



MANUAL HANDLING POLICY (LOAD MANAGEMENT, ERGONOMICS, PATIENT HANDLING & POSITIONING)

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MANUAL HANDLING POLICY

1. RATIONALE

In accordance with the Trusts Health and Safety Policy, Statement of Intent and the Risk Management Strategy, Yeovil District (YDH) NHS Foundation Trust recognises its legal requirements regarding the risk management of all aspects of safer moving and handling activities, including patient handling, positioning and ergonomics. The Trust is therefore committed, to ensure that health and safety requirements required in the Manual Handling Operations Regulations 1992 (as amended) and other relevant legislation and regulations are implemented.

2. AIM

The aim of this Policy is to set out the risk management strategy to be adopted within the Trust, in order to ensure that the potential risk of injury to both staff and patients is reduced and kept to the lowest level so far as is reasonably practicable.

3. DEFINITIONS

- **Lifting:** – bearing of full/part weight of an object or person using static or dynamic bodily force involving elevation.
- **Manual handling:** – transportation or support of any load (including the lifting, putting down, pushing/pulling, carrying or moving thereof) by hand or bodily force and includes the use of mechanical aids.
- **Load:** - any discrete movable object, including a person receiving medical attention.
- **Posture:** – pressure placed on the human spine in a variety of positions.
- **Risk Assessment:** - method by which hazards are identified that may cause harm to identify the level of risk so that appropriate controls and risk reduction actions can be taken.
- **Static loading:** – resulting stresses and strains (muscular tension) on the musculo-skeletal system when adopting different (working) postures.
- **Load management:** – processes implemented to ensure safe moving or supporting of inanimate object.
- **Ergonomics:** – the study of people's efficiency in their working environment.
- **Base Position/Movement:** – ergonomic working posture.
- **Patient handling:** – the moving, transferring and re-positioning of people receiving medical attention.
- **Clinical staff:** – any member of staff that in the course of their normal duties is required to have direct physical contact with patients.
- **Non clinical staff:** – any member of staff that in the normal course of their duties would not be expected to have direct physical contact with patients.

4. LEGISLATION

The following legislation applies to this policy:

- **Health and Safety at Work Act 1974**
- Management of Health and Safety at Work Regulations 1999
- Workplace (health, safety and welfare) Regulations 1992
- Manual Handling Operations Regulations 1992 as amended
- Provision and Use of Work Equipment Regulations 1998
- Lifting Operations and Lifting Equipment Regulations 1998
- The Supply of Machinery (Safety) Regulations 2011 (as amended)
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
- Human Rights Act 1998
- Mental Capacity Act 2005
- Equality Act 2010
- Safeguarding Vulnerable Groups Act 2006
- The Care Act 2014
- Corporate Manslaughter and Corporate Homicide Act 2007
- Health and Social Care Act 2012

5. RESPONSIBILITIES

5.1 Chief Executive

The Chief Executive is the overall accountable officer for all aspects of health and safety within the Trust.

5.2 Chief Finance and Commercial Officer

The Chief Finance and Commercial Officer is the Director with responsibility of Health and Safety, ensuring that appropriate arrangements are managed across the Trust to protect staff and patients from harm.

5.3 Senior Managers, Line Managers and Professional Leads

Senior managers, line managers and professional leads have a key role in leading and co-ordinating health and safety matters including manual handling. They are responsible for ensuring that manual handling risk management arrangements are implemented as described in this policy. These management systems include:

- ensuring all levels of staff are aware of, understand and comply with the manual handling policy and supporting guidance
- ensuring all depts. complete both clinical and non-clinical manual handling risk assessment in line with this policy.
- ensuring staff receive appropriate training, information, instruction and supervision in manual handling risk management
- ensuring adequate resources to manage and implement safer moving and handling of loads/people and sound ergonomic working procedures

Line managers have an important role to play in the provision of a safe working environment and are responsible ensuring their staff follow safe manual handling techniques and communicate safe practices by:

- implementing safer manual handling and ergonomics techniques
- avoiding any hazardous manual handling and ergonomic activities ensuring that a specific manual handling risk assessment is documented when the need for manual handling including ergonomics cannot be avoided
- ensuring that actions resulting from risk assessment are implemented
- ensuring that manual handling risk assessments and control measures / action plans are reviewed and made readily accessible by staff.
- ensuring staff attend manual handling induction and mandatory training updates
- supporting the MHA in the promotion and enforcement of best practice and in the use of moving and handling (ergonomic) equipment
- ensuring that staff report all moving handling and ergonomic incidents in line with the incident reporting policy
- referring staff to OH in the event of staff requiring assessment and/or advice in order to be deemed fit for work / remain at work / return to work.

5.4 Safer People Handling and Ergonomic Trainer - (Moving Handling & Ergonomics Advisor)

The MHA will act as the Nominated Manual Handling Competent Person (NMHCP) for the Trust and will ensure manual handling risk is effectively managed and monitored, with assistance from the Academy Manager by:

- providing and undertaking (clinical) professional advice for all manual handling and ergonomic matters and act as a specialist resource in the subject of manual handling within the trust. This includes load management, ergonomics with advice from the Fire, Health and Safety Advisor and Occupational Health Team (workplace design/layout, workstations and working postures and practice), patient handling and positioning
- delivering appropriate handling training, staff support, compliance monitoring and audit
- investigating manual handling incidents to identify learning. reviewing and amending the manual handling policy and guidance
- providing specialist advice on risk assessment and recommendations to minimise risk of an adverse incident or injury
- undertaking generic and individual specific risk assessments including ergonomic task analysis and advising relevant parties on remedial action
- attending health and safety meetings and other appropriate risk management meetings for specialist advice input
- maintaining a high standard of professional knowledge and skills in terms of manual handling by means of continued appropriate training and networking in order to act as the MHCP.

5.5 Fire, Health & Safety Manager

The Trust's Fire, Health and Safety Manager fulfils the role of lead competent person in relation to the management of health and safety at work. The post holder is to:

- provide support and advice to Managers, the MHA and local trainers (where appropriate) on legal and technical compliance with manual handling regulations
- provide training and assessment to relevant staff groups as required to assist management in achieving the requirements of this policy.

5.6 Specialist Handling Personnel

All Specialist Personnel (e.g. Physiotherapists, Occupational Therapists, Critical Care staff) must endeavour to keep professionally updated in their specialist handling techniques as deemed appropriate by their individual governing bodies etc in addition to adhering, so far as is reasonably practicable, to trust core manual handling principles.

5.7 All Staff

All staff are to comply with this policy in order to maintain their own personal safety and the safety of patients. They are:

- to be aware of their individual physical capabilities and endeavour to keep fit and healthy in order to carry out their designated duties
- to inform their Manager of any change in their individual ability to undertake manual handling pertinent to their role
- to attend initial induction training and appropriate timely mandatory updates relevant to their duties
- to use safer ergonomic manual handling techniques/principles at all times when working in line with training. To use appropriate handling equipment provided at work in line with training as necessary
- to report any manual handling adverse events including near misses in accordance with the incident reporting policy.

5.8 Occupational Health Department

The Occupational Health department may be referred to for the following:

- providing pre-employment screening to identify personnel who may be at risk when undertaking manual handling
- monitoring employees who develop or at the risk of developing health problems associated with manual handling whilst at work
- providing advice on rehabilitation programmes for referred employees
- working in collaboration with the MHA to ensure any (referred) member of staff is appropriately assessed
- liaising with the MHA when appropriate regarding moving, handling and ergonomic incident and sickness absence trends.

5.9 Yeovil Academy Manager and Induction/Mandatory Training Lead

The Yeovil Academy Manager is responsible for:

- ensuring a system is in place for recording all manual handling training undertaken within the Trust via the OLM database managed by the Academy
- ensure that manual handling training requirements are included in the Training Needs Analysis Matrix (TNA)
- ensure the requirements under the Trust Corporate and Local Induction for Permanent and Temporary Staff Policy is followed.

6 RISK MANAGEMENT STRATEGY

The Trust will adopt an ergonomic approach and endeavour to work to a '**MINIMAL and SAFER LIFTING**' policy. This means that while noting that manual lifting is part of every day life and cannot always be entirely eliminated or be made totally safe, unavoidable and

hazardous manual handling will be kept to an absolute minimum, and, founded on suitable and sufficient risk assessment. Alternative safer methods, based on recognised evidence-based best practice, will be used wherever possible. In the case of unforeseen imminent life threatening situations a dynamic assessment approach will be adopted.

The Trust will ensure that it adheres to the risk management strategy to aid safer (clinical) moving, handling and ergonomics by:

- **Avoiding** any hazardous manual handling tasks where possible
- **Assessing** any (clinical and non-clinical) manual handling tasks/prolonged working postures that are unavoidable must be risk assessed
- **Reducing** the level of risk so far as is reasonably practicable. All risk assessments include action plans which are to be implemented by the person conducting the risk assessment; this must be clearly documented in the risk assessment. If actions cannot be implemented the line manager must be notified and an incident report must be made
- **Reviewing** any risk assessment should be within the appropriate time frame or at least annually, implementing and documenting changes as required. Other triggers for review are:
 - following an actual or near miss adverse incident that resulted in actual or potential significant harm
 - change in legislation
 - change in workforce
 - change in equipment
 - change in procedures/processes
 - change in location

7 MANUAL HANDLING AND ERGONOMIC RISK ASSESSMENTS

Manual handling & ergonomic risk assessments are to be documented to identify any potential hazardous (clinical and non-clinical) manual handling/working posture and will be conducted by managers. These assessments must be accessible for staff to read and refer to and kept within the departments for reference, audit and compliance monitoring. To be suitable and sufficient all assessments will take into account the following components:

- Task
- Individual capability (member(s) of staff undertaking the task)
- Load (object / person)
- Environment
- Equipment

Before undertaking any (clinical, non-clinical) manual handling activity staff must assure themselves that it is appropriate by:

- Thinking about what is needed to be done
- Assessing the task and ensuring that the current risk assessment and system of work is still appropriate
- Planning and preparing the activity as per the risk assessment and documented system of work

- Execute and evaluate the activity and if necessary make any amendments and ensuring that they are documented in action plans.

7.1 Types of Manual Handling & Ergonomic Assessments

The Trust will follow 4 types of planned and foreseeable manual handling and ergonomic risk assessments to achieve the aims of this policy. These are based upon the implementation of safe load management and ergonomic working principles, the use of safe patient positioning and handling techniques and planned provision, maintenance and inspection of equipment. To support these risk assessments and their outcomes safer load management and ergonomic working procedures for managers can be found at **Annex A** to this policy.

7.1.1 Equipment Risk Assessment – All equipment used within the Trust for moving and handling of individuals will be risk assessed. Staff will be required to use principles of safer moving and handling, learnt through mandatory training and induction in line with manufacturer's instructions, in conjunction with risk assessments to reduce risk.

7.1.2 Patient specific handling profile – a clearly documented inpatient specific manual handling risk assessment must be completed / amended within 12 hours of admission triggered by the initial Nursing Assessment. It should be repeated on ward transfer and/or when the patient condition/circumstances change and must be referred to prior to moving, transferring and/or (re)positioning a patient except in the event of an imminent life threatening situation. This should be kept with the patient health records.

7.1.3 General manual handling risk assessment (for lifting/carrying and/or pushing or pulling inanimate loads) these are indicated when:

- Minimal lifting/carrying – any load of 5kgs or greater to be carried over a distance 10m or more requires a specific risk assessment to deem appropriate and safe as per MHOR '02 -
- Minimal pushing/pulling – any load to be pushed or pulled over 20m requires a specific risk assessment to deem appropriate and safe as per MHOR '02

This can be found on the intranet under Health and Safety

7.1.4 Ergonomic Job Task Analysis including Rapid Entire Body Analysis (REBA) and Rapid Upper Limb assessment (RULA) - undertaken by Academy Manager or MHA only.

7.2 Arrangements for Ensuring Action is Taken - actions from carrying out the risk assessment must be documented in the risk assessment, if actions cannot be taken this must be raised with the line manager and an incident report made. The incident report should identify why the risk assessment actions cannot be taken. If this is patient specific, a record should also be included in the patient's health record.

8 EMERGENCY / LIFE THREATENING SITUATIONS

The Trust recognises that emergency or imminently life threatening situations may occur at any time and may not be foreseen. Wherever possible, the Trust advocates that equipment and safer handling techniques should be used to minimise the risk of injury. Possible scenarios include but may not be limited to:

- Moving a collapsed person from (wheel)chair /commode to floor
- Evacuating people downstairs in the event of a fire
- Evacuation from a (birthing) pool/bath
- Evacuation from a confined space
- Manual lifting of an adult from a floor in a life threatening or exceptional circumstances
- Lowering a patient from a complete/incomplete strangulation

These possibilities should be included in the generic risk assessment.

9 MANAGEMENT OF THE HEAVIER PATIENT

The Trust will ensure that the minimal specialist equipment is available in good working order and condition at all times for any planned/unplanned admission of a heavier person. The Trust will also ensure that the environment and facilities in which they are being cared for is appropriate and conducive to their needs as well as ensuring that sufficient staffing is provided as deemed necessary by risk assessment

10 MANAGEMENT OF THE FALLING AND FALLEN PATIENT

The Trust would never expect a staff member to compromise their own safety under any circumstances. For details on managing the falling and fallen patient refer to the Prevention and Management of In-Patient Falls Policy and associated guidance.

11 SPECIALIST ADVICE

If specialist advice is required, staff should contact the MHA on Ext 4585 (Academy reception) and leave a message if necessary, or alternatively e-mail the MHA if the issue is not a priority. Advice may be given by phone or if necessary in person at the scene.

If the MHA is not available and specialist patient handling equipment is required staff should contact either: the Fire, Health and Safety Officer on Ext 4224, or the or Academy Manager on Ext 4476 for advice.

12 TRAINING

The Trust will inform, instruct, train and supervise all staff in the observance of the requirements of this policy and the Mandatory Training Policy set out the arrangements for training. Manual Handling training is included in the Trust's Training Needs Analysis (TNA). All staff, be they substantive, bank/temporary, voluntary, clinical or non-clinical including students, must undertake the appropriate manual handling training. Managers will be informed on staff attendance at training to allow monitoring and action to take place.

13 IMPLEMENTATION, MONITORING AND EVALUATION

This policy will be managed by the MHA, supported by the Fire, Health and Safety Advisor, Academy Manager and monitored by the Health and Safety Committee. An annual health and safety report including manual handling including responsibilities and existing arrangements for specialist advice will be submitted to the Board of Directors

Training attendance reports will be compiled and submitted by Yeovil Academy on a yearly basis as a minimum to the Risk Assurance Committee.

Process of following up those who fail to attend training shall also be monitored in accordance with the Training policy. Reports of non-attendance will be sent to Managers and, if required HR in support of the appraisal policy.

The use of agreed manual handling techniques including appropriate risk assessment, equipment, training provision and content shall be monitored by the MHA undertaking unplanned compliance spot checks of staff in all working areas and by trends found in incident reports. The Incident reporting system will be reviewed by the Health and Safety Committee with data presented by the Health and Safety Manager to review incidents raised as a result of actions not being able to be carried out as a result of risk assessment.

Risk assessments shall be monitored through the Trust risk register and local ad hoc compliance checks made by the MHA.

Any action required following these checks will be forwarded to the line manager for action. The Health and Safety Committee will overview monitoring actions.

14 REFERENCES

- Health and Safety Policy and Procedures
- Risk Management Strategy
- Incident Reporting Policy
- Training Policy in HR Manual
- Prevention and Management of In-patient Falls Policy
- Infection Control
- Medical Devices Management Policy
- Safeguarding Vulnerable Adults Policy
- The Guide to the Handling of Patients 6th Edition 2010 – RCN,NBE and Back Care
- Moving and Handling Advice Guides RCN
<https://www.rcn.org.uk/get-help/rcn-advice/moving-and-handling>
- Guidance for safer handling during cardiopulmonary resuscitation in healthcare settings (UK) – July 2017 <https://www.resus.org.uk/publications/guidance-for-safer-handling-during-cpr-in-healthcare-settings/>

15 APPLICABILITY

This policy applies to all staff both clinical and non-clinical, including substantive and bank/temporary posts, volunteers and students working within Yeovil District Hospital NHS Foundation Trust. Failure to follow this policy may result in disciplinary procedures being taken against individuals who do not follow safe handling practices.

16 EQUALITY IMPACT ASSESSMENT

This policy has been assessed and implemented in line with the policy on procedural documents and an equality impact has been carried out to ensure the policy is fair and does not discriminate any staff groups. A complete Equality Impact Assessment can be found at **Annex B**.

ANNEX A – TO THE MANUAL HANDLING POLICY

MANUAL HANDLING GUIDANCE FOR MANAGERS

1 SAFER LOAD MANAGEMENT AND ERGONOMIC WORKING PROCEDURE

The following process and techniques are to be followed to ensure safer load management and ergonomic working postures are adopted across the trust

- Risk assessment should be carried out and a safe system of work be implemented before manual handling takes place if potential risk is identified
- Handling aids must be used where appropriate to minimise risk
- The identified number of handlers should be adequate for the type, shape and weight of the load and distance to be moved and handled
- All handlers must be familiar with the system of work for the manoeuvre. Where several handlers are involved, a team leader must be nominated to instruct the other handlers
- Any furniture or equipment that may hamper the good position of handlers should be removed by staff if safe to do so
- Non-compliance with safe practice should be deemed an incident and an incident report form should be completed
- Kinetic lifting/adoption of good base position (ergonomic working posture)
- Minimal lifting/carrying – any load of 5kgs or greater to be carried over a distance 10m or more may require a specific risk assessment to deem appropriate and safe as per MHOR 1992
- Minimal pushing/pulling – any load to be pushed or pulled over 20m may require a specific risk assessment to deem appropriate and safe as per MHOR 1992
- Only one trolley/goods cage etc to be manually pushed or pulled by one member of staff at any one time
- More than one goods cage to be transported using a motor mover
- Hospital beds / patient trolleys:
 - Minimum 1 person to move an empty bed around bed space;
 - Minimum 2 people to move within ward / dept either occupied or empty
 - Minimum 2 people to move around hospital site either occupied or empty
 - The exception to this will be in situations where a Stryker trolley is used and deemed, by the manufacturer, as appropriate for one person to move both occupied and unoccupied
- Laundry bags to be filled 2/3 full only
- Self levelling wheeled bins to be loaded level with rim of bin only
- Goods/roll cages 2/3 full only and to be manually pushed one at a time using 2 hands over a short distance of up to 20m. There is no specific limit to the distance over which the load is pushed or pulled as long as there are adequate opportunities for rest or recovery. Use of a motor mover for distances over 20m where a break is not possible
- Refuse/clinical waste bags to be filled 2/3 full only
- Clinical/general refuse bulk collection bins – lid to be lifted using 2 hands from the side of the bin and rest lid against wall if possible then place bags into bin
- Shredded paper for recycling bags to be filled 2/3 full only
- Un-shredded paper for recycling bags to be filled 1/3 full only
- Patient note boxes to be packed neatly with lids securely on
- Use of appropriate moving handling and ergonomic aids such as sack trucks; long handled angled dusters; box trucks
- Use of height adjustable tables
- If appropriate aids are not available to move and handle specialist equipment then the suppliers or specialist handlers must be called in to move load or appropriate equipment must be hired

- Sound workstation ergonomics including appropriate and adequate seating and working environment /design and layout factors

2 PATIENT HANDLING TECHNIQUES

There are a range of techniques available for staff to use when handling patients. The following section details those that are safe to use and those which are unsafe and not be used any longer within the Trust

2.1 SAFER PATIENT HANDLING AND POSITIONING TECHNIQUES

- It is mandatory that all staff who undertake the movement of patients attend patient handling training. The frequency of such is identified in the organisation's statutory and mandatory training passport
- Patients should be weighed to ensure that the equipment provided is compatible with their weight. Walk-on, wheelchair and hoist scales are available for staff use
- A patient handling profile should be carried out and a safe system of work be implemented before transfers take place
- Patients are to be encouraged to assist in their own transfers
- Handling aids must be used where appropriate to minimise risk
- The identified number of handlers should be adequate for the patient's size and the ability of the patient to assist with the task and documented in the risk assessment
- All handlers must be familiar with the system of work for the manoeuvre. Where several handlers are involved, a team leader must be nominated to instruct the other handlers
- Any furniture or equipment that may hamper the good position of handlers should be removed by staff if safe to do so
- The patient must always be instructed and informed as clearly as possible. This communication must take into account the patient's social and cultural needs
- Reassessment of the needs and capabilities of the patient should be undertaken if the patient's condition changes, or three monthly for long term patients whether or not their condition has changed
- Non-compliance with safe practice should be deemed an incident and an incident report form should be completed

The following patient handling techniques have been deemed appropriate and **SAFER** options for Yeovil District Hospital Foundation Trust by the MHA, in accordance with the HSE, RCN and NBE guidance.

- Command ' Ready – Steady – action word' such as 'slide'
- Use of base movement/position - ergonomic working posture
- Turning / rolling /lateral positioning with a slide sheet/hoist with a minimum 2 handlers
- Log rolling a patient with sufficient staff members
- Supine lateral transfers with 'patslide' and lateral transfer sheet/slide sheet with a minimum of 3 handlers in a minimum of 2 moves
- Encouragement to patient to self assist with/without aids
- Sit to standing transfers including use of palm-fist grasp with minimum 1 handler
- Moving up/down bed with minimum 2 handlers using a slide sheet
- Repositioning in chair with slide sheet
- Buttock shuffle with/without facilitation by handler
- Palm to fist hold for support in walking with 1 or 2 handlers
- Appropriate use of patient hoists
- Appropriate use of patient transfer device – Arjo Stedy /Liko Roll-on
- Appropriate use of electric stand aids
- Appropriate use of electric profiling beds
- Verbally prompting patient to get up from the floor with minimum assistance

- Assisting patients up/down/on/off the bed/trolley/treatment couch with/without the use of appropriate aids
- Sliding patients to the floor prior to resuscitation if arrested in a chair with minimum of 1 handler
- Administer basic life support on the floor if the patient has arrested on the floor or in a chair
- Using a Hoverjack to raise fallers from the floor
- Use of a slide sheet to evacuate a fallen / collapsed patient from a confined space with minimum of 1 handler
- Use of the hoist with the scoop stretcher post resuscitation or significant injury following a fall to recover the casualty from the floor
- To manually team lift with sufficient numbers only in the event of imminent life threatening situation and when deemed no other alternatives are suitable

For more detailed guidelines on the above techniques, reference should be made to the document entitled 'Guidelines for the Safe Use of Patient Handling Equipment and How to Perform Recognised Patient Handling Techniques'.

2.2 UNSAFE PATIENT HANDLING AND POSITIONING TECHNIQUES

The following techniques have been found to compromise the health and safety of both staff and patients and lead to potential significant adverse incidents including psychological harm to a patient.

Any member of staff found to be practising any of these manoeuvres or modified versions, having attended a patient handling and positioning course, underwritten by the RMF, may be subject to disciplinary action, since these are examples of **PHYSICAL ABUSE** and **NEGLECT** to a patient as per the No Secrets document (Dept. of Health updated Jan 2015) – i.e. these could compromise the safeguarding of patients.

Therefore the Trust, in accordance with the HSE and RCN guidelines, will ensure that the following **controversial** patient handling techniques are not utilised within the Trust:

- Use of poles and canvas to lift
- Orthodox (cat cradle) lift
- Neck hold / pivot transfer / bear hug transfer
- Top and tail lifts
- Manually lifting a patient from the floor prior /during / post resuscitation or following a fall without appropriate clinical assessment or equipment or prior consideration of an alternative safer method
- Drag lift to aid standing from the sitting position or to move up the bed
- Using a lateral transfer board (patslide) without the use of a slide sheet
- Using bed sheets/canvas without a slide sheet in place as transfer aids
- Australian lift / slide
- Using '1-2-3' as a command
- Through arm lift / slide
- 'Dead man' lifts

3 EQUIPMENT PROVISION, MAINTENANCE AND INSPECTION PROCEDURE

The primary requirement of all patient handling and positioning equipment is that it is suitable for the patient, the user and the task for which it is intended and reduce the amount of physical effort to minimise risk and avoid injury. Equipment must be:

- Compatible with the surroundings
- Compatible with other equipment and mechanical aid
- Designed to avoid or reduce the need for manual handling
- Easy to use, move, adjust, clean and maintain

- Regularly serviced/maintained as appropriate, or visually inspected for obvious faults prior to each usage
- Staff must only use equipment for which they have had up to date training on.

In order to comply with Medical Devices Regulations (MDR) 2017, Provision and Use of Work Equipment Regulations (PUWER) 1998, and as stipulated in the Medical Devices Policy and the appropriate maintenance procedures, the Trust will ensure that all (clinical) manual handling and assistive technology equipment provided is suitable and adequate for the area and purpose it is being used. It will also ensure that at least annual planned preventative maintenance/service is carried out on all assistive technology such as beds, hi-lo beds, wheelchairs, patient transfer systems and hoists.

In addition this the Trust will ensure that patient lifting devices such as passive transfer hoists, reusable hoist slings, electric stand aids and bath hoists are subject to a thorough inspection every 6 months in order to be compliant with Lifting Operations and Lifting Equipment Regulations (LOLER) 1998.

The Estates and Facilities Directorate will undertake this on behalf of the Trust.

Additionally all equipment should be checked over to ensure that it is in good condition and working order prior to each use. It is the duty of all (clinical) staff using the equipment to do this.

If there is any doubt about the safe working condition of a piece of equipment, then the specific piece of equipment must be taken out of service and marked clearly that it should not be used and the procedure of reporting faulty equipment followed as dictated by the Medical Devices Management policy. Should the failure have the potential to adversely affect staff health and safety and / or patient safety and care or actually has done so, then an incident form should also be completed by the member of staff reporting the equipment failure as per the incident reporting policy.

Patient handling equipment approved for use within this Trust by the MHA include:

- Sliding sheets including disposable patient specific slide sheets
- Swivel cushions with/out leg support system
- Patient transfer devices – e.g. Arjo Stedy / Liko Roll-on/Quick mover (for appropriate patients only assessed by competent professionals)
- Small transfer boards – straight and curved
- Bed pulls
- Leg lifters
- 'Pat-slide' – lateral transfer board
- Lateral transfer sheets – reusable and disposable
- Hoists – mobile and overhead ceiling
- Patient specific general purpose transfer slings
- Appropriate reusable hoist slings
- 'Repo' sheets – reusable and patient specific
- Hoist walking jackets
- Electric stand aids
- Bath hoists – electric/hydraulic - stretcher or chair style – end or side loading as necessary
- Electric Profiling Beds including ultra-low beds
- Wheelchairs
- Patient Transport Chairs

No member of staff will be authorised to use specific manual handling aids unless they have received previous training and been deemed competent as per the medical devices management policy

ANNEX B: EQUALITY IMPACT ASSESSMENT TOOL

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

Name of Document: **Manual Handling Policy**

		Yes/No	Comments
1.	Does the policy/guidance 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	No	
2.	Is there any evidence that some groups are affected differently?	None	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	None Identified	
4.	Is the impact of the policy/guidance likely to be negative?	No	
5.	If so can the impact be avoided?	Not Applicable	
6.	What alternatives are there to achieving the policy/guidance without the impact?	Not Applicable	
7.	Can we reduce the impact by taking different action?	Not Applicable	

For advice or if you have identified a potential discriminatory impact of this procedural document, please refer it to The Equality & Diversity Lead, Yeovil Academy, 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 Trust's lead for Equality & Diversity.

Signed: **Safer People Handling, Ergonomics and Falls Awareness Trainer**

Date: **03/10/2017**