

Warwickshire County Council People Directorate and Education and Learning Business Unit guidance for the moving and handling of people

A guide for managers, employees
and practitioners responsible for
people moving and handling

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1. Introduction and purpose

This guidance is specific to the People Directorate and Education and Learning Business Unit. It describes Warwickshire County Council's (WCC) responsibilities in relation to the moving and handling (M & H) of people. It is designed to be used by all staff, practitioners and managers who work with adults, young people, children and carers. The guidance contained within this document has been created to meet the requirements within the Care Act (2014), Children and Families Act (2014) and the latest Special Education Needs and Disability (SEND) Code of Practice and should be read in conjunction with the roles and responsibilities contained in the **WCC Manual Handling Policy** (see [Health and Safety Manual Handling](#) intranet page).

For the purposes of this guidance, Education and Learning refers to services in the WCC Education and Learning Business Unit and schools where WCC is the employer. This includes community and voluntary controlled schools, community special schools and maintained nursery schools. Voluntary aided and foundation schools may use this guidance for reference and basis for their own employer arrangements.

This guidance will provide staff and practitioners with information on how best to support the person, their carers and parents in moving and handling, in order to minimise the risk to the lowest level reasonably practicable. It will highlight the importance of safe moving and handling in daily practice and how to document the moving and handling actions undertaken with a person. The Adult Social Care Guidance and procedures A-Z [Risk Assessment and Management](#) guidance can be used where people (who have capacity), including carers, chose not to follow recommended advice. Local safeguarding procedures should be used when appropriate.

2. Moving and handling context

2.1. What is meant by 'moving and handling of people'?

Moving and handling of people falls under the general requirements of the Manual Handling Operations Regulations (MHOR). The definition of manual handling operations is broadly defined as:

'Any transporting or supporting of a load (including the lifting, putting down, pushing, pulling, carrying or moving thereof) by hand or bodily force.' (MHOR 1992)

2.2. Who carries out moving and handling of people?

Employees and practitioners working with children, young people and adults for WCC or who have a delegated responsibility from WCC.

2.3. Why is minimising the risk of moving and handling of people important?

It is important to conduct a Moving and Handling Risk Assessment with all people who have potential or identified moving and handling needs, to complete and implement the Moving and Handling Plan, and review at an agreed timeframe.

Poor practice can lead to:

- back pain and musculoskeletal disorders, which can lead to an inability to work
- moving and handling accidents – which can injure both the person being moved and the carer /handler
- discomfort and a lack of dignity for the person being moved
- litigation.

Manual handling is one of the most common causes of injury at work and causes over a third of all workplace injuries. These include work related musculoskeletal disorders (MSDs) such as upper and lower limb pain/disorders, joint and repetitive strain injuries. (*Health and Safety Executive (HSE)*)

2.4. Mental capacity of the person

Every person has the right to make his or her own decisions and must be assumed to have capacity to make them unless it is proved otherwise – see Adult Social Care Guidance and procedures A-Z [Mental Capacity Act](#) intranet page. The Act applies to everyone who works with or cares for a person (including a family member) who is over the age of 16, and who may lack 'mental capacity' to make specific decisions. As young people develop, and increasingly form their own views, they should be involved more and more closely in decision making. After compulsory school age (the end of the academic year in which they turn 16) the right to make requests and decisions under the Children and Families Act (2014) applies to them directly, rather than to their parents. Parents, or other family members, can continue to support young people in making decisions, or act on their behalf, provided that the young person is happy for them to do so, and it is likely that parents will remain closely involved in the great majority of cases.

To enable a person who has substantial difficulty to be involved and supported, an appropriate individual or an independent advocate may be required – see Adult Social Care Guidance and procedures A-Z [Advocacy](#) intranet page

Consideration needs to be given to safeguarding and Deprivation of Liberties Safeguards (DoLS) and the forthcoming Liberty Protection Safeguards e.g. is it in the individual's 'best interest' to be transferred using a hoist?

3. Regulatory context

3.1. What is the regulatory context?

The **Health and Safety at Work Act (1974)** places a duty on employers to take reasonable steps to ensure the health and safety of those involved in moving and handling people activities.

The **Manual Handling Operations Regulations (1992)** require employers to take steps to:

- avoid the need for hazardous manual handling, so far as is reasonably practicable
- assess the risk of injury from any hazardous manual handling that can't be avoided and
- reduce the risk of injury from hazardous manual handling, so far as is reasonably practicable.

The assessment process should also include regular **reviews** to ensure the effectiveness of control measures in place.

Employees have general health and safety duties to:

- follow appropriate systems of work laid down for their safety.
- make proper use of equipment provided for their safety and
- co-operate with their employer on health and safety matters

Legislation also requires adequate systems to be in place for the maintenance and inspection of equipment used for moving and handling activities, such as hoists, bath lifts, profiling beds and mattress elevators etc. Refer to section 7. Moving and handling equipment below for more information.

3.2. Care Act (2014)

The Care Act (2014) states that all people with a care and support plan should have the opportunity to reflect on what is working, what is not working and what might need to change. This is an important part of the planning and review process. It ensures that plans are kept up to date and relevant to the person's needs and aspirations, provides confidence in the system, and mitigates the risk of people entering a crisis situation. When developing or revising the plan, the local authority **must** involve the person, their carer, their advocate (when necessary) and any other chosen appropriate person and take all reasonable steps to agree the revision.

(For further information see [reviewing guidance](#), [support planning guidance](#) and [Assessment](#) and [Eligibility](#) guidance Adult Social Care Guidance and procedures A-Z intranet pages) and forthcoming Standard Operating Procedure for Occupational Therapy).

3.3. Children and Families Act (2014)

The Children and Families Act (2014) creates the expectation that all education settings, including nurseries, early years' providers, schools and colleges, will:

- meet the needs and objectives identified in an Education, Health and Care Plan or Statement of SEND for children and young people with additional needs;
- work in partnership with children, young people and their parents.

The Act extends availability of SEND support from birth to 25, giving young people and their families' greater control and choice in decision making to ensure their needs are properly met.

4. Moving and handling approach

4.1. What is the moving and handling of people approach?

The approaches taken for the moving and handling of people will be a combination of the following.

- A risk management approach
- An ergonomic (human factors) approach
- A problem solving approach

- A person-centred approach
- A strength based approach

4.2. Risk management approach

A risk management approach will determine what is 'reasonably practicable' under Health and Safety legislation or what 'reasonable care' is (in common law of negligence) and will often involve weighing up risk and cost. A low risk would not justify undue expenditure, whereas a high risk would demand that risk be responded to, even where this might mean the expenditure of scarce resources.

There are five key steps to the continuous cycle of risk assessment and management.

- Recognise the hazard and the potential risk.
- Assess the degree and nature of this risk. How is the risk triggered? Identify who is at risk and how.
- Record the risk assessment/s and plan. Identify who is responsible for what actions.
- Develop a plan to manage the risks. Can the risks or the triggers be reduced, avoided or eliminated altogether? What should happen if the risk becomes a reality and an incident occurs?
- Review the Moving and Handling Plan regularly.

For more information: see Adult Social Care Guidance and procedures A-Z [Risk Assessment and Management](#) intranet page.

4.3. Ergonomic approach

Ergonomics is a science concerned with the 'fit' between people and their work. It puts people first, taking account of their capabilities and limitations. Ergonomics aims to make sure that tasks, equipment, information and the environment fit each worker. (*Ergonomics and human factors at work HSE 2013*). Changing the physical demands of the job (i.e. using an ergonomic approach) by using assistive devices (e.g. friction reducers) has proven to decrease perceived stress and injury rates and increase comfort.

A number of factors play a role in ergonomics: these include body posture and movement (sitting, standing, lifting, pulling and pushing), and environmental factors (noise, lighting, temperature, humidity) (*Dul et al 1993*). Proactive ergonomics emphasises the prevention of work-related musculoskeletal disorders through recognising, anticipating and reducing risk factors in the planning stages of new systems of work or workplaces.

4.4. Problem solving approach

There are some problems for which practitioners know the strategy to solve as soon as they examine the problems. However, for particularly hard problems, there is a need for practitioners to exchange ideas and adopt a solution focused approach, through meetings or peer supervision. Work on problem solving may go through different phases, such as trying to understand the problem, working on a specific approach, getting stuck and trying to get unstuck, critically examining solutions or communicating. The work may involve going back and forth between these different phases of work or escalating to a Senior Practitioner, moving and handling trainer or line manager.

4.5. Person-centred approach

A person centred approach aims to see the person as an individual, rather than focusing on their illness or on abilities they may have lost. Instead of treating the person as a collection of symptoms, it considers the whole person, taking into account each individual's unique qualities, abilities, interests, preferences, needs and treats the person with dignity and respect. The practitioner **must** have a regard to:

- the person's wishes, preferences and desired outcomes;
- the severity and overall extent of the person's needs;
- the potential fluctuation of a person's needs;
- a person-centred and personalised, holistic approach taking account of the protected characteristics of the individual staff, customers and carers involved.

4.6. Strength based approach

The term 'strength' relates to the different elements that help the individual to manage their challenges and achieve their goals. It can include personal qualities, knowledge, skills, relationships and interests. It is about understanding not just what someone can do now but what they would like to be doing or doing better. In relation to moving and handling, a strength based approach predominantly focusses on the strengths the person can themselves bring to each situation or technique and the need to encourage and incorporate these strengths into being involved as much as possible with their moving and handling needs, for example, a person being hoisted may be able to work the remote control themselves or the person may, with minimal assistance, be able to roll themselves on the bed.

5. Moving and handling practice

When assessing moving and handling needs, those working with all people (children, young people and adults) should weigh up and consider all aspects to ensure balanced decisions have been made.

A balanced decision is one that takes account of all relevant factors, balances the requirements of all legislation and the needs of the people involved. It aims to find a workable solution, rather than one party dictating an outcome to another.

(The Guide to the Handling of People a Systems Approach' 6th Edition. 2011 Editor Jacqui Smith).

To assist in making a balanced decision the practitioner will apply 'clinical reasoning / rationale'. Clinical reasoning is the reason why the particular handling method was chosen. In simple handling situations, the reason for choosing a particular system of work may be obvious. However, there may be a number of conflicting issues and a number of possible options. It may be helpful to include the benefits and considered options. Clinical reasoning gives the reader the opportunity to understand the thought processes of the assessor: how a decision was reached may then be clearer and available to others in the future. *(The Guide to the Handling of People a Systems Approach' 6th Edition. 2011 Editor Jacqui Smith).*

5.1. Moving and handling process for children and young people

Children with disabilities present handling issues due to stiffness, floppiness, weakness, presence of splints and braces, or the need for specialist seating and other equipment. Even babies and small children with disabilities may present moving and handling issues due to disorders of coordination and muscle tone.

The continuing welfare and development of the child has to be balanced with the health and safety of their carers. When assessing children's and young people's moving and handling needs, the following points need to be considered.

- All aspects of development;
- Emotional growth;
- Mobility;
- Intellectual stimulation;
- Communication;
- Recreation;
- Personal care requirements;
- Capacity.

Risk Assessment

A Moving and Handling Risk Assessment of the child or young person's physical ability should be carried out with the child or young person. From this assessment, the risks to the handler from the child or young person's needs are identified and recorded.

The tasks the child or young person needs to undertake are then combined with the assessment of their needs, the risks to the handlers and an assessment of the specific environment in which moving and handling will take place. Any equipment needed will be identified and the manual handling procedures identified.

Moving and Handling Plan

Every individual child or young person with a moving and handling need must have a written Handling Risk Assessment and Moving and Handling Plan. All Moving and Handling Plans must:

- either include the Handling Assessor's clinical reasoning (rationale) for making their decisions or reference clearly where this has been recorded;
- record in writing the manual handling that is to take place in the identified setting;
- specify what equipment is to be used;
- identify any infection control concerns including how equipment is to be cleaned and whether it is sole use;
- identify the level of risk and demonstrate how the risk has been reduced.

It is good practice to get signatures from all parties involved in the process to demonstrate they agree with the written content. This includes, where appropriate, the child or young person. The Head Teacher or Manager of the setting should read and sign the Moving and Handling Plan WCC documentation to ensure they have an understanding of the handling taking place in their setting, the clinical reasoning behind it and the moving and handling procedures their staff are undertaking.

Once the Moving and Handling Plan has been written, a copy should be sent to the parents of the child (the child or young person if appropriate) and made available to all staff undertaking the manual handling and all parties involved in the assessment.

The Moving and Handling Plan must be kept somewhere where it is readily available to staff carrying out the handling whilst respecting the confidentiality of the child or young person's medical details. The Plan should be easily accessible in the event of an emergency situation where staff need to check procedures on the Plan that are not normal daily practice.

Risk Assessments and Moving and Handling Plans need to be kept up to date and reflect any changes that would affect the formal Risk Assessment. This needs to include consideration of equipment, environment or the child or young person's physical capabilities, health or opinion as to how the Moving and Handling Plan is carried out.

5.2. Moving and handling process for adults

Risk Assessment

The Moving and Handling Risk Assessment should be completed when a task can cause a 'possible risk of injury' and avoidance of the task is not reasonably practicable (*HSE*). The Moving and Handling Risk Assessment form on Mosaic should be completed by a trained and competent person who is familiar with current and up to date practices and the requirements of Health and Safety legislation. In order to gain a broad overview of the current situation and risks, it is usually necessary for other people (e.g. carers, family, friends) and/or professionals (e.g. Care Agency Manager, General Practitioner, Occupational Therapist, Social Worker, District Nurse) to be contacted or involved in the assessment. The decision to contact and involve others must be made in the person's best interest and consent must be obtained from the person or their advocate/guardian beforehand (*Care Act 2014*).

The acronym TILEO (Task, Individual, Load, Environment, Other factors) is used to identify the main components of the Moving and Handling Risk Assessment.

- Task: Identify and consider each task, the frequency of effort and what positions or postures are being undertaken to perform them.
- Individual (the handler): Identify and consider who the handler/handlers are and include information about their stature, footwear, clothing, physical and mental health, knowledge and skills and ability to follow and implement suitable moving and handling techniques.
- Load (the person being moved): Identify and consider as for the individual as well as areas such as height, weight, behaviour, predictability, skin integrity, pain, communication needs, weight bearing ability and cultural needs. Additionally, the person's own expectations and wishes.
- Environment: Identify and record any environmental risk factors such as flooring, lighting, temperature, space constraints on posture and equipment.
- Other factors: human factors, communication, equipment, legal considerations.

See **Occupational Therapy Moving and Handling People Risk Assessment (Chapter 19A)** on the on the [Mosaic Adults Guidance Documents](#) intranet page.

Other risk assessments (e.g. positive risk assessment, gas appliance risk assessment, bed and bed attachments risk assessment) should be considered and completed if a need is identified. Additionally, practitioners should always refer to

Appendix 1: Moving and Handling Risk Assessment Matrix and consider how moving and handling techniques and the use of moving and handling equipment is going to impact on the person's skin integrity.

For more information: see Adult Social Care Guidance and procedures A-Z [Risk Assessment and Management](#) intranet page.

Moving and Handling Plan

When the above areas of risk have been identified and recorded, it is then necessary to design and implement a safe system of work that will 'reduce' the risk/s as far as reasonably practicable. This is recorded in the person's Moving and Handling Plan. The Moving and Handling Plan documents each technique, the equipment to use and the number of handlers needed. The section should be documented in a format that is suitable for the customer and their carer to understand. If necessary, diagrams and pictures can be used to ensure clarity and understanding for all involved in the moving and handling task/s. The practitioner should agree this with the person and the handler/s, sign, date and ensure copies of the Risk Assessment and Moving and Handling Plan are located:

- in the person's home, or WCC setting where the handling will take place;
- on the person's record (electronic [uploaded to ESCR] /paper).
- on Millflow (ICE online equipment catalogue)
<https://www.millbrookweb.com/millflow5/>

If the Moving and Handling Risk Assessment and Moving and Handling Plan is not immediately available to the person/ handler, then the Assessor needs to complete the 'Occupational Therapy Moving and Handling advice card' (Appendix 2: Moving and Handling advice card) as an interim measure until the person receives their detailed Risk Assessment and Plan. The advice card provides an interim written document of the immediate risks and solutions that have been identified and discussed with the person/ carer.

Review

An initial review will take place once the Moving and Handling Plan and equipment is in place. The practitioner will need to ensure the implemented solutions within the Moving and Handling Plan are meeting the needs of the person and the handler. If the needs are not being met, appropriate actions will need to be taken immediately and the Moving and Handling Plan revised. Another review will take place again to ensure all needs are being met as per the revised Moving and Handling Plan.

Following an initial review and dependent on the level of risk, a further review will be agreed with the person. This is known as a planned review and the timeframe between reviews will be dependent on the person's level of risk.

Refer to **Occupational Therapy- Moving & Handling Reviews: Guidance Criteria** on the [Moving and Handling of People](#) intranet page.

When a change occurs, which introduces either a new or potential risk or there has been an accident or incident, a requested or unplanned review will happen.

See **My Occupational Therapy Initial Review (Chapter 17)** and **My Occupational Therapy Review (Chapter 18)** on the [Mosaic Adults Guidance Documents](#) intranet page.

6. Moving and handling competences

Employees involved in the moving and handling of people:

- must adhere to the WCC Manual Handling Policy;
- follow the guidance for the moving and handling of people;
- undertake regular mandatory moving and handling training according to role

6.1. Why is moving and handling training necessary?

The Health and Safety at Work Act (1974) requires organisations to provide safe systems of work, and the relevant information, instruction, training and supervision to minimise work related risks to an acceptable level, where is reasonably practical.

Training in isolation will not ensure safe moving and handling techniques. All employees who carry out people moving and handling need to be at a competent level.

6.2. How often should moving and handling training take place?

The National Back Exchange (NBE) recommends annual training for those whose work involves handling people. Training must include both practical and theoretical elements. Training should be updated annually and according to service requirements. More frequent training should be identified for staff where it is deemed to be appropriate or needed.

6.3. Moving and handling training matrix

Training frequency for children's handlers

	Staff new to manual handling	Existing Staff	New M&H Trainers	Existing M&H Trainers*
Manual Handling Theory delivered by moving and handling trainer*	On induction	Annual		
Manual Handling Practice in situ	On induction	As identified in Moving and Handling Plan		
A Children Handling and Risk Assessment Course endorsed by the College of Occupational Therapists			A one off four day course	A two day refresher every two years

* A moving and handling trainer is someone who has up to date training through a provider endorsed by the College of Occupational Therapists

Training frequency for adult handlers

	All New Starters (Occupational Therapy, Reablement, HEART/housing)	Practitioners & staff (non-qualified)	Practitioners (qualified)	M & H Trainers
Level 1. M & H of people. Induction/ Refresher	Once or more as needed.	Annual	As needed	NA
Level 1 M & H Theory (e-learning to be developed)	Once or more as needed	Annual	Annual	NA
Level 2. 'Moving and Assisting: Balancing Choice and Risk'			Every three years or as needed	As needed
Level 2. Hoist & slings & Slide/stand/turn			Every three years or as needed	As needed
Level 3. M & H Trainers update course (Edge 2 days)				Bi-annual
Level 3. M & H Trainers Accreditation (4 day course with Edge)			Once (then move to bi-annual update)	

In the Management of Health and Safety at Work Regulations (1992 and 1999), it is stated that training should be both adequate and appropriate and take place:

- On induction;
- On being given new responsibilities;
- Where any new work equipment or system is introduced;
- Thereafter at 'regular intervals'.

Practitioners and staff **must not** undertake moving and handling tasks unless they are competent to do so.

6.4. What are the core components of moving and handling training for practitioners/staff?

Warwickshire County Council has adopted the Health and Safety Executive (HSE) and the

Royal College of Occupational Therapy (RCOT) recommends that the following topics are included in moving and handling training.

- Moving and handling risk factors and how injuries can occur;
- How to carry out safe manual handling, including good handling technique;
- Appropriate systems of work for the individual's tasks and environment;
- Use of mechanical aids;
- Practical work to allow the trainer to identify and put right anything the trainee is not doing safely;
- Current and relevant legislation and professional guidelines and how this affects working practices;
- Local policies and guidance;
- Risk assessment;
- Change management;
- Back care;
- Ergonomics.

(HSE 2004 and COT, Manual Handling 2006)

Practitioners and staff should be able to reflect on their competencies and record their achievements in competency logs / CPD portfolios. If an employee (including moving and handling trainers) does not maintain their competency through learning and development opportunities, this will be escalated to their line manager and appropriate actions taken.

It is also the Local Authority's responsibility to ensure that all moving and handling training is recorded and that records are retained and made available for audits and general monitoring.

6.5. Who should provide moving and handling training?

Moving and handling training should be provided by a moving and handling trainer who has completed an accredited moving and handling trainer training course; has maintained their accreditation by attending at least one accredited course on a bi-annual basis; and takes responsibility for undertaking their own continued professional development.

A trainer is defined as having 'suitable training, qualifications, skills and experience to provide a range of manual handling training activities within their field of experience' *(National Back Exchange Standards in Manual handling 2010 P3)*.

Moving and handling trainer's training covers the same core components as per practitioner/staff and in addition:

- update on current moving and handling practice, including new techniques and equipment available;
- update on relevant legislation;
- update theoretical knowledge and practical techniques;
- sharing knowledge and learning and complex cases;
- to share and gain ideas for content of future training modules.

6.6. What happens if an employee has a change in circumstances?

Staff and practitioners attending training must report any physical limitations e.g. pregnancy, musculoskeletal disorders, back problems etc. that could impact on their ability

to perform moving and handling techniques safely. Recommended good practice is a 'pre training questionnaire' prior to undertaking any practical moving and handling training. The practitioner or staff member must always inform their line manager immediately at work so that appropriate actions, such as a risk assessment, can be undertaken.

7. Moving and handling equipment

All moving and handling equipment must only be used by the person/ handler who has been assessed as requiring the equipment to reduce the identified risk/s.

7.1. How to identify appropriate moving and handling equipment

All staff and practitioners who prescribe or select moving and handling equipment must be competent to do so following appropriate guidance, and information from competent suppliers of moving and handling equipment. Adult Social Care staff should refer to the Equipment Criteria, Bed Attachments Compatibility table, sling information documents etc. located in the documents section of the [Integrated Community Equipment \(ICE\) service website](#).

7.2. How to use equipment

All moving and handling equipment should be demonstrated to the person/child, carer and handler and the manufacturer's instructions supplied. All equipment should be visually inspected prior to use to ensure it is in safe working order and if applicable ensure the appropriate planned preventative maintenance (PPM) in line with the manufacturer's instructions has been undertaken (e.g. valid inspection label on equipment). Detailed instructions/ techniques should be documented in the Handling Plan.

For further information and guidance on the safe movement of loads, refer to the [HSE publication 'Manual Handling at Work \(INDG 143\)](#) and the WCC Health and Safety [Manual Handling](#) intranet page.

7.3. Training in the use of equipment

There is a duty to ensure that employees using manual handling equipment are given instruction, training and supervision in its use. Therefore, employees should not use, or supervise the use of any manual handling equipment/aids unless they have been trained and assessed by the manual handling trainer as competent to do so.

The Medicines and Healthcare products Regulatory Agency issues guidelines to healthcare and social services organisations on managing medical devices in practice which staff working in WCC schools and settings will need to adhere to. It is therefore good practice to recognise these guidelines.

See [Managing medical devices](#) (MHRA 2015)

Documentation

The MHRA guidance states that suitable instructions and training provided to staff should be evidenced/documented.. Practitioners who are required to 'demonstrate' moving and handling techniques to customers /carers should also document this and ensure the techniques are recorded in the Handling Plan.

7.4. Equipment on loan (for children and young people)

All clinical equipment on loan should be issued following either a professional assessment or an assessment carried out by others authorised to do so. The clinical appropriateness of the medical device prescribed to the individual is the responsibility of the prescriber. In addition, any clinical monitoring of the prescribed medical device, as deemed appropriate to that device, and the risk factors associated with that medical device is also the responsibility of the prescriber. (*The Guide to the Handling of People a Systems Approach* 6th Edition. 2011 Editor Jacqui Smith).

The prescriber is the professional who recommended the equipment, for example an Occupational Therapist or Physiotherapist as well as the purchaser. At the point of purchase the individual, team, company or service who will take on the responsibility for the on-going monitoring of the equipment should be established.

All manual handling equipment must be issued with written instructions for its use.

All equipment needs to be checked to ensure it is fit for purpose after being transported.

7.5. Charity funded equipment (for children and young people)

The school or setting needs to establish before using equipment purchased through charity funding who is responsible for the on-going maintenance, upkeep and assessments for its on-going suitability for the child or young person's use.

7.6. Formal inspection and testing requirements

Equipment must be appropriately maintained and kept in good working order to comply with health and safety legislation. Formal inspection and testing of lifting equipment must be undertaken every 6 months by a competent contractor with appropriate records kept. To further comply with these regulations, adequate operating instructions must be made available to all users of equipment in the workplace.

Any equipment found to be faulty or in any way inappropriate for use will be clearly labelled and reported to the handler and/or manager of the setting.

Formal inspection and testing of equipment is carried out by either:

- ICE through a planned preventative maintenance (PPM) programme;
- funding included within the Direct Payment to the customer for them to arrange their own planned maintenance by a competent contractor;
- [For schools] by a competent contractor organised through the WCC Property Indemnity Scheme or by the school appointing their own competent contractor themselves;
- [For care homes] by a competent person/contractor.

7.7. What is therapeutic handling?

Part of a person's treatment or rehabilitation programme may be a requirement for 'physical handling' - this is often referred to as therapeutic handling.

It may be distinguished from care handling (and treatment handling) in that the patient actively participates at some level, by working with a skilled handler who guides, facilitates, manipulates or provides resistance to achieve a desired goal (The Chartered Society of Physiotherapy Guidance on Manual Handling in Physiotherapy 2008); whilst care handling is mainly concerned with supporting the basic needs of the person.

The therapy treatment goals that involve physical handling would be incorporated into the Handling Plan by the moving and handling assessor if other staff are required to undertake physical handling of the child/ young person/ adult.

7.8. What are foreseeable and unforeseeable emergencies?

Falls

Falls occur due to several reasons: some may be foreseeable and prevented before occurring and some due to an unforeseeable or unexpected medical emergency. Prevention, whenever possible, should always be the first option e.g. removing trip hazards, wearing suitable footwear, using equipment and assistive technology, ensuring medications are taken appropriately and monitoring /maintaining an awareness of the person's physical and mental health. Moving and handling techniques and equipment will minimise risks. (NICE [Clinical guideline 161. Falls in older people: assessing risk and prevention](#) June 2013)

Medical emergency

A medical emergency (e.g. cardiac arrest, epileptic fit or a seizure) requires a different approach because the circumstances and environment must be weighed up (balanced) with the fallen person's immediate medical needs. When a person has collapsed to the floor, the acronym AARR (Avoid, Assess, Reduce and Review) can assist the moving and handling process:

Avoid: In an emergency the fall/collapse could not be avoided. However, the handler should (if possible) avoid moving the fallen person until suitable assistance/equipment is available.

Assess: The handler should assess the situation and make a balanced decision whether to first address the medical emergency e.g. CPR due to cardiac arrest or move the person (and self) away from immediate danger e.g. fire. Physically lifting the fallen person should be avoided but there may be occasions (e.g. in the event of fire) where this must happen.

If moving the fallen person is not immediately necessary, the appropriate medical intervention should be given e.g. CPR.

Reduce: Risks to the fallen person while they are on the floor should be reduced. For example, a person who is having an epileptic fit or seizure needs to:

- be protected from injury by removing harmful objects nearby;
- have their head cushioned;

- be placed in the recovery position once the seizure has finished;
 - be calmly reassured.
- (Ref: epilepsy.org.uk)

When the medical emergency has been addressed and it is appropriate for the person to be moved, this should be done using a planned approach.

Review: The situation (foreseeable or unforeseeable) should be reviewed so that risk reduction solutions can be recorded as reference for possible future falls.

Equipment failure

In the event of an equipment breakdown, it is essential that in the first instance, the person's safety and wellbeing is maintained. Once this has been established the equipment should then be repaired on site or withdrawn from use, cleaned in accordance with the manufacturer's decontamination recommendations and repaired.

If the equipment cannot be repaired on site and it is taken away for repair, then a suitable replacement should be supplied at the same time as the defective equipment is removed.

In Adult Service environments, the equipment is required to be fixed or replaced within 4 hours. These functions are undertaken by the ICE service.

The ICE service shall possess and consistently update an Incident Management Policy and Process in response to equipment failure and recall in Adult Service environments. In the event of an incident occurring which involves a piece of equipment, the Incident Management Policy and Process must be followed. In Adult service environments the ICE service is responsible for reporting incidents to the Medicines and Healthcare products Regulatory Agency (MHRA). The ICE service shall set aside and quarantine defective items for inspection and liaise with the ICE service Clinical Lead/Team Manager and the ICE Commissioner to enable proper adverse incident reporting.

Where the ICE service is not the main provider, a member of staff should be identified who takes responsibility to ensure equipment is withdrawn from use and repaired or replaced.

7.9. Recording accidents / incidents / near misses in relation to moving and handling

All accidents, incidents and near misses must be reported and recorded and the relevant moving and handling trainer notified. For WCC services and schools where WCC is the employer, this must follow the WCC accident/incident reporting process. It would be expected there would be a review of the incident and action taken if required. A formal accident/incident investigation may also be required.

For further information, see the WCC Health and Safety [Accidents and incidents](#) intranet page.

7.10. Infection control

It is the responsibility of the ICE service to ensure that the equipment provided through their service is properly decontaminated between each person's use. At all times the manufacturer's directions on decontamination of specific items must be followed.

Where equipment is not provided by the ICE service, for example, in special schools, separate arrangements can be made to have the equipment appropriately cleaned/decontaminated.

7.11. Medical Device Alerts (MDAs)

The Medicines and Healthcare products Regulatory Agency (MHRA) is responsible for regulating medicines and medical devices in the UK by ensuring they work and are acceptably safe.

Detailed descriptions of medicines and medical devices covered by the agency are detailed on their website at <https://www.gov.uk/topic/medicines-medical-devices-blood/medical-devices-regulation-safety> and includes, although is not limited to, assistive equipment, for example hoists and bedrails.

The agency also provides a Medical Device Alert (MDA) service which is a means of communicating safety information to medical device users in health and social care. The alerts cover **safety warnings, alerts and recalls**. A free email alerting service is also available. See Email alert subscription: Drug alerts and medical device alerts <https://www.gov.uk/drug-device-alerts/email-signup>

On receipt of MHRA Field Safety Notices and MDAs, manufacturers'/ suppliers' service awareness bulletins, recall notices and advice notes requiring technical intervention; the ICE team will evaluate the notice/alert retained and act accordingly.

Equipment recall notices will be managed by the ICE service which is responsible for overseeing all corrective actions and advising the ICE Commissioner and Clinical Lead with regards to action plans and timescales, working alongside the manufacturer.

7.12. Schools

In order to be kept updated regarding the use of medical devices and have a system in place to respond to device alerts issued, the Headteacher **must ensure that a responsible person within the school is nominated to receive the email alerts**.

Any appropriate and relevant action can then be taken based on the specific medical devices used within the school. For more information, go to:

Email alert subscription: Drug alerts and medical device alerts <https://www.gov.uk/drug-device-alerts/email-signup>

8. Monitoring

There must be a robust system in place to monitor moving and handling practice against the requirements of this guidance document. The monitoring should be **recorded** and include recommendations for improvement with remedial action that may need to be taken. **Recommendations should be prioritised using a risk- based approach.**

Where there are a significant number of handling activities taking place, it is recommended that moving and handling trainers audit each other's practice on a professional peer review basis, or purchase this from an external competent provider.

9. Appendices

(These appendices can be found on the [Moving and Handling of People](#) intranet page as stand-alone documents)

Appendix 1: Moving and Handling Risk Assessment Matrix

Rate the risk as it is now, according to the likelihood and impact of its occurrence.

RAMT RISK RATING		How likely is the harm to occur? (Likelihood)				
		Very unlikely	Unlikely	Likely	Highly likely	Almost certain
What is the impact of the risk? (Consequence)	Negligible	LOW <input type="checkbox"/>	LOW <input type="checkbox"/>	LOW <input type="checkbox"/>	LOW <input type="checkbox"/>	LOW <input type="checkbox"/>
	Minor	LOW <input type="checkbox"/>	LOW <input type="checkbox"/>	LOW <input type="checkbox"/>	MEDIUM <input type="checkbox"/>	MEDIUM <input type="checkbox"/>
	Serious	LOW <input type="checkbox"/>	MEDIUM <input type="checkbox"/>	MEDIUM <input type="checkbox"/>	MEDIUM <input type="checkbox"/>	HIGH <input type="checkbox"/>
	Severe	LOW <input type="checkbox"/>	MEDIUM <input type="checkbox"/>	MEDIUM <input type="checkbox"/>	HIGH <input type="checkbox"/>	HIGH <input type="checkbox"/>
	Very Severe	MEDIUM <input type="checkbox"/>	MEDIUM <input type="checkbox"/>	HIGH <input type="checkbox"/>	HIGH <input type="checkbox"/>	HIGH <input type="checkbox"/>

Likelihood Descriptors	Very unlikely	Unlikely	Likely	Highly likely	Almost certain
Probability that the risk will materialise	< 5%	5-45%	Around 50%	55-95%	>95%
Frequency	Probably never happen or recur	Do not expect it to happen or recur but it is possible	Might happen or recur occasionally	Will probably happen or recur, but it is not a persistent issue	Will undoubtedly happen or recur, possibly frequently

Consequence Descriptors	Negligible	Minor	Serious	Severe	Very Severe
	Adverse event requiring no / minimal intervention or treatment	Minor injury – first aid treatment	Moderate injury requiring professional intervention to resolve	Major injury / disability	Incident leading to death / multiple permanent injuries / irreversible health effects

Appendix 2: Moving and Handling advice card

OCCUPATIONAL THERAPY MOVING AND HANDLING ADVICE CARD



Customer Name:	
Customer ID:	
Advice provided to:	
Present:	

This advice card applies to you and your carer/s

Areas for Advice	✓	Detail of Observations
Transfers		
Mobility		
Bed Care		
Stairs/steps		
Techniques		
Outside/access		
Other		

PTO

OCCUPATIONAL THERAPY MOVING AND HANDLING ADVICE CARD

Recommendations (risk reduction techniques/advice given/equipment)	
Discussed & agreed with:	

Your Moving and Handling Risk assessment has been completed today. A Handling Plan will be developed and both these documents will be sent to you. If any moving and handling equipment is required, this will be ordered and delivery arranged via the Integrated Community Equipment service.

OT Name:		OT Signature:	
HCPC No:		Date:	

Useful telephone numbers:

Warwickshire County Council Tel: 01926 410410

Integrated Community Equipment (ICE) Service (Millbrook) Tel: 0333 321 8986