NHSGGC

Moving & Handling Policy

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1 Policy Statement

NHS Greater Glasgow and Clyde (NHSGGC) recognises its duty of care to employees and its responsibility as an employer. NHSGGC acknowledges that staff involved in the moving and handling of people and / or loads may face the risk of injury, and therefore attaches major importance to the health, safety and welfare of the staff.

The aim of this policy is, through risk assessment, to reduce this risk to the lowest level reasonably practicable. It is developed in accordance with legislative and professional guidance documents.

In practice this means that NHSGGC promotes:

- The avoidance of manual handling where it is reasonably practicable to do so by employing solutions to eliminate the task;
- Where it is not possible to avoid the task, assessment of manual handling risks through generic and specific risk assessment;
- In terms of people handling; the elimination of high risk practices (Appendix 1); and maximisation of co-operation and independence from the person.

2 Scope of Policy

This policy, in accordance with the NHSGGC Health and Safety Policy, applies to the following groups:

- All employees of NHSGGC
- All independent contractors, including GP’s, GDP’s and their staff, working in NHSGGC premises
- All employees of other organisations working in NHSGGC premises
- Any contractors or suppliers whose actions may affect the employees or patients / clients of NHSGGC

3 Policy Aims

3.1. to comply with the Manual Handling Operations Regulations (HSE, 2004); the standards laid out in The NHS Scotland Manual Handling Passport (Scottish Government, 2011); and all other related legislative and professional guidance;

3.2. to meet the general commitment to the health and safety of staff described in the NHSGGC Health and Safety Policy (2012);

3.3. to eliminate manual handling operations which may cause a significant risk of injury wherever this is reasonable practicable, and otherwise to reduce risks to the lowest level;

3.4. to promote the need for an effective ongoing Risk Assessment procedure to include; Moving and handling generic risk assessments;
and individual risk assessments for people, held with other relevant documentation;

3.5. to reduce the risk of moving and handling injuries by utilising appropriate equipment;

3.6. to increase awareness of principles that facilitate effective moving and handling;

3.7. to prevent the manual lifting of the full / major portion of the body weight of people;

4 Strategy for Implementation

The strategy for reducing moving and handling risks is as follows:

4.1 establish an organisational structure allowing communication between all levels of staff and moving and handling personnel (see Figure 1 below);
4.2. define areas of responsibility regarding moving and handling for all members of staff;

4.3. provide procedures for undertaking and monitoring the risk assessment process for manual handling operations where there may be a risk of injury;

4.4. establish procedures to identify appropriate equipment needs highlighted from risk assessment process;

4.5. establish procedures to prioritise financial resources required e.g. use of the Risk Register;

4.6. where appropriate a minimum of one Link person is identified and in place within each people handling Area, the moving and handling team can be approached for guidance;

4.7. establish a mechanism to monitor the effectiveness of the Moving and Handling Policy.

5. Areas of Responsibility

5.1. The Chief Executive / Director of Human Resources
The Chief Executive has overall responsibility for all health and safety matters. The Director of Human Resources has delegated responsibility from the Chief Executive and is responsible for ensuring the Health and Safety Policy is implemented throughout the organisation.

5.2. Acute and Partnership Directors
Have responsibility for ensuring that sufficient and suitable risk assessments are made, that the Moving and Handling Policy is being applied and that local procedures are prepared to comply with them.

5.3. Senior Managers & Heads of Departments
Are responsible for:

1) Ensuring the Moving and Handling Policy is implemented and that staff to whom specific responsibilities are delegated, are fully aware of and discharge these responsibilities. Where they do not have the authority to deal with such matters they are brought to the attention of more senior management

2) ensuring that generic risk assessments are completed, updated as necessary, that is, when change occurs, and reviewed annually;

3) reducing the risks identified by risk assessments as far as is reasonably practicable by establishing time bound strategic planning of resources;

4) developing and monitoring the implementation of a course of action to reduce risk identified by the Local Manager (so far as is reasonably practicable) on investigation of incidents reported through DATIX;

5) conducting risk assessments during the design stage of new facilities, including the seeking of ergonomic advice when necessary;
6) ensuring that all members of staff seek appropriate moving and handling input, in accordance with the guidelines within this policy;

7) ensuring within people handling areas, where appropriate, that a Link person is identified and in place within each area, and are made available to assist the moving and handling team;

5.4. Local Managers

Are responsible for:

1) Regularly reviewing their workplace, equipment and procedures in relation to existing generic risk assessments to ensure that they are up to date and where new risks are identified, undertake generic risk assessments. Review assessments when change occurs and at least annually. For guidance as to when a risk assessment may be required see Appendix 2;

2) ensuring that individual assessments are carried out when appropriate and reported in relevant documentation;

3) ensuring implementation of the Moving and Handling Policy with particular regard to the use of high risk techniques and practices (Appendix 1).

4) ensuring that appropriate existing and new equipment is registered with the Estates Department to enable compliance with relevant legislation and to follow NHSGGC procedures for servicing and maintenance of equipment;

5) implementing safe systems of work as identified by the risk assessment documentation;

6) where appropriate identify a minimum of one person to become a Link between staff in their area of work and moving and handling. The moving and handling team can be approached for guidance;

7) ensuring that Link people are released to assist the moving and handling department. This would be agreed at a local level and be commensurate with competing demands within the ward/department;

8) where staff regularly physically assist people to move or undertake regular manual handling of loads, that an appropriate system of local competency assessment is provided;

9) ensuring their staff have received appropriate education through assessment / face to face instruction / e-Learning or other approach;

10) maintaining a record of moving and handling assessment / training for individual members of staff at Ward/Departmental level;

11) ensuring that incidents and near misses are recorded via DATIX;

12) investigating incidents reported on DATIX, relevant to their area and if further action is required to prevent reoccurrence, report the findings to the Senior Manager and staff involved;

13) referring, where appropriate, members of staff returning from absence following a musculo-skeletal disorder with continuing
symptoms to Occupational Health and/or moving and handling for review with regards to further input;

14) ensuring that new/inexperienced staff work in conjunction with appropriately trained staff in order to reduce the potential risk of injury;

15) notifying the Occupational Health, Moving & Handling and Health & Safety teams as soon as possible, if serious injury resulting from a moving and handling incident occurs;

5.5. All Staff have the following responsibilities:

1) take reasonable care of their own health and safety and that of others who may be affected by their activities or omissions;

2) comply with NHSGGC’s Moving and Handling Policy;

3) When appropriate, in people handling areas, staff must carry out individual moving and handling assessments. These must be recorded with a safe system of work in the relevant documentation;

4) follow policies and procedures identified by risk assessment and/or care plans. If this is not possible report and/or record any changes required;

5) avoid manual lifting of the full/major portion of the body weight of person, except in exceptional or life threatening situations (Appendix 3);

6) recognise high risk handling activity (Appendix 1) and understand why these activities are unacceptable and must be reported;

7) make full and proper use of equipment and know how to report faults;

8) apply principles learnt from moving and handling education to facilitates efficient movement and handling, to the best of their ability;

9) be aware of their own personal capability before handling loads, and seek assistance if required;

10) report any incidents of musculoskeletal pain to their Local Manager. If the incident is related to work this must be reported on DATIX. If required, self refer to occupational health and/or physiotherapy.

5.6. Head of Health & Safety

The Head of Health & Safety is the primary source of expertise in health and safety issues and is appointed by the Chief Executive. The Head of Health & Safety provides advice for all aspects of health and safety. This includes co-ordination of moving and handling risk assessment.
5.7. **Moving and Handling Service Lead**

The Moving and Handling Service Lead is the primary source of expertise in moving and handling issues, and has the following responsibilities:

1) to advise on strategic developments required to reduce musculo-skeletal disorders and to comply with legislation and current best practise;

2) to audit the risk assessment process and advise when necessary;

3) to promote the implementation of the NHSGGC Moving and Handling Policy;

4) to provide advice for managers and staff at all levels of the Organisation;

5) to develop moving and handling standards across the Organisation;

6) to advise on design and equip of new builds and refurbishments where appropriate;

7) to maintain a record of moving and handling education for all members of staff within NHSGGC and provide reports to relevant personnel;

8) to investigate relevant moving and handling incidents reported via DATIX;

9) to liaise with service providers regarding moving and handling and to be involved in discussions regarding future service level contracts.

10) to manage and support the staff comprising the moving and handling team

11) to maintain an advanced level of expertise, NHSGGC insists that the Moving and Handling Service Lead will attend regular updating relating to moving and handling. In addition the Moving and Handling Service Lead will be expected to be involved with relevant national organisations including the Scottish Manual Handling Forum and National Back Exchange.

5.8. **Moving and Handling Lead Practitioners**

The Lead Practitioners responsibilities are as follows:

1) To assist the Moving and Handling Service Lead with the risk assessment process;

2) to promote the implementation of the NHSGGC Moving and Handling Policy;

3) liaise between Moving and Handling Service Lead, Moving and Handling Practitioners, General / Service Managers, Local Managers and Link Staff;

4) to provide support for implementation of the Organisations moving and handling education strategy including support to link staff;
5) to assist the Moving and Handling Service Lead on the design and equip of appropriate new builds and refurbishments;
6) to assist the Moving and Handling Service Lead to investigate relevant moving and handling incidents reported via DATIX;
7) to give supervision and support to Moving and Handling Practitioners;
8) to promote principles that facilitate efficient movement and handling of people and loads;
9) to maintain an advanced level of expertise, NHSGGC insists that the Moving and Handling Lead Practitioners will attend regular updating relating to moving and handling. In addition the Moving and Handling Lead Practitioners will be expected to be involved with relevant national organisations including the Scottish Manual Handling Forum and National Back Exchange.

5.9. Moving and Handling Practitioners

The Practitioners responsibilities are as follows:

1) To assist the Moving and Handling Service Lead / Lead Practitioners with the risk assessment process and to advise Local Managers on departmental risk assessment processes:
2) to promote the implementation of the NHSGGC Moving and Handling Policy;
3) liaise between Lead Nurses, Local Managers and Link Staff;
4) to assist the Moving and Handling Lead Practitioners to investigate relevant moving and handling incidents reported via DATIX;
5) to promote principles that facilitate efficient movement and handling of people and loads;
6) to provide assistance and support to link staff including assistance on the implementation of training on the use of moving and handling equipment at local level;
7) to maintain a high level of expertise, NHSGGC insists that the Moving and Handling Practitioners will attend regular updating of moving and handling practises.

5.10. Link Staff

The role of the Link person is as follows:

1) to assist Local Managers in all aspects of moving and handling, including implementation of the M&H Policy; risk assessment process; and, maintaining an equipment inventory
2) to assist moving and handling team as required after discussion with local manager and consideration given to competing demands within the ward/department;
3) to promote principles that facilitate efficient movement and handling of people and loads;
6 Education

6.1. Legislation Relating to Moving and Handling Education

1) The Health and Safety at Work etc Act 1974, Part 1, Section 2(2)c requires employers to provide “…such information, instruction, training and supervision as is necessary to ensure, so far as is reasonably practicable, the health and safety at work of his employees.”

2) The Management of Health and Safety at Work Regulations 1999, Regulation 5 requires that “Every employer shall make… arrangements as are appropriate…for the effective planning, organisation, control, monitoring and review of the preventative and protective measures.”
In addition, regulation 13 (2) and (3) requires employers to provide health and safety training:
- On recruitment;
- When risks change;
- To be repeated periodically where appropriate.

3) The Manual Handling Operations Regulations 1992 (as amended 2002), Regulation 4(1)(b)(i), (ii), (iii) and Regulation 5 do not specify training, however, employees should be given information on:
- Recognition of risk;
- Risk assessment including consideration of the following factors; task, individual capability, load, environment and other factors;
- Safe working systems;
- Use of equipment.

4) The document ‘NHS Scotland Manual Handling Passport and Information Scheme’ was issued by the Scottish Government (CEL 14, 2011) and identifies minimum standards for manual handling. These minimum standards identify a curriculum for foundation (induction) training that will enable the transfer of induction training between participating organisations. Additionally, the standards require that employers implement either a training or competency assessment approach to update education.

5) In summary, moving and handling training should be provided on recruitment, when risks change and repeated where appropriate. Employers are required to monitor and review the effectiveness of the training within the work place to ensure the risks identified through the initial risk assessment of manual handling activities undertaken by their employees is minimised.

6.2. Education NHSGGC will provide

1) Induction training
This is for all new starts who have not previously attended induction training from another organisation participating in the NHS Scotland Manual Handling Passport scheme. Induction courses are for staff
groups who are required to handle either people regularly (2 days) or people occasionally and / or loads regularly (1/2 day).

Staff who are not required to handle loads regularly are expected to undertake the moving and handling e-learning modules currently hosted on LearnPro and accessible through Staffnet.

Induction training dates are available on Staffnet for Acute staff here and for Partnerships staff here.

2) **Competency Assessment**

NHSGGC has adopted a competency assessment approach for update education of higher risk staff to facilitate the focusing of moving and handling education to individuals who require it based on skill gap and risk. Staff who require further moving and handling input will generally receive this in their place of work provided by the Moving and handling team, removing the need in the majority of cases to send staff on classroom based training courses.

Further information can be found in the Moving and handling Staffnet pages here.

3) **Self Assessment**

Self assessment documentation has been developed for staff [link](#). This documentation prompts staff to identify learning need in terms of their moving and handling knowledge and skills. This tool can be used as part of the KSF and / or PDP review process and as such, should be discussed and countersigned by your local manager or KSF reviewer.

4) **Skills update courses**

These courses are designed for staff:

- who are returning to work after a long absence and who need to refresh their skills
- who are struggling to stay at work due to a musculoskeletal disorder which they perceive is being made worse by how they are currently undertaking their work activities
- who during review with their manager identify they have some skills gaps
- who as the result of an assessment, are identified as requiring the session by a Moving and Handling Practitioner

Staff coming on the skills update courses will be expected to have completed the manual handling self assessment [here](#) and to have discussed it with their manager
6.3. Overview of Moving and Handling Education Process – New Staff

**New staff member**

- **Category A staff**
  - **Acute / Partnership**
  - Complete M&H Induction Checklist
    1. **Clinical Staff**
    2. **Non-clinical Staff**
  - Relevant M&H Foundation Passport modules **not completed**
  - **Induction Course Undertaken**
    1. Staff regularly working with people - 2 day course.
    2. Staff occasional working with people - ½ day course
    2. Staff regularly handling loads - ½ day course
  - **Support**
    - This will be provided by Moving & Handling when required e.g. significant increase in M&H activities; assisting staff to return to work following extended absence due to MSD

- **Category B staff**
  - **Acute / Partnership**
  - **Induction E-Learning Modules**
  - Relevant M&H Foundation Passport modules **completed**
  - **Assess Application of Learning**
    - Undertake competency assessment.
    - Staff may chose to undertake self assessment (people / load) of personal practice as part of KSF / PDP / CPD reviews
6.3 Overview of Moving and Handling Education Process – Existing Staff

**Existing staff member**

### Category A staff

**Acute / Partnership**

#### Assessment

3. Undertake [competency assessment](#) (frequency identified by assessment).

4. Staff may choose to undertake [self-assessment](#) of personal practice as part of KSF / PDP / CPD reviews.

#### Support

Will be provided by M&H when required e.g. significant increase in M&H activities; assisting staff to return to work following extended absence due to a musculoskeletal disorder.

### Category B staff

**Acute / Partnership**

#### Refresher

1. Acute staff - Undertake [Statutory / Mandatory Training](#) (3 yearly)

2. Partnership staff – Complete e-Learning modules on [LearnPro](#) (3 yearly)

#### Skills gaps identified

Direct staff member to moving & handling Staffnet pages for additional learning and / or contact M&H for advice / input.

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7 References

7.1 Legislative and Professional Guidance Documents:
6) Royal College of Nursing, (1996a), Manual Handling Assessments in Hospitals and the Community, London

7.2 Links to relevant NHSGGC Policies / Guidelines:
1) [Display Screen Equipment Policy & Guidelines](#)
2) [Health & Safety Policy](#)
3) [Incident Management Policy](#)
4) [Provision & Use Of Personal Protective Equipment](#)
5) [Safety Notice Policy](#)
6) [Bariatric Guidance](#)
7) Rehabilitation / Treatment Handling ([Appendix 4](#))
8) [Guidance for Managing Musculoskeletal Guidance](#)
9) [Falls Service](#)
Appendix 1

High Risk (Controversial) Lifts/Practices

High risk practices can be defined as “any move that involves staff lifting the full body weight or a major part of the body weight of a patient” and “any move where the patient/client can grip onto the handler {lock on}” (Backcare, 2011).

1. Examples of high risk techniques are as follows:
   - Drag Lifts / Underarm Hook – where a person is held under the axilla / armpit and includes the following activities; moving a person up the bed; sitting a person forwards in a chair; assisting a person into standing; and, walking a person with linked arms;
   - Orthodox / Cradle Lift (with or without blue slings, sheets, etc.);
   - Manually straight lifting a person;
   - Australian / Modified Australian / Shoulder Lift;
   - Pivot transfer
   - Bear Hug / Clinging Ivy

2. Examples of high risk practices are as follows:
   - manually lifting a person in and out of the bath;
   - manually lifting a person from the floor;
   - manually transferring a person from bed to chair; chair to chair; chair to bed using any of the above high risk techniques;
   - gripping;
   - supporting of the major portions of a persons body weight.

These are not exclusive lists. If you are unsure of the lifts/practises you are using, please contact your Link Staff in the first instance or if unavailable, any member of the moving and handling team.

Further advice can be found from the moving and handling pages on Staffnet;
Risk Assessment

The Manual Handling Operations Regulations (HSE, 2004), make it each Manager’s responsibility to reduce risks within their area. The extent to which Managers need to take action depends on the level of risk. (see Figure 2)

![Risk Assessment flow chart](image)

Do any of the tasks in your ward/department involve a significant risk of back pain or other musculoskeletal disorder (e.g. Repetitive Strain Injury?)

- Yes
- Not Sure
- No

If loads are handled are they clearly within the Health and Safety Executive’s numerical guidelines (over the page)

- No or Not sure
- Yes or N/A as no loads are handled

Could there nevertheless be a significant risk of injury or cumulative damage

- Yes or Not sure
- No

Can the operation be avoided, mechanised / automated at a cost that is reasonable to your department?

- No or Not Sure
- Yes

Carry out changes and check that risk is now sufficiently reduced

Detailed assessment needed
No need for written assessment

Fig 1. Risk Assessment flow chart

Manual Handling Risk Assessment forms can be obtained from staffnet and advice, if required for completing the assessments, can be sought from the moving and handling team.

**N.B.** If an unusual handling task has to be carried out, it is the Local Managers responsibility to assess the task and decide a course of action again, advice if required, can be sought from the Moving and Handling Department.
Appendix 2 (cont/d)

Risk Assessment (Cont/d)

Guidelines for Lifting and Lowering Operations
Further information regarding carrying, pushing, pulling, twisting and repetitive operations can be obtained from Health and Safety or Moving and Handling Departments.

![Fig 2. Guidance for when a risk assessment should be conducted](image)

N.B. The above guidelines are for when a moving and handling risk assessment must be carried out, i.e. if the weight of the load to be lifted is greater than that shown in the diagram, a Risk Assessment should be undertaken. The figures noted above will need to be reduced in a number of circumstances, including for tasks which are highly repetitive, involve long carry distances and involve twisting. It should be noted that these figures are **not maximum weight limits.**
Emergency Situations

There are situations that can be described as emergencies, that is, ‘life threatening’, where the victim must be moved to safety immediately and there may be no time to obtain equipment or plan the move (Backcare, 2011). These situations can include where a person is:

- In water and in imminent danger of drowning
- In an area that is actually on fire or filling with smoke
- In danger of bomb or bullet
- In danger from a collapsing building or other situations
- Attempting suicide by hanging

All other situations are foreseeable and must be identified and recorded in the Risk Assessment and procedures or response protocols developed to manage situations that may arise. Examples of situations where this may apply are given in the table below:

<table>
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<tr>
<th>Situation</th>
<th>Response Protocol</th>
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<tr>
<td>Cardiac arrest with the person on a chair or on the floor</td>
<td>If the person is on a chair, slide him to the floor and commence resuscitation on the floor until he has been stabilised, then proceed to hoist him onto the bed/trolley, trying to keep him in as reclined a position as possible</td>
</tr>
<tr>
<td>Unconscious person on the floor</td>
<td>Place the person in the recovery position on the floor until either he returns to consciousness or the hoist is available to transfer him onto the bed/trolley</td>
</tr>
<tr>
<td>A falling person</td>
<td>If a person is collapsing move behind him and begin to step backwards, allowing the person to slide to the floor with his back against your front. You must not rush to ‘rescue’ a falling patient.</td>
</tr>
<tr>
<td>A person on the floor who has a suspected fracture (excluding spinal and femur fractures)</td>
<td>Use the hoist as carefully and as safely as possible, keeping the person in as reclined a position as possible. If the fall occurred in a confined space, slide person into a more spacious area, preferably with use of a sliding sheet, and use the hoist</td>
</tr>
<tr>
<td>In the event of evacuation for any reason</td>
<td>Move the person as quickly and as safely as possible. Local protocols should be developed to account for the action to be taken in this situation, including the potential use of equipment designed to assist with evacuation.</td>
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Appendix 4

Rehabilitation/Treatment Handling

1. Definition of Treatment Handling

Manual Handling operations are defined as transporting or supporting a load (including lifting, putting down, pushing, pulling, carrying or moving thereof) by hand or bodily force.

Any manual handling involved in a treatment programme constitutes treatment handling. To the HSE definition may be added guiding, facilitating, manipulating or providing resistance. Thus any treatment where force is applied through any part of the therapist’s body to any part of the patient / clients involves manual handling.

Generic manual handling assessments may suffice in some situations. However, if any part of the therapists assessment shows that there are risks specific to that treatment handling situation, in addition to those in the generic assessment already carried out, then an individual manual handling risk assessment must be made. This is an integral part of the patient /client records.

If it is not reasonably practicable to avoid the manual handling tasks then the therapist must be prepared to assess the risks of the proposed handling tasks and reduce the risks so found. They must use their skills to the advantage of patients / clients without endangering the person, themselves or other staff.

2. Key Messages

- therapists manually handle people as part of their professional role;
- when treatment programmes are devised that involve manual handling, that part of their work which is potentially hazardous must be assessed and the risks reduced so far as is reasonably practicable. This must be recorded;
- therapists must not use unsafe systems of work and the use of extra suitably trained staff or equipment may need to be considered;
- treatment goals must be realistic and achievable, or may need to be reconsidered;
- management must be aware of their responsibility to ensure staff safety is compatible with patient / client progress, and support staff in negotiations around rehabilitation issues;
- therapists must be alert to short term changes in patient / client performance, which may be related to physical or psychological state;
- therapists must amend a treatment/risk management plan according to the prevailing circumstances;
- for complex situations further guidance may be required, and a member of the moving and handling team must be contacted.