

Safe Handling Policy

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1. INTRODUCTION

1.1 Rationale

The Health and Safety at Work (Jersey) Law 1989 requires the employer to provide a working environment that is safe and without risk to health. This includes the provision of safe systems of work, equipment that is safe to use and appropriate training, instruction and supervision.

In order to meet this requirement, Health and Social Services Department (HSSD) has adopted the UK Manual Handling Operations Regulations 1992 (MHOR) as best practice.

These regulations impose four main duties on the employer:

- To avoid the need for employees to undertake manual handling activities that involve the risk of them being injured.
- To carry out risk assessments of all manual handling activities.
- To remove or at least reduce, any risk of injury created by the manual handling activities identified in the assessment.
- To provide information on manual handling, training and legislation to all personnel.

The organisation recognises and accepts its responsibility as an employer and is committed to providing and maintain a safe healthy workplace and working environment for its entire staff. It seeks to enlist the support of all its employees in meeting its responsibilities.

1.2 Scope

This policy applies to all staff working within the organisation, including those employed on a temporary, agency, and bank basis.

This policy applies to students, staff and volunteers whilst on the premises, or engaged in business on HSSD premises.

This Safe Handling Policy sets out the standards of best practice in relation to both patients and non-patient handling to provide a minimum lifting policy.

1.3 Principles

HSSD is committed to providing evidenced based care to all patients / clients ensuring that they are treated with dignity and respect.

2. POLICY

Policy and procedures to ensure compliance with Health and Safety Legislation

2.1 Responsibilities

The Chief Executive is responsible for

The overall responsibility for Health and Safety within HSSD lies with the Chief Executive. The Chief Executive will ensure that the appropriate structures are in place to enable the organisation to fulfil its legal obligations and responsibilities.

Corporate Directors, Clinical Directors Head/Leads of Service are responsible for

Ensuring appropriate structures are in place in their areas to effectively implement this policy. Committing to those financial, managerial, technological and educational resources necessary to adequately control identified risks from manual handling activities.

Managers and Head of Departments are responsible for:

- Undertaking training needs analysis of their areas.
- Ensuring that their staff attend mandatory manual handling training.
- Investigating any moving and handling incidents and implementing actions to prevent reoccurrence.
- Ensuring all relevant manual handling risk assessments are completed within their area of responsibility, completing action plans, and reviewing and maintaining these risk assessment on a regular basis.
- Appointing and supporting a suitable member of staff as key trainer for moving and handling in their area.
- Ensuring all staff within their responsibility have access and have read this policy.
- Actioning any safety alerts within the required time line and communicate these to staff.
- Notifying the asset manager of any new lifting equipment so that this can be added to the asset register and planned maintenance scheduled.
- Planning and budgeting to ensure adequate, suitable and sufficient equipment provision for their area.

- Ensuring equipment is regularly serviced maintained and in good working order, that all safety features including belts are attached ready for use.
- Where a need for more equipment is identified through the risk assessment process; decisions on appropriate equipment should be made in consultation with the safe handling coordinators.
- Ensuring lifting equipment in their areas is easily accessible and instructions are available.
- Ensuring that if handling operations have to be carried out in an emergency situation, without the usual equipment, a further risk assessment is be completed to manage the increased risk situation and documented via Datix.
- Ensuring staff do not carry out any moving and handling tasks without first receiving the appropriate training. New members of clinical staff where possible should be supported by a key trainer or a competent member of staff for their local induction until they are deemed competent and safe to carry out tasks without supervision.
- Non clinical staff should complete induction checklist [Induction CheckList](#)

Head of Engineering is responsible for:

- Ensuring that all mechanical patient handling equipment and attachments are serviced and maintained in accordance with the, Lifting Operations and Lifting Equipment Regulations (L.O.L.E.R) 1998 and Provision and Use of Work Equipment regulations (P.U.W.E.R) 1998.
- Ensuring that all mechanically operated lifting equipment and any attachments are routinely inspected and tested by appropriately qualified engineers.
- Ensuring the selection of specialist contract engineers/equipment manufactures as competent persons where appropriate and in compliance with P.U.W.E.R and L.O.L.E.R. regulations.
- Obtaining, retention and making available for inspection any certificate of fitness for purpose relating to hoisting equipment.

Health and Safety Team responsibilities are:

- Distributing safety alerts within the organisation.
- Disseminating safe handling training compliance to managers.

Safe Handling Coordinators responsibilities are:

- Supporting and advising managers on moving and handling matters and offer added support and advice as needed.
- Assisting managers to perform investigations into manual handling incidents.
- Reviewing the quality of investigations relating to moving and handling Incidents, where necessary provide advice to prevent recurrence and share learning across the organisation.
- Advising ward/department managers of appropriate equipment needs.
- Coordinating manual handling training for all staff within the organisation.
- Assisting where necessary with manual handling risk assessments.
- Producing quarterly report to health and safety manager and will liaise with department leads on aspects of manual handling.
- Auditing safe handling equipment.
- Supporting as required by the Occupational Health Service, staff returning to work following injury or absence.
- Approve training delivered by key trainers to ensure that the current course content is updated regularly in accordance with current evidence based best practice, from the HSE, National Back Exchange, Royal college of Nursing and Nursing Midwifery Council.
- Meeting with Key trainers regularly to review training status, risk assessments and compliance to this Policy.
- Advising the organisation on any significant changes in legislation and guidance relative to Manual Handling.
- Monitoring and auditing of wards and departments Moving and Handling related risks and risk assessments.
- Maintaining their competency to perform their specialist role, to ensure continued professional development (CPD).

Key trainers responsibilities are:

- Key trainers will help implement this policy in their area.
- Provide a supportive role reinforcing safe practice in their area.

- Act as a ward / department link person for manual handling risk assessment, training support and pro-active planning in their area.

2.2 All Employees

All employees must;

- Perform manual handling activities in accordance with the information, instruction and training provided.
- Attend the Manual Handling training on commencement of employment and refresher training as identified by training needs analysis.
- Not use any equipment unless trained and competent to do so.
- Make full and proper use of equipment provided including all safety attachments
- Visually inspect all equipment before use, report any defects and remove from service.
- Report all Incidents and near misses as per HSSD Incident, Accident and Near Miss Reporting and Management Policy.
- Inform their managers of any conditions affecting them personally that may affect their ability to undertake manual-handling operations.
- Report faulty equipment to their line manager immediately and remove from service.
- Comply with Appearance Policy by wearing appropriate clothing and shoes.

3. CORPORATE PROCEDURE

3.1 Risk Assessment

Moving and Handling risk assessments (Care plans) will be undertaken on all patients within 24 hours of admission and completed within 72 hours. This assessment will identify the patient specific needs and identify any required equipment.

Moving and Handling risk assessments must be reviewed where there is any change the patients' needs or at regular intervals. The assessment will be recorded and communicated to all staff involved in patient care.

Risk assessments for the Moving and Handling of inanimate loads must be undertaken in all areas and reviewed as required.

All Assessments must be communicated to staff.

All generic risk assessments will be reviewed every 12 months by managers and updated where required. If an incident/accident occurs within the 12 month period this will need to be reviewed immediately, to prevent further accidents or incidents re-occurring.

Where it is not possible to carry out a written risk assessment beforehand then a dynamic risk assessment must be carried out for every activity.

Where a high or extreme risk cannot be reduced this should be escalated through the appropriate forums and reviewed at Directorate or Departmental Health and Safety meetings.

3.2 Training

Moving and handling training is a statutory requirement for all staff of HSSD.

Clinical staff and technical support professions (such as Porters, Nurses and Physiotherapists) must ensure that they update their moving & handling training every year by attending a practical session. Failure to review 2 yearly may result in attendance at a core Induction session in manual handling.

Non-clinical staff (such as housekeeping, catering) and office staff must attend their updates every 2 years. Sessions may also be provided within the directorate by arrangement of the local line manager.

Managers/supervisors shall identify the training needs of all their staff, including themselves, by using the training needs analysis matrix. They are responsible for ensuring that staff are released to attend the training sessions.

Training will be provided by Safe Handling Team or Key trainers in accordance with recognised Standards, which includes the Royal College of Nursing, and the National Back Exchange (NBE) Guidelines & Training Standards 2010.

Where new equipment is introduced within wards/departments suitable training is to be arranged on site to ensure staff are confident and competent to use it. Records should be kept of all training sessions whether classroom or department based and a copy sent to the Safe Handling Team.

3.3 Equipment

In accordance with the L.O.L.E.R. Regulations 1998 all hoist equipment and attachments such as slings need to be regularly serviced and maintained.

Ward/department managers will maintain a record of all patient handling equipment they have for their area and are responsible for ensuring their staff report any defaults in equipment. See Appendices A Hoist and Slings Protocol.

All slings require a thorough examination for any wear or tear before each use.

Where a need for equipment is identified, advice should be sought from the Safe Handling Coordinator and appropriate equipment purchased. Consideration must be given to the inspection, servicing and regular maintenance of equipment, and requirements of other specialist areas including medical devices and infection control.

All equipment must be regularly cleaned in accordance with the manufacturers guidance and the HSS Decontamination policy and guidelines.

The handling of patients over 160kg (25 stone) may require specialised equipment procedures for the manual handling of Bariatric patients is available from the Bariatric Handling Policy.

3.4 Incident / Accident Reporting

All staff have a duty to report an accident / incident associated with moving and handling by completing (Datix), and to cooperate in any follow-up investigation in accordance with the Incident, Accident and Near Miss Reporting and Management Policy. For management of patient falls, refer to the Policy and Guidelines for the Prevention and Management of Falls.

Referrals should be arranged by management directly with Occupational Health who may seek further guidance and input from the safe handling coordinators.

4. DEVELOPMENT AND CONSULTATION PROCESS

4.1 Communication & Implementation

Ward Sisters/Charge Nurses and Heads of Department are responsible for ensuring that each ward /department within their areas of responsibility are aware of how to access the policy.

The Safe Handling Coordinator will review this Policy and update changes in legislation, local initiatives or technological improvements.

Monitoring Policy Compliance

The Safe Handling Coordinators will audit compliance of Safe Handling training and will be submit findings to the Health & Safety Manager.

This policy has been subject to a wide range of groups of staff in order to ensure all areas are covered. The schedule below represents the breadth of areas involved in its development.

4.2 Consultation Schedule

Name and Title of Individual	Date Consulted
Head of Risk Management	July 2017
Patient and Client Safety Officer	July 2017
Resuscitation services Manager	July 2017
Health and Safety Manager	July 2017
Health and Safety Officer	July 2017
Datix Administrator	July 2017
Lead Nurses	July 2017
Head of Estates	July 2017
Asset Manager	July 2017
Mechanical Manager	July 2017
Infection Prevention and Control Sister	July 2017
Safe Handling Coordinator	July 2017
Procurement Manager	July 2017
Director of Adult Services Community and Social Services	November 2017
Deputy Director Health and Social Services	November 2017
Lead Nurse Inpatient Older Peoples Services Community and Social Services	November 2017

5. REFERENCE DOCUMENTS

Provision and Use of Work Equipment Regulations 1998 (PUWER)
<http://www.hse.gov.uk/work-equipment-machinery/puwer.htm>

Lifting Operations and Lifting Equipment Regulations 1998 (LOLER)
<http://www.hse.gov.uk/work-equipment-machinery/loler.htm>

Manual Handling Operation Regulations 1992 (as amended in 2002)
<http://www.hse.gov.uk/msd/faq-manhand.htm>

Health and Safety at Work Law (Jersey) 1989
<http://www.gov.je/Industry/HealthSafetyWork/HSI/Legislation/LawRegulations/Pages/GuidanceHSWLaw.aspx>

National Back Exchange/Royal College of Nursing – 1st to 6th Editions Guide to Handling Patients

National Patient Safety Agency (NPSA) being open

HSE Manual Handling Operations 1992: Manual Handling in the Health Service

6. GLOSSARY OF TERMS

Definitions of Terms Used	
HSE	Health and Safety Executive
Manual Handling Operations Regulations 1992 (amended 2002)	Manual Handling Operations Regulations 1992 (Amended 2002) The requirement is to avoid hazardous manual handling operations where 'reasonably practicable' and assess those that could not be avoided. There is also a need to identify, and implement risk reduction methods that are to be used.
Manual Handling	The transporting or supporting of a load by hand or bodily force this includes pushing, pulling, lifting lowering, transporting or carrying of loads with a degree of effort or bodily force.
Provision and Use of Work Equipment Regulations (PUWER1998)	Provision and use of work equipment regulations.
Lifting Operations and Lifting Equipment Regulations (LOLER 1998)	Lifting operations and Lifting equipment Regulations
Risk Assessment	A risk assessment involves identifying the hazards associated with a particular task and identifying whether there are adequate and suitable control measures in place to protect staff and others from those hazards, and from this making an evaluation of the level of risk. If the level of risk has not been reduced to the lowest level 'as far as is reasonably practicable' then further controls need to be introduced to ensure safety.
Hazard	Something with the potential to cause harm, injury, disease or some loss.
Risk	The likelihood of the hazard being realised and or staff, patients and others being exposed to the hazard.
Patient Moving and Handling Care Plan.	Refers to the patient manual handling risk assessment which is used to identify patient's mobility or lack of mobility reflecting the equipment needs of the patient, and their ability to assist.
Dynamic risk assessment	The continuous assessment of risk in the rapidly changing circumstances of an operational incident, in order to identify hazards and controls (if any) and evaluate risk and where necessary, implement further control measures necessary to ensure an acceptable level of safety. At the earliest opportunity the dynamic risk assessment should be supported

	by a written risk assessment using the States of Jersey's designated risk assessment form.
Reasonably practicable 'So far as is reasonably practicable'.	Balancing the level of risk against the potential resource input required to complete the activity in order to reduce or remove the risk.
Patient	Refers to an inpatient, outpatient or deceased patient.
Safe Working Load	The manufacturer's recommended maximum weight load for lifting devices or component of a lifting device this will include e.g. hoist and slings. Beds, trolleys, operating tables, X ray plinths and couches this list is an example and may not include equipment in your own area The SWL on any piece of equipment should never be exceeded.
Ergonomics	The means by design which the working environment and working practices are altered to match the individual with aims of reducing the risk of injury.
Employer	States of Jersey
Employees	Persons working for the States of Jersey, including bank and, temporary staff, volunteers, students and staff with honorary contracts.
Staff	All persons who are employed by the States of Jersey whether on permanent or temporary contracts (Written or implied), paid or unpaid, and shall include persons employed through recruitment and employment agency providers to assist the States of Jersey in delivery of services.
Key trainer	A member of staff who has completed a Manual Handling Key trainer course run by the States of Jersey Safe Handling Coordinator and has become the ward/Department lead person for Manual Handling.

8. IMPLEMENTATION PLAN

Action	Responsible Officer	Timeframe
The policy will be published on the States Intranet.	Web Officer - Information Governance Health and Social Services	On ratification
Review this policy update changes in legislation, local initiatives.	Safe Handling Coordinator	Annually
Report to Health and	Safe Handling Coordinator	Quarterly reports

Safety Manager		
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9. APPENDICES

Appendix 1 Sling and Hoist Protocol

Appendix Sling and Hoist Protocol

Prior to the purchase of any patient hoists and slings, advice must be sought from the Safe Handling coordinators, Senior Nurse, and Estates Manager, if the equipment is being purchased for a specific patient/client then the Occupational Therapist and Physiotherapist should be involved in the selection process.

When a patient is admitted into your care a full moving and handling assessment should be carried out as per HSSD Safe Handling Policy. If this assessment identifies that a hoist is required it should also identify what model of hoist, type and size of sling will be required for the individual patient.

Hoists and Other Lifting Equipment

Maintenance of Lifting Equipment

Prior to being put into service any item of lifting equipment will be thoroughly examined for defects.

If any defect are discovered during the course of an examination, or at any other time, that might have a possible adverse effect upon the health and safety of the user or operator then that piece of equipment must be withdrawn from service. Items of equipment that have been withdrawn from service in this manner should be labelled appropriately.

In the case of lifting equipment, or an accessory, used for lifting people, a thorough examination must be made at least every six months by a competent person. Other lifting equipment will be thoroughly examined at least annually.

Any person using an item of lifting equipment who discovers that the item is faulty must immediately report the fault to an appropriate person, eg. Line manager or engineering department and remove from service immediately.

It is the ward/department manager's responsibility to ensure the hoists are available for inspection and are in compliance with the law. A label will be placed on the hoist indicating when this inspection was last performed.

1. When using a hoist you should first check that it has been tested. If the check date has expired you need to:
 - Remove from circulation immediately.
 - Place a notice on it '**Not to be used**'
 - Inform Estates Manager, immediately stating type of hoist, serial number and when it was last tested.

2. All hoists must have their safe working load (SWL) marked on them. This should not be exceeded.
3. All electrical hoists should have their batteries on charge when not in use; spare batteries should be on charge and rotated daily. If the hoist needs to be plugged directly in to an electrical source, it should be plugged in when not in use.
4. Emergency stop and lowering functions should be checked.
5. Servicing records to be maintained by the Estates department.
6. Hoists should be cleaned regularly as per Infection, Prevention and Control guidelines.

Slings

All slings should be examined before every use to identify any visual wear and tear. In addition to this it is a statutory duty that all slings must be examined every 6 months. It is the ward/department manager's responsibility to ensure the slings are available for inspection by the external contractors and are in compliance with the law.

As part of the biannual examination each sling must be inspected for the following defects:

- Loose or broken stitching or bias binding
- Tears, breaks, fraying or holes on the material
- Excessive wear or thinning of the material
- White lines, marks or cracking on "key hole" clips
- Excessive shrinkage

(This is not an exhaustive list)

All slings must have their safe working load visible. If you have slings that do not have the safe working load marked on, they will not comply with the Lifting Operations and Lifting Equipment Regulations (L.O.L.E.R) 1998 (Health and Safety Executive, 1998) and will need to be replaced or retagged. They must not be used.

1. Take the sling out of circulation immediately.
2. Place a notice on it 'Not to be used'

Any private slings that are brought into HSSD by patients should only be used for them. These slings should go home with the patient or be discarded when not required.

Appendix 2 Sling and Hoist Flow chart

