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**Code:** GR26  
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## Policy for the safe manual handling of people and loads

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Type of document	Policy
Target audience	All CWP staff both permanent and temporary
Document purpose	To outline responsibilities and to encourage safe handling of loads and people

Approving meeting	Health and Safety Sub-Committee	Date 13-Feb-20
Implementation date	13-Feb-20	

CWP documents to be read in conjunction with	
<a href="#">HR6</a>	Mandatory Employee Learning (MEL)
<a href="#">CP14</a>	Prevention and management of slips, trips and falls
<a href="#">GR1</a>	Incident reporting and management
<a href="#">SOP3</a>	Physical observations assessment and the management of altered levels of consciousness (including NEWS 2, PEWS, Pregnancy, EWS, AVPU, GCS)

Document change history	
What is different?	Annual review
Appendices / electronic forms	Yes – guidance figures included as an appendix
What is the impact of change?	No

Training requirements	Yes - Training requirements for this policy are in accordance with the CWP Training Needs Analysis (TNA) with Education CWP.
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Document consultation	
Clinical Services	via policy discussion forum
Corporate services	via policy discussion forum
External agencies	N/A

Financial resource implications	None
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External references	
1.	Guidance for Safer Handling During Resuscitation in Healthcare Settings (Resuscitation Council (UK) November 2009)
2.	Essential care after an in-patient fall, supporting information (National Patient Safety Agency 2011)

3. The Guide to The Handling of People 6th Edition (Backcare; Royal College of Nursing; National Back Exchange 2011)
4. Health and Safety at Work etc Act 1974
5. The Manual Handling Operations Regulations 1992 (as amended)
6. The Management of Health and Safety at Work Regulations 1992 (amended 1999)
7. The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995
8. Manual Handling: Guidance on the Regulations (Health and Safety Executive 2004)
9. Manual Handling Training Guidelines Issue 2 (National Back Exchange 2002)
10. Guidance on manual handling in Physiotherapy (The Chartered Society of Physiotherapy 2008)
11. Lansdale P, Prosser L, Scurlock L (1995) Addressing the risks of risk assessment. Physiotherapy, 81(11) pp662 - 664
12. Manual Handling: Guidance 3 (College of Occupational Therapists 2010)
- 13.

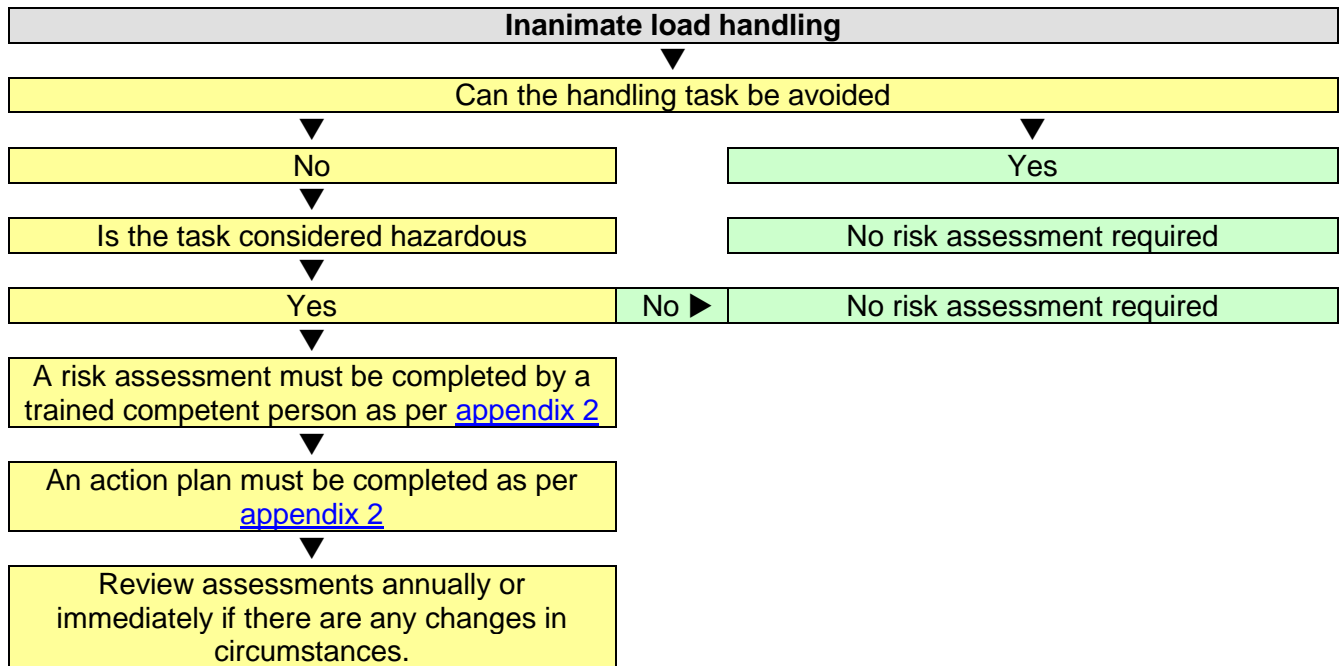
<b>Equality Impact Assessment (EIA) - Initial assessment</b>	<b>Yes/No</b>	<b>Comments</b>
Does this document affect one group less or more favourably than another on the basis of:		
- Race	No	
- Ethnic origins (including gypsies and travellers)	No	
- Nationality	No	
- Gender	No	
- Culture	No	
- Religion or belief	No	
- Sexual orientation including lesbian, gay and bisexual people	No	
- Age	No	
- Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
Is there any evidence that some groups are affected differently?	No	
If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable? N/A		
Is the impact of the document likely to be negative?	No	
- If so can the impact be avoided?	N/A	
- What alternatives are there to achieving the document without the impact?	N/A	
- Can we reduce the impact by taking different action?	N/A	
Where an adverse or negative impact on equality group(s) has been identified during the initial screening process a full EIA assessment should be conducted.		
If you have identified a potential discriminatory impact of this procedural document, please refer it to the human resource department together with any suggestions as to the action required to avoid / reduce this impact. For advice in respect of answering the above questions, please contact the human resource department.		
Was a full impact assessment required?	No	
What is the level of impact?	Low	

## Contents

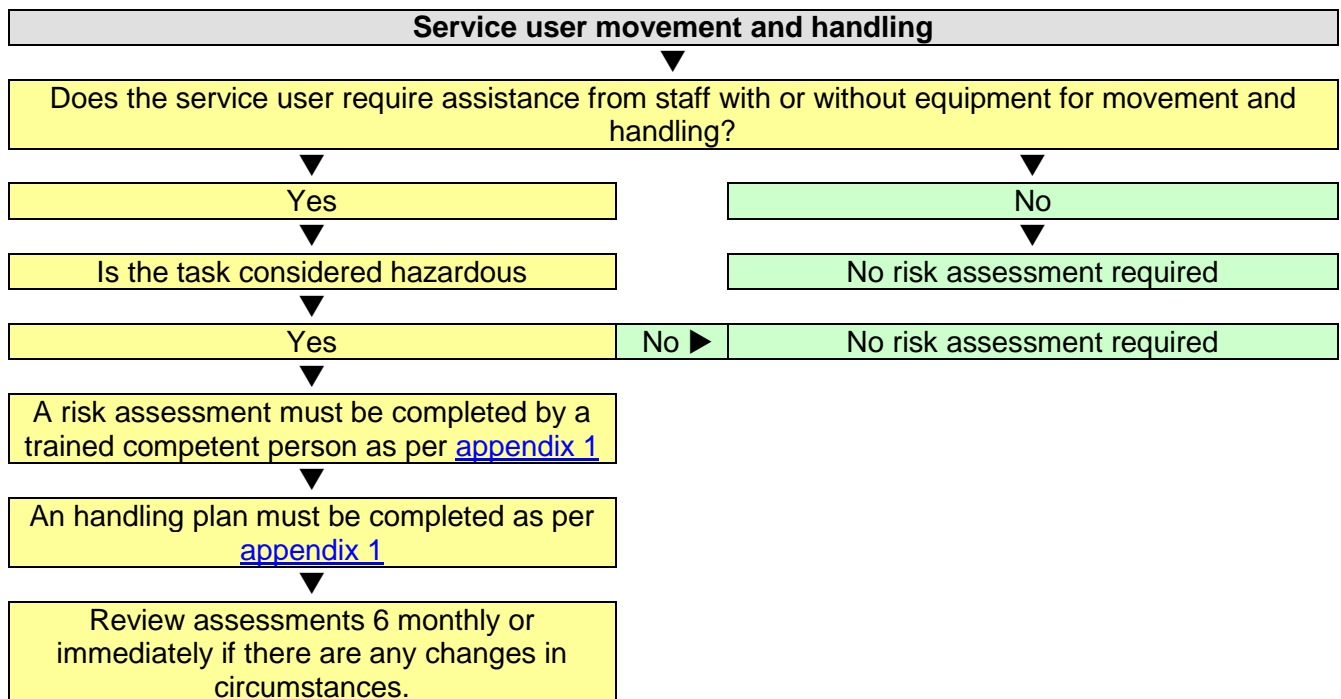
Quick reference flowchart - handling.....	4
1. Introduction.....	5
1.1 Risk assessment.....	5
2. Definitions.....	5
3. Movement and handling of service users and objects / loads .....	6
3.1 Techniques to be used in the movement and handling of objects including the use of appropriate equipment.....	6
3.2 How the organisation risk assesses the moving and handling of objects .....	6
3.3 How action plans are developed and followed up as a result of risk assessments - objects.....	6
4. How the organisation risk assess the moving and handling of service users.....	6
4.1 How action plans are developed and followed up as a result of risk assessments – patients....	7
5. Techniques to be used in the moving and handling of service users, including the use of appropriate equipment.....	7
5.1 Rehabilitation handling.....	8
6. Safer handling during resuscitation .....	8
6.1 Resuscitation on the floor .....	8
7. Arrangements for access to appropriate specialist advice.....	9
8. How the organisation trains staff in line with the training needs analysis.....	9
Appendix 1 - Service user handling risk assessment and handling plan .....	10
Appendix 2 - Non – service user manual handling risk assessment form.....	12
Appendix 3 - Procedure for the safe handling of the Bariatric service user .....	14
Appendix 4 -Chart for planning inpatient (ward) care for the Bariatric service user.....	16
Appendix 5 - Guidance figures for loads .....	17

## Quick reference flowchart - Handling

### 1. Inanimate Load Handling



### 2. Service user Movement and Handling



## 1. Introduction

Cheshire and Wirral Partnership NHS Foundation Trust (CWP) is committed to ensuring that, when manual handling activities are undertaken, the safety of staff, service users and others will be paramount and that the Trust has a legal responsibility to safeguard the health, safety and welfare of its' staff, service users and visitors in accordance with the Health and Safety at Work etc Act 1974.

Due to the nature of the work undertaken within the NHS, staff are required to undertake the handling, carrying and supporting of loads, whether this is a service user or inanimate load. It is important to understand that there is no threshold below which manual handling becomes, or can be considered or regarded as "safe". All manual handling tasks contain a risk and injuries can happen to anyone regardless of age, strength, fitness or experience.

### 1.1 Risk assessment

Guideline figures for loads are provided in the Manual Handling Operations Regulations 1992 (as amended) Guidance on Regulations (HSE 2004). These figures are provided as guidance only ([appendix 5](#)). A detailed risk assessment should be carried out either when the weight exceeds the guidance figures given, or where doubt regarding the task, individual, or environment remains

Inappropriate manual handling practices are likely to result in musculo–skeletal injuries. An injury can occur as a result of one single incident of poor or inappropriate handling, but they are more commonly caused by repetitive poor handling techniques. This could include inappropriate or poor posture and positioning. Injuries to the back can also occur where there is no load being handled but solely due to poor posture.

Staff must follow this policy to ensure the Trusts compliance with Regulation 4 of the Manual Handling Operations Regulations 1992 (as amended) which requires employers to:

1. **AVOID** the need for staff to perform hazardous manual handling as far as reasonably practicable.
2. **ASSESS** the risk of injury from any manual handling operation or task that cannot be avoided.
3. **REDUCE** the risk of injury from hazardous manual handling as far as reasonably practicable for all concerned.
4. **REVIEW** the risk assessments at regular intervals and as and when any changes occur.
  - To enable all employees of CWP to adopt a positive approach to safer handling techniques, the carrying out of risk assessments and by making suitable equipment available to staff to promote safe practice. Service users should be encouraged to assist themselves as much as they possibly can at all times;
  - To ensure standardised documentation across the Trust for risk assessment relating to both service user and none service user manual handling activities;
  - To provide guidance for staff on movement of the Bariatric service user;
  - Where a specific high risk in the handling of a service user or load has been identified this will be elevated as appropriate via the Trust Integrated Governance Framework.

## 2. Definitions

Definitions used within the policy are:

**Manual handling operations** - Manual handling can be defined as any transporting or supporting of a load (including lifting, putting down, pushing and pulling, carrying or moving) by hand or bodily force. It could involve one or more staff and the use of equipment.

**Load** - The term "LOAD" is a generic term that includes people, objects or equipment, stock etc.

**Competent person** - A person can be deemed as competent on the basis that they have sufficient training and experience or knowledge to enable them to identify hazards, assess their importance and put measures in place to help reduce risk of injury to all concerned.

**Hazard** - A Hazard is something or a situation with the potential to cause harm.

**Risk** - A risk is the probability or chance that the hazard posed will cause or lead to injury or harm. Risk is rated, as per the CWP Risk Management Strategy (an integral component of the trust's integrated governance framework).

### **3. Movement and handling of service users and objects / loads**

Please refer to the [quick reference flowchart 1](#) for advice and guidance on deciding the level of risk.

#### **3.1 Techniques to be used in the movement and handling of objects including the use of appropriate equipment**

Staff must follow the advice and guidance for the handling of loads or objects:

- Loads must be handled at waist height and as close to the body wherever possible;
- Use of equipment must be considered to assist with the transporting of loads, such as "sack" trolleys;
- Staff must keep their head upright, spine in line (no twisting) and bend at their hips and knees when lifting a load to maintain a correct posture;
- Staff must ensure they have a safe, secure grip when handling a load;
- Staff must not handle loads where they have uncertainty concerning their ability;
- Do not adopt a stooped static posture for extended periods.

#### **3.2 How the organisation risk assesses the moving and handling of objects**

Staff must complete a risk assessment for manual handling of loads / objects ([appendix 2](#)) where hazardous handling cannot be avoided. All manual handling activities that do not involve service user care must be recorded on this form.

#### **3.3 How action plans are developed and followed up as a result of risk assessments – objects**

A risk assessment will identify the hazards involved in the handling task and allow for an action plan to be formulated helping reduce the risk of injury. It must identify a safe system of work that staff must follow; [appendix 2](#) identifies the actions that are required to be taken following assessment. Once completed the form should be returned to the service manager who must ensure that actions to reduce risk are implemented and that these actions are communicated to all staff. A copy of the risk assessment form and action plan should also be sent to the manual handling advisor.

The service manager will ensure that risk assessment documentation and safe systems of work are available for all staff to view and are retained by the service manager.

The service manager must ensure that risk assessments are reviewed and updated annually or immediately when circumstances change.

### **4. How the organisation risk assess the moving and handling of service users**

The manual lifting of service users must be avoided, so far as reasonably practicable. When service users handling needs are assessed **ALL** considerations must be made as to how to meet the service users' needs and the safety of staff. The decision must be a balanced one. Exceptional manual handling may be required for example:

- When there is mechanical failure of the usual hoisting equipment;
- In an obvious 999 situation – where the risk to the person of not being manually lifted outweighs the carer's ordinary health and safety concerns;
- Lying in bodily waste or possible tissue viability problems.

The [quick reference flowchart 2](#) can advise and assist in the decision as to whether a risk assessment for service user movement and handling is required.

Where the handling task is considered hazardous and cannot be avoided a full risk assessment must be completed by a competent, appropriately trained member of staff for each individual service user on admission or within 72 hours of the initial referral to community nursing teams using the form in [appendix 1](#). This risk assessment form is designed to identify the characteristics of the service user concerned. Any comments can be made for each aspect to help clarify the individual service user's requirements or needs.

#### **4.1 How action plans are developed and followed up as a result of risk assessments – patients**

Once the risk assessment has been completed, a specific handling action plan needs to be completed ([appendix 1](#)). This will identify the requirements for each type of activity where there is staff involvement. It gives the number of staff required to deliver that aspect of care, as well as any equipment that should be used. The plan must be updated every time there is a change in the service users handling requirements.

Information around the safe system of work must be communicated to all staff involved in the care of the service user during handover and the documentation must be available for all staff to view and held in the patient record.

The risk assessment and action plan must be reviewed as a minimum on a 6 monthly basis. However, it must be reviewed immediately whenever the condition of the service user or circumstances concerning the manual handling task change. Only by completing and reviewing a risk assessment can a safe system of work be put in place and maintained.

#### **5. Techniques to be used in the moving and handling of service users, including the use of appropriate equipment**

**All CWP staff must only use the recommended techniques as outlined below and demonstrated during manual handling training**

**Staff must always encourage service users to remain as independent as possible and use the following recommended techniques for manual handling of service users:**

- **Sit to stand transfer** – one / two staff with or without the use of appropriate equipment;
- **Assisted walking** – one / two staff with or without the use of appropriate equipment;
- **Sitting to sitting transfer** - one / two staff with or without appropriate equipment;
- **Lying to sitting** – use of a profiling bed should be considered if appropriate, two staff with or without appropriate equipment;
- **Repositioning in bed** – one / two staff using appropriate equipment;
- **Lateral transfer from bed to stretcher trolley** – a **minimum** of 4 staff and the use of a hard transfer board (Pat Slide) and two slide sheets must be used;
- **Emergency handling (Falling Person)** – where the service user falls towards the staff they should support the service user and lower them to the floor.

**If following a fall or a service user being found on the floor (fall un-witnessed) and there are signs and symptoms of a fracture, or suspected fractures, spinal injuries and head injuries then staff must not move the service user by hand or by hoist. They must keep the service user comfortable and as still as possible and seek urgent medical advice from a doctor or paramedic service via 999 calls.**

**If staff have any doubt as to possible injury they must not move the service user, unless there is an immediate severe threat to life.**

**Assisting from the floor** – staff must encourage the service user to get up if they are capable and there is no clinical reason for staff to assist. This can be achieved by placing a chair by the service user and encouraging them to use the chair to support themselves getting up. If assistance is required equipment must be used, for example a hoist or an emergency lifting cushion.

Staff **should not** use the following transfer techniques which have been identified as unsafe both to staff and the service user:

- Drag lift (underarm lift); Orthodox lift (cradle lift);
- Through arm lift;
- Australian lift (shoulder lift);
- Front assisted stand and pivot transfer.

### **5.1. Rehabilitation handling**

- Rehabilitation handling differs from care handling in that it aims to encourage, guide, facilitate a person to move, in order to regain postural control, selective movement, and to learn functional motor skills ( Lansdale et al 1995);
- Rehabilitation handling requires additional specialised skills and therefore only staff who have had the appropriate training are allowed to carry out these techniques;
- A full risk assessment and handling plan must be completed and documented prior to any intervention by completing the documentation on the EMISweb, Liquid Logic, Meditech system dependant on the therapist's place of work. Any modifications to the handling plan made during the treatment session needs to be documented as soon as possible after the session;
- The Chartered Society of Physiotherapist and The College of Occupational Therapists have produced guidelines and a framework for risk assessment, specific guidance on techniques, delegation and training. The therapist must be familiar with these guidelines (The Chartered Society of Physiotherapy: Guidance on Manual Handling in Physiotherapy 2008, The College of Occupational Therapists: Manual Handling, Guidance 3 2010);
- Rehabilitation handling techniques must be based on safer handling principles and utilise equipment where possible. The use of more staff for particular techniques may also be indicated;
- Rehabilitation handling techniques must not be delegated to other staff unless adequate training has been provided and competence has been demonstrated by the staff completing the delegated task. The therapist remains ultimately responsible.

## **6. Safer handling during resuscitation**

The Resuscitation Council (UK) has issued updated guidance for the safer handling of service users during resuscitation, especially the Bariatric service user. The principles of the safe handling of service users must be followed at all times.

Staff must take into consideration their own physical and individual capability, the weight and build of the service user before they carry out any manual handling.

Low friction material equipment such as slide sheets are useful for the re-positioning or turning of service users and should be available in all inpatient areas for use during resuscitation if required. They must be kept on the resuscitation trolley if possible or, if not, as close to it as possible and this must be made known to all staff. The training in the use of slide sheets will be covered during manual handling of the service user training. Unit managers must ensure that they have a suitable slide sheet available and the location of them made known to the staff.

### **6.1 Resuscitation on the floor**

If the service user has collapsed on the floor then they must not be moved unless there is a danger to them or others, however, if access to the service user is restricted by furniture or the environment then the staff should consider moving the furniture. If this is not possible it may be necessary that the service user is moved to an area that is less restricted, this must be done using slide sheets, if available to slide the service user to an area that is less restricted. This should be carried out by no



less than two staff but if the service user is a Bariatric service user it will require more staff to achieve this.

#### **7. Arrangements for access to appropriate specialist advice**

Line managers and staff can seek and access specialist advice from the manual handling advisor. This advice can be concerning the correct techniques / process for the handling of service users / loads or objects, including use of equipment and will include advice regards to the appropriate equipment available, where to order it from etc.

#### **8. How the organisation trains staff in line with the training needs analysis**

The movement and handling of people has always been considered hazardous and the advice and guidance available concerning training has been that the training must be specific to group needs and job specific according to the level required (National Back Exchange 2002). The frequency of training is dependent on the level of risk staff face and guidance is to update people movement training annually. The employers legal duty for training are enshrined in the Health and Safety at Work etc Act 1974 and the Management of Health and Safety at Work Regulations 1992.

Training requirements in relation to this policy are identified on the CWP Training Needs Analysis as detailed in [mandatory employee learning policy](#)

#### **Students**

Educational bodies requesting clinical placements for students are responsible for ensuring that students have received suitable / sufficient manual handling training.

## Appendix 1 - Service user handling risk assessment and handling plan

Patient details			
Surname		Forename	
NHS number		Date of Birth	

Patient moving and handling assessment and handling plan			
Height		Weight (state if estimate)	
Can the patient move independently (with or without the use of any equipment)			
<input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, assessment need go no further)			

### Assessment

Patient condition	Yes / No	Comments
Fully Alert		
Sight difficulties		
Able to weight bear		
Aids to mobility e.g. stick / frame		
Unpredictable / challenging behaviour		
Fully continent		
Attachments e.g. catheter / PEG		
Epilepsy		
Hearing difficulties		
Pain		
Muscle spasm/weakness / stiffness		
Good communication / comprehension		
Skin condition satisfactory		
History of falls		

Working environment	Yes / No	Comments
Comfortable work conditions		
Adequate lighting		
Floor free from slip / trip hazards		
Adequate space		
Floor even and uncluttered		
Distractions		

**No handling task is ever risk free**

Patient details			
Surname		Forename	
NHS number		Date of Birth	

### Moving and handling plan

Task	No. of Staff	Equipment	Handling Plan
Chair / wheelchair transfers			
Repositioning in chair			
Toilet transfers			
Bed transfers			
Repositioning in bed			
Mobility			
Bathing / showering			
Foreseeable emergencies e.g. falls / seizures			
Other e.g. car / standing frame			

I acknowledge that this plan has been discussed with me

Service user or advocate		
Discussed with the service user	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Assessor		
Date		
Designation		

### Review

**A new form needs to be completed if there are any changes**

Review date:

## Appendix 2 - Non – service user manual handling risk assessment form

Summary of assessment			
Operations covered by this assessment			
Locations		Date of assessment	
<b>Overall priority for remedial action</b>		<b>NIL</b>	<b>LOW</b> <b>MEDIUM</b> <b>HIGH</b>
Date by which action is to be taken		Date for re–assessment	
Assessors name		Signature	

Section A – Preliminary		
Q1	Do the operations involve a significant risk of injury? If “ <b>YES</b> ” go to Question 2 ( <a href="#">Q2</a> ) If “ <b>NO</b> ” the assessment need go no further (if in doubt answer “ <b>YES</b> ”)	Yes / No
Q2	Can the operations be avoided / mechanised / automated at reasonable cost? If “ <b>NO</b> ” go to <a href="#">section B</a> overleaf. If “ <b>YES</b> ” proceed and check that the results are satisfactory	Yes / No

Section B – Detailed assessment overleaf	
What is the overall assessment of risk of injury? If “insignificant” the assessment need go no further. Any other category, go to <a href="#">section D</a> .	<b>INSIGNIFICANT</b> (risk rating 0-1) <b>LOW</b> (risk rating 2-5) <b>MEDIUM</b> (risk rating 6-14) <b>HIGH</b> (risk rating 15 -25)

Section D – Remedial Action
What remedial steps should be taken, in order of priority?
1.
2.
3.
4.
5.
6.

### And finally:

- Complete the summary above;
- Compare it to other manual handling assessments;
- Decide on your priorities for action;
- Take action and check that it has had the desired effect.

**Section B – Detailed assessment (complete as required)**

If the answer to any question is “yes” then place a tick against it and consider the level of risk, then enter notes for the remedial action in preparation of completing section D.

<b>TASK – does it involve:</b>	<b>Yes</b>	<b>Low</b>	<b>Med</b>	<b>High</b>	<b>Possible remedial action</b>
Holding loads away from the body?					
Twisting?					
Stooping?					
Reaching upwards?					
Large vertical movements?					
Long carrying distances?					
Strenuous pushing / pulling?					
Unpredictable movement of the load?					
Repetitive handling?					
Insufficient rest / recovery periods?					
Work rate imposed by a process?					
<b>LOADS – are they?</b>					
Heavy?					
Bulky / unwieldy?					
Difficult to grasp / hold?					
Unstable / unpredictable?					
Harmful e.g. sharp / hot?					
<b>ENVIRONMENT – are there?</b>					
Constraints on posture?					
Poor floors / carpets?					
Variation on levels?					
Hot/ cold / humid conditions?					
Strong air movements?					
Noisy conditions?					
Poor lighting conditions?					
Cables / wires across the floor?					
<b>INDIVIDUAL CAPABILITY – does the job:</b>					
Require unusual capacity?					
Present a hazard to those with health problems / pregnant?					
Call for special information?					
Require special training?					
<b>OTHER FACTORS:</b>					
Does clothing restrict movement?					
Does any personal protective equipment restrict movement / posture?					

### Appendix 3 - Procedure for the safe handling of the Bariatric service user

This procedure relates to the manual handling of the Bariatric service user, who weighs in excess of 25 stone (158kg). Clinically obese (Bariatric) service users can present a number of additional challenges and risks where manual handling is concerned.

#### Definitions

**Safe working load** - This is the stated maximum safe weight that any piece of equipment can safely lift or hold.

**Bariatric Service user** - This is defined as anyone who has limitations in health and social care due to their weight, physical size, shape or width, related health, tissue viability or mobility issues and environmental access.

**Body Mass Index (BMI)** - The formula used to determine if an individual is clinically obese. It is calculated by using the following formula:

$$\frac{\text{Weight in Kilograms (kg)}}{\text{Height in meters (m}^2\text{)}}$$

The guidelines from the National Institute for Clinical Excellence (NICE), state that a person should be considered clinically obese (Bariatric) if their Body Mass Index (BMI) score is 40 or above.

#### Equipment considerations

Every piece of equipment to be considered for use by the Bariatric service user should be assessed for its suitability / appropriateness. The following should be considered:

- Safe working load;
- Adequate internal proportions (width and depth) so as to accommodate the service user;
- Suitable height;
- The breaking wheel locking mechanism;
- Robust construction;
- Maintenance and service requirements;
- Compatibility with the environment, strength of floor etc;
- Compatibility with any other piece of equipment to be used.

The following should also be considered:

- Does the equipment have integral weighing scales? - This will help provide accurate information regards the weight of the "load" and negate the need for a transfer;
- Is the equipment power assisted? – Handlers could be at risk when positioning any piece of equipment;
- Can the equipment be adjusted? – Height and width adjustments may add to the versatility of the equipment and could help reduce the risk;
- Do the arms / sides detach? – Transfers may be simplified and handlers could avoid the need to reach or stretch;
- Does the equipment profile? – A fully adjustable bed may remove the need for an armchair. A Riser / recliner chair may allow a patient to stand and can encourage independence;
- Can the service user operate the equipment? – It may be considered appropriate for the service user to control the equipment by themselves. Alternatively, the handler may wish to prevent the service user from operating the equipment independently.

Consideration needs to be given as to whether any specialist equipment required is to be purchased or rented. Advice concerning this can be sought from the manual handling advisor.

### **On admission to the ward or following first referral**

On admission to the ward or following first referral where there is an identified need to assist the Bariatric service user with their handling and transfer needs a manual handling risk assessment and handling plan must be completed (see [appendix 1](#) and [appendix 2](#)).

Staff should try to ascertain an accurate measure of the service user's weight. Advice on the methods available to weigh service users can be sought from the manual handling advisor.

This assessment must be completed by a competent person and must take into account the following:

- The load to be handled – weight, bulk etc;
- The individual capability of the service user and the staff undertaking the handling activity / task;
- The task that is required to be undertaken – transfer from bed to chair etc;
- The environment where the handling task is to take place – the ward or other clinical setting.

Consideration needs to be given to the formulation of a safer handling plan, which offers protection to both the staff and the service user. Staff should complete [appendix 4](#) for inpatient services to assist with the formulation of a safe handling plan for the Bariatric service user.

#### Appendix 4 - Planning inpatient (ward) care for the Bariatric service user

Name		DOB	
Address			
Ward			
Weight		Height	BMI
Date		Planners name	
Designation		Ward	

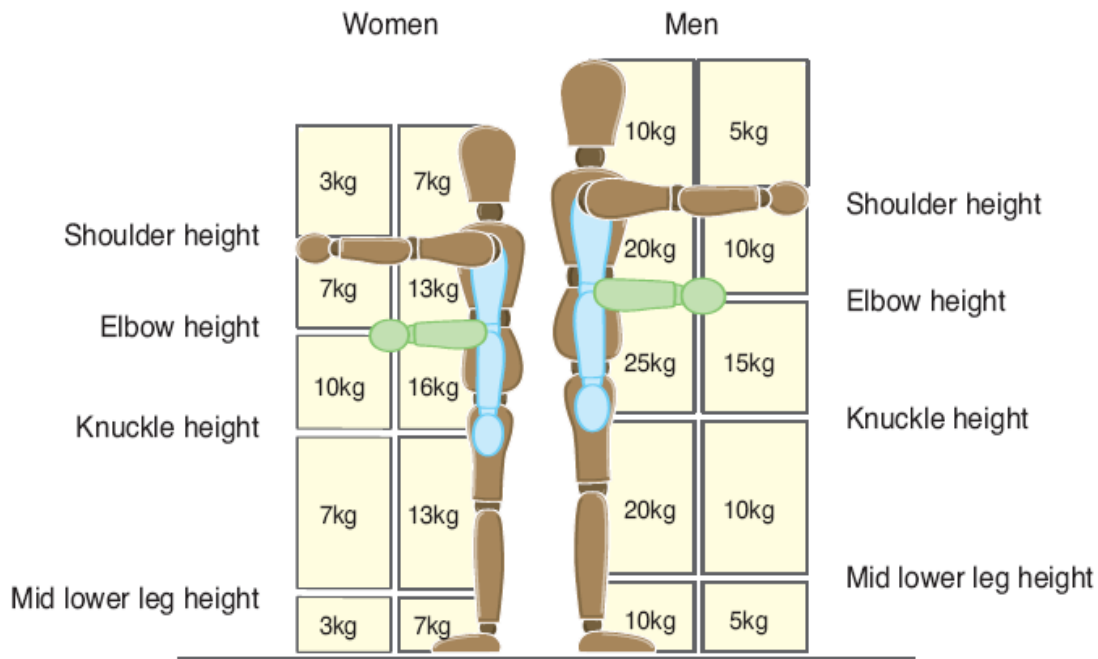
Planning	Considered Yes / No	Action taken / comments
Package of care assessment: <ul style="list-style-type: none"> <li>- Manual handling assessment;</li> <li>- Number of staff required to meet service users handling needs;</li> <li>- Suitable area for care – no obstructions etc.</li> </ul>		
Assessment of equipment needs: <ul style="list-style-type: none"> <li>- Hoist – type etc. (including sling);</li> <li>- Bed;</li> <li>- Chair;</li> <li>- Commode;</li> <li>- Wheelchair;</li> <li>- Other.</li> </ul>		
Rental / purchase of specialist equipment:		
Refer to other agencies (see list):		
Consider staff training needs:		
Other considerations:		
Other specialist involvement / intervention: <ul style="list-style-type: none"> <li>- Manual handling advisor;</li> <li>- Physiotherapist / OT;</li> <li>- Tissue viability nurse;</li> <li>- Dietician;</li> <li>- Continence nurse;</li> <li>- Psychologist.</li> </ul>		

Further planning

Signed		Designation	
Ward		Date	



## Appendix 5 – guidance figures for loads



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Explanation of the above guidelines:

The above figures are for the Lifting and Lowering of objects or loads. They are a guide to help decide if a handling task is considered hazardous or not.

The maximum guide for a female staff is **16kg (36lb)** and **25kg (55lb)** for a male. These guides assume that the load will be carried at waist height and close to the body. When a load is handled away from the body or above or below waist height the guide figures drop.

For example, if a female member of staff was to transfer a box from a table classed as at knuckle height and place it on a shelf classed as at shoulder height, their hands would pass through 3 zones to achieve this. The guide weights would then be either **7kg (16lb)** if the load was kept close to the body or **3kg (8lb)** if the load was held away from the body.

By using the guide weights staff can decide if the manual handling task is hazardous. So, if the weight exceeds the guide figures for the task to be performed the task will be classed as hazardous and a full risk assessment should be performed.

**Where there is any doubt concerning the weight of the load, a person's capability or the task then it should be viewed as hazardous and a full risk assessment should be carried out if the task cannot be avoided.**