line Manager will agree who will co-ordinate the follow up in relation to referrals.

Policy and Procedure Feedback Form

A Policy and Procedure Feedback Form is available on the Western Care Association Intranet (under Procedures) which will provide an opportunity to comment on any policy/procedure.

Your comments will be forwarded to the person who has the lead for the on-going development of the policy/procedure.

All comments will be collated by the person responsible and will inform the three-yearly review cycle for updating procedures.



*Individual Risk Assessment
for Handling*

SECTION A: *To be completed by named staff or delegate and reviewed with the line manager where manual handling is required to support the person. It should be retained on the person's IP and reviewed annually or more often as required.*

Persons Name: _____ Service: _____

DOB: _____ Weight in Kgs _____

Does this person weight exceed the Safe Weight Limit according to manufacturer's guidelines: YES NO

Current Mobility:

List main physical limitations and indicate main reasons why assistance is required for moving and handling (.e.g physical impairment, surgery, sedation, pain, stroke, impaired sight or hearing)

Please describe any physical limitation	Reason for Limitation

Please describe any medical investigations that have taken place or are outstanding in relation to this:

Described the type of Assistance required by person: e.g. with walking, on stairs, re-positioning in bed:

List Mobility aids used, if any	Who prescribed the aid used?	Is relevant paper work in place for the aid? E.g. prescription, quotation, invoice	Date when prescribed

Name the environments where aids are used:

Day Service: _____ Residential/Respite: _____
 Community: _____ Other: _____

Is the person's mobility status likely to change in the short to medium term
 e.g. in next 12 months? Yes [] No []

Communication (Refer to Communication Profile)

Can the person understand and participate in simple instructions: Yes [] No []

Will the person co-operate with moving and handling: Yes [] No []

Medication:

Is the person on any medication that may affect their mobility, or balance: *(Check side effects of medication if unsure)* Yes [] No []

Is the person on four or more prescribed drugs
 (this indicates a potential falls risk) Yes [] No []

Environment:

Are confined space/non-adjustable furniture/floor surfaces an issue? Yes [] No []

If yes, please describe

Staff Training:

Have the staff supporting the person received training in the area of manual handling Yes [] No []

Describe any additional bespoke training received relating to manual handling:

Describe any outstanding training requirement:

Having reviewed the above information the following is required:

If No Concern identified / no further action required []
(complete relevant items on next page of Section A and sign off)

If Concern identified, please complete the next item to specify concerns []

Please tick the issue(s) of concern in relation to this Individual Risk Assessment for Handling:

- Difficulty moving around (mobilising) independently []
- History of Falls []
- Difficulty accessing transport vehicles []
- Other: e.g. equipment/training []
Please Describe: _____

People Handling Risk Level: *Having considered all the above questions in Section A of the Risk Assessment please identify the level of risk associated with handling to support this person;*

- [] Low – Stand by assistance only. May require verbal guidance/equipment.
- [] Moderate – requires assistance from 1 or 2 others, e.g. staff, volunteers, family, and possibly some equipment.
- [] High – significant assistance required and or is unpredictable, a minimum of two others,
e.g. staff, volunteers, family required and equipment.

Are the risks currently managed: Yes [] No []

If YES, complete Individual Support Plan for Handling for this person and include in the Persons IP, together with this completed document.

If NO, what solutions have been considered and / or implemented to date:

Describe the key issues remaining to be addressed and the nature of support required:

Signed: _____ **Date:** _____
Named Staff **Front Line Manager**

Where there are issues such as cost or other implications including clinical support that the FLM cannot address directly, the completed Individual Risk Assessment for Handling together with a copy of the Individual Support Plan for Handling should be forwarded to the Senior/Regional Service Manager/Head of Department for their attention.

A copy should be retained on the persons IP.



*Individual Risk Assessment
for Handling*

SECTION B: To be completed by Senior/Regional Service Manager/Head of Department who may be able to *resolve the issue with the service directly. If this is not possible they may refer the matter onwards to one or more therapists or functions. The Senior/Regional Service Manager/Head of Department will confirm who will make the onwards referral and who will co-ordinate the follow up to ensure the matter is addressed.*

Actions Required – By Senior/Regional Service Manager/Head of Dept

This issue has been resolved at Area Level: Yes [] No []

If **YES**, briefly describe the actions taken and the practice that is now agreed:

If **NO**, please identify the required onward Referral:

<i>Dept/Function</i>	<i>Please tick if referral required</i>	<i>Describe input required</i>
Evaluation & Training		
Handling Advisor		
Health & Safety Officer		
Occupational Therapy		
Transport Manager		
Other		

An Internal Referral Form (Ref Policy 2B.1) must be completed for each onwards referral and a copy of the Individual Risk Assessment for Handling and Individual Support Plan for Handling attached for the attention of the relevant Department/Function.

This referral will be co-ordinated by:

Name: _____ Phone No _____
 (To be assigned by the Senior/Regional Service Manager/Head of Department)

Signed: _____ **Date:** / /20
 Senior/Regional Service Manager/Head of Dept:

Section B – should be copied to the Persons IP Plan.





Individual Support Plan for Handling





This form is to be completed for every person who requires support involving handling. It should describe the methods used to support handling. It should be completed by the Named Staff and agreed by the FLM. It should be retained on the person's IP File. An Individual Risk Assessment for Handling should be completed prior to completing this form

Name of Person: _____

Service : _____

These are suggested methods of assistance that may be required for this person – modify to your individual handling capacity and changes in the persons condition.

Activity	Required please circle as appropriate	Technique to be used/Equipment required/ Action required of the person / Day or night variation if relevant	Number of staff currently involved to undertake activity
Re-positioning in bed. 	YES NO		
Sitting forwards 	YES NO		
Bed ↔ Chair (Sit-Stand) 	YES NO		
Toileting 	YES NO		

Activity	Required please circle as appropriate	Technique to be used/Equipment required/ Action required of the person / Day or night variation if relevant	Number of staff currently involved to undertake activity
Bathing/showering 	YES NO		
Walk 	YES NO		
Stairs 	YES NO		
Transport off unit 	YES NO		
Off site activities: Describe transport and equipment are needed.			
Additional Information:			
Name: _____ Signature: _____ Date _____			

N.B: The handling support plan will need to be updated should the person's condition change.