

## SAFE MOVING, HANDLING AND LIFTING

### 1.0 INTRODUCTION

Statistics show that manual handling is one of the most common causes of absence through injury in the workplace. More than one third of lost time accidents are caused in this way, and these injuries may often have long-term effects. Back injuries are rising while overall accident totals are falling. This policy is intended to reduce the risk of manual handling injuries and to provide guidance on the measures that should be taken to ensure safe handling, moving and lifting in the workplace.

### 2.0 POLICY STATEMENT

Poole Housing Partnership Limited is committed so far as is reasonably practicable to securing the Health and Safety of its employees and service users and pupils, and complying with the requirements of the Manual Handling Operations Regulations 1992.

In respect of Manual Handling activities, the Poole Housing Partnership Limited will so far as is reasonably practicable:-

- Avoid all hazardous manual handling activities;
- Make a suitable and sufficient assessment of any hazardous manual handling activity that cannot be avoided;
- Introduce automation or mechanisation into the process;
- Reduce the risk of injury to all employees involved in manual handling activities by recognising and accepting the requirements of the Manual Handling Operations Regulations 1992;
- Where necessary, provide information, instruction, training and supervision; and
- Operate a “**No lift**” policy in respect to the manual handling of people including pupils whose weight is above the guideline figures, except in an emergency or life threatening situation.

Managers are responsible for the implementation of the policy in areas under their control.

## **1 MANUAL HANDLING RISK ASSESSMENTS**

The Manual Handling Regulations set no specific requirements such as weight limits. The ergonomic approach shows clearly that such requirements are based on too simple a view of the problem and are likely to lead to erroneous conclusions. Instead, an ergonomic assessment based on a range of relevant factors should be used to determine the risk of injury and point the way to remedial action.

- 1.1 A full manual handling risk assessment of every activity could be a major undertaking and might involve wasted effort. Therefore, Appendix 2 offers numerical guidelines which can be used as an initial filter for inanimate objects, helping to identify those manual handling activities which warrant a more detailed examination. The guidelines set out an approximate boundary within which manual handling activities are unlikely to create a risk of injury sufficient to warrant more detailed assessment. This should enable assessment work to be concentrated where it is most needed. However, even activities lying within the boundary should be avoided or made less demanding wherever it is reasonably practicable to do so. The guidelines should not be regarded as precise recommendations. They should be applied with caution. Where doubt remains a more detailed assessment should be made.
- 1.2 The Manual Handling Risk Assessment form (MHRA1), should be used for both the initial filter for manual handling activities and for those activities which require a more detailed assessment (see Appendix 4). In the case of manual handling of people, the guidance provided at Appendix 3 should be followed and the Moving and Handling of Service Users assessment form (MHRA2), should be used (see Appendix 5).
- 1.3 It is intended that the information provided in this policy will form a general framework within which managers and supervisors will be able to comply with the requirements of the Manual Handling Operations Regulations 1992, and therefore reduce the risk of injury to employees, service users, pupils, and members of the public who may need assistance in emergency situations.

## **2 ARRANGEMENTS FOR SECURING THE HEALTH AND SAFETY OF EMPLOYEES**

### **2.1 Elimination of hazardous manual handling activities**

The Head of Maintenance and Managers are to ensure that activities which involve hazardous manual handling are eliminated so far as is reasonably practicable. Measures to achieve this include ergonomic design of the workplace and activity, and the provision of automated aids such as trolleys, chutes, hoists and conveyors etc.

## **22 Assessment of risk**

The Head of Maintenance and Managers are to ensure that sufficient competent Manual Handling Assessors are available within their area of responsibility. The numbers will vary depending on the precise nature and range of activities involved. Advice and guidance is available from the Head of Maintenance.

An assessment of manual handling activities will be carried out by the Unit's / School's competent person(s). Risks which are identified will be reduced to the lowest level reasonably practicable. The following factors will be considered during the assessment (See Appendix 2).

## **23 The Task**

Bending and stooping to lift a load, significantly increases the risk of back injury. Items should ideally be lifted from no lower than knee height to no higher than shoulder height. Outside this range, lifting capacity is reduced and the risk of injury is increased. Where items are required to be lifted from above shoulder height, a stand, steps or other suitable means of access should be used. Items which are pushed or pulled should be as near to waist level as possible. Pushing is preferable, particularly where the back can rest against a fixed object to give leverage.

Carrying distances should be minimised, especially if the task is regularly repeated. Repetitive task should be avoided whenever possible. Tasks which involve lifting and carrying should be designed in such a way as to allow for sufficient rest breaks to avoid fatigue. Avoid tasks which require twisting the body wherever possible.

## **24 The Load**

The load, especially those containing fluids should be kept as near as possible to the body trunk to reduce strain and should not be of such size as to obscure vision. An indication of the weight of the load and the centre of gravity should be provided where appropriate.

Unstable loads should be handled with particular caution. The change in centre of gravity is likely to result in overbalancing. Ensure that there is a secure handhold, using gloves where necessary to protect against sharp edges or splinters.

## **25 The individual**

There is a wide range of individual physical capability, even among those fit and healthy enough to be at work. For the working population the guideline figures detailed in Appendix 2 will give reasonable protection to nearly all men and women. 'Nearly all' in this context means about 95%".

Consideration must be given to age, height, body weight and physical fitness. Regard must be given to personal limitation; employees must not attempt to handle loads which are beyond their individual capability. Assistance must be sought where this is necessary.

It is important to understand that the **guideline figures detailed in Appendix 2 are not limits**. They may be exceeded where a more detailed assessment shows that it is appropriate to do so, having regard always to the Council's duty to avoid or reduce the risk of injury where this is reasonably practicable. However, even for a minority of fit, well-trained individuals working under favourable conditions any activities which would exceed the guideline figures by more than a factor of about two should come under very close scrutiny.

Persons with genuine physical or clinical reasons for avoiding moving, handling or lifting should be made allowance for, as should pregnant women, who should not be required to undertake hazardous handling, moving, lifting or carrying tasks.

Sufficient knowledge and understanding of the work is an important factor in reducing the risk of injury. Individuals undertaking handling, moving, lifting and carrying will be given suitable information, instruction and training to undertake the task with minimum risk.

## **26 The working environment**

There must be adequate space to enable the activity to be conducted in safety and the transportation route must be free from obstruction. Lighting, heating and weather conditions must be taken into account. Floors and other working surfaces must be in a safe condition, and adequate ventilation is required, particularly where there is no natural ventilation. Suitable access equipment should be provided to reduce the need for over stretching and to prevent the improvised use of chairs, tables or other equipment.

## **27 Other factors**

Use of personal protective equipment (PPE) may be necessary whilst carrying out manual handling activities. If the use of PPE restricts safe and easy movement, this should be reported to a manager. Constant interruptions from other employees must be avoided, as this can reduce the concentration of an individual.

## **DUTIES OF MANAGERS**

28 Managers must ensure that :

- manual handling risk assessments are carried out where appropriate and records (form MHRA1 - see Appendix 4) *are kept for at least seven years*, and be held centrally and readily available for inspection;
- adequate information, instruction and training is provided to employees carrying out manual handling activities;
- employees undertaking manual handling activities are fit to carry out the task (Refer to Sect 2 par 5 & 6);
- employees adhere to safe systems of work;
- employees are properly supervised;
- any injuries or incidents relating to manual handling are investigated, and where appropriate, remedial action is taken;
- safety arrangements for manual handling activities are regularly monitored, recorded and in any event reviewed annually; copies of the original assessment must be retained for at least seven years;
- special arrangements are made, where necessary, for individuals with health conditions which could be adversely affected by manual handling activities; and
- when a manual handling risk assessment relates to someone already known to Adult Social (Commissioning) Services, the Care Manager involved will contact the relevant Service Unit to ensure co-ordination of approaches and reduce any duplication of effort.

29 Should you require further advice and guidance, this in the first instance should be sought from your competent manual handling assessor and if necessary, the Head of Maintenance.

## **3 DUTIES OF EMPLOYEES**

31 **Employees must ensure that:**

- they are familiar with the guidelines in Appendix 1, 2 and 3 (see attached);
- they report to their manager (in confidence) any personal conditions which may be detrimentally affected by manual handling activities;
- they comply with instruction and training which is provided in safe manual handling activities;
- they use equipment which has been provided to minimise manual handling activities; and
- any problems relating to the activity are reported to their manager or supervisor.

## **4 INFORMATION AND TRAINING**

In light of the manual handling risk assessment, suitable information, instruction and training will be provided for employees who are required to carry out manual handling activities. Refresher training will be given at reasonable intervals, not exceeding three years, and will depend on the level of risk employees are exposed to as a result of the manual handling activity. Should it come to the attention of managers, that employees are failing to follow the safe system of work put in place as a result of the manual handling risk assessment, or suffer an injury as a result of the activity, refresher training will be offered in appropriate circumstances. Details of manual handling training provided to employees, will be recorded.

## **5 SAFE SYSTEM OF WORK**

5.1 Poor lifting and carrying techniques can result in discomfort and increase the risk of injury. In extreme circumstances, these injuries can have permanent effects. The risk of injury can be reduced by adopting the following simple precautions:

- Ensure that formalised systems of work which have been designed for the work activity are complied with;
- Make full and proper use of aids to lifting and carrying, such as trolleys, chutes, hoists and access equipment;
- Store heavy items between shoulder and hip height. Where possible only store small, light and rarely used items above shoulder or below knee height;
- Use the legs and knees to bend and lift - do not stoop or bend the back. Avoid tasks which require stretching or twisting;
- Ensure that regular rest breaks are taken where manual handling activities are repetitive and prevent the onset of fatigue;
- Ensure that there are no sharp, hot or cold edges which could cause injury;
- Ensure that walkways are free from obstructions;
- Make full and proper use of Personal Protective Equipment; and
- Report any problems or concerns associated with manual handling activities to your manager or supervisor without delay.

## **6 SAFE MOVEMENT AND HANDLING OF PEOPLE**

Only those employees appropriately trained in the safe movement and handling of people should undertake this activity. For the precautions regarding these procedures, refer to Appendix 3.

## APPENDIX 1

### MOVING, HANDLING AND LIFTING GUIDELINES FOR EMPLOYEES

#### A1.1 Principles of Safe Manual Moving, Handling and Lifting

**DO NOT** manually lift people (refer to Appendix 3 for guidance)

**AVOID** wherever practical

**ASSESS** all manual moving, handling and lifting activities

#### **Minimise effort**

- Can you use a hoist/other aid? What is available?
- Does it need 2 or more people?
- Do you know your lift capability?

#### **Move, Handle or lift it safely**

- Stand close to load.
- Hold load close to trunk.
- Bend knees, keep back in a natural curve, lift with the legs.
- Keep the load light. Can you divide it?
- Lift from a solid base - keep your legs a shoulder width apart.
- Ensure a safe environment - clear passageway etc.
- Secure the load - boxes done up etc.

#### **“A good lift is a planned lift”**

- Plan the lift, discuss with lifting partner if any.
- Know where exactly you are moving to.
- Ensure grips are firm and safe.
- Do not twist your body but move your feet to face the load and destination.

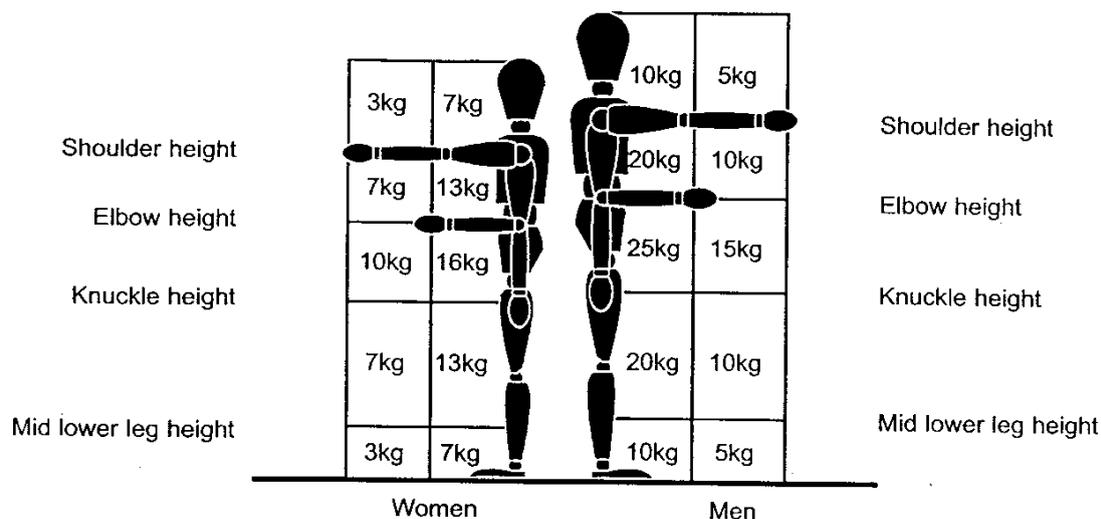
## APPENDIX 2

### NUMERICAL GUIDELINES

#### A2.1 LIFTING AND LOWERING

Basic guidelines for manual handling activities involving lifting and lowering are set out below. They assume that the load is readily grasped with both hands and that the activity takes place in reasonable working conditions with the handler in a stable body position.

The guideline figures take into consideration the vertical and horizontal position of the hands as they move the load during the handling activity, as well as the height and reach of the individual handler. It will be apparent that the capability to lift or lower is reduced significantly, if for example, the load is held at arm's length or the hands pass above shoulder height.



#### Lifting and lowering

If the hands enter more than one of the box zones during the activity, the smallest weight figure should be used. The transition from one box zone to another is not abrupt; an intermediate figure may be chosen where the hands are close to a boundary. Where lifting or lowering with the hands beyond the box zones is unavoidable, a more detailed assessment should be made.

## A2.2 TWISTING

The basic guideline figures for lifting and lowering should be reduced if the handler twists to the side during the operation. As a rough guide the figures should be reduced by about 10% where the handler twists through 45° and by about 20% where the handler twists through 90°.

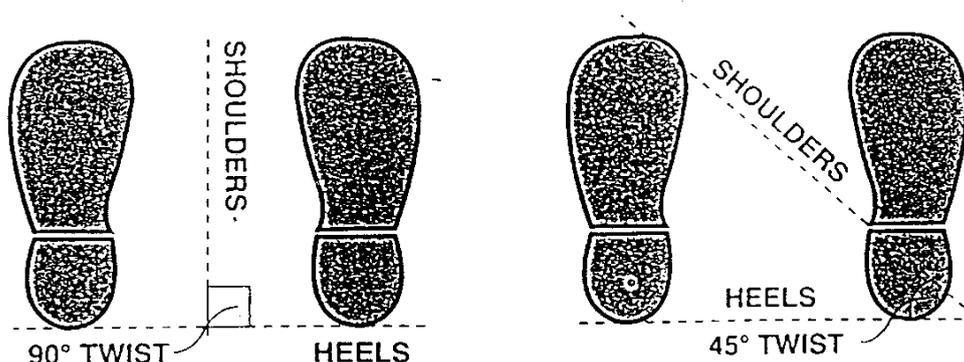


Fig 2: Assessing twist

Note: Twisting or bending while lifting or carrying can be very dangerous and should be avoided if at all possible. If it cannot be avoided, a full manual handling risk assessment should be carried out.

## A2.3 FREQUENT LIFTING AND LOWERING

The basic guideline figures for lifting and lowering are for relatively infrequent activities - up to approximately 30 operations per hour, where the pace of work is not forced, adequate pauses for rest or recovery are possible and the load is not supported for any length of time. They should be reduced if the activity is repeated more frequently. As a rough guide, the figures should be reduced by 30% where the activity is repeated once or twice per minute, by 50% where the activity is repeated around five to eight times per minute and by 80% where the activity is repeated more than about 12 times per minute.

## A2.4 GUIDELINES FOR CARRYING

Basic guideline figures for manual handling activities involving carrying are similar to those given for lifting and lowering, though carrying will not normally be carried out with the hands below knuckle height.

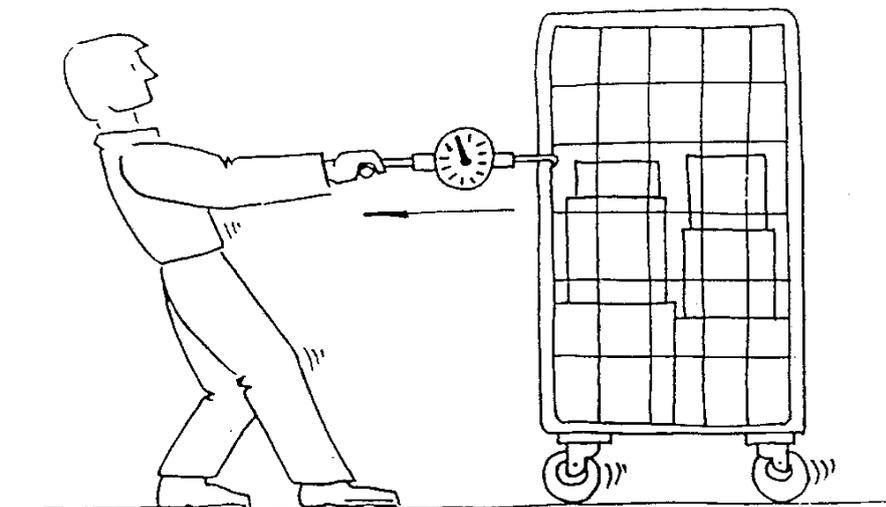
It is also assumed that the load is held against the body and is carried no further than about 10m without resting. If the load is carried over a longer distance without resting, the guideline figures may need to be reduced.

Where the load can be carried securely on the shoulder without first having to be lifted (as for example when unloading sacks from a lorry) a more detailed assessment may show that it is acceptable to exceed the guideline figure.

## A2.5 GUIDELINES FOR PUSHING AND PULLING

The following guideline figures are for manual handling activities involving pushing and pulling, whether the load is slid, rolled or supported on wheels. The guideline figure for starting or stopping the load is a force of about 25 kg (i.e. about 250 Newtons) for men, and about 16 kg (i.e. 160 Newtons) for women. The guideline figure for keeping the load in motion is a force of about 10 kg (i.e. 100 Newtons) for men and about 7 Kg (i.e. 70 Newtons) for women.

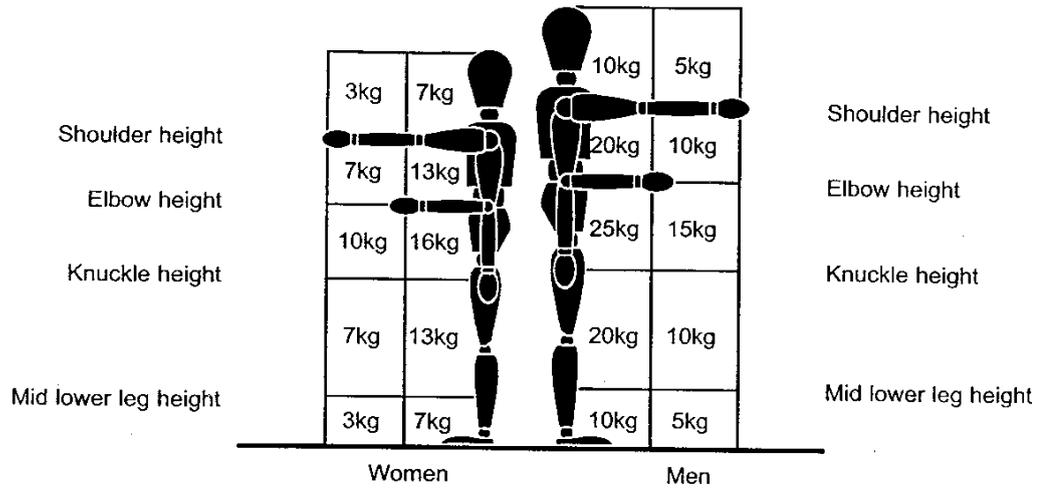
Fig 3 Measuring pulling force



It is assumed that the force is applied with the hands between knuckle and shoulder height. If this is not possible, the guideline figures may need to be reduced. No specific limit is intended as to the distance over which the load is pushed or pulled, provided there are adequate opportunities for rest and recovery.

## A2.6 GUIDELINES FOR HANDLING WHILE SEATED

The basic guideline figure for handling operations carried out while seated is given below and applies only when the hands are within the box zone indicated. If handling beyond the box zone is unavoidable or, for example, there is significant twisting to the side, a more detailed assessment should be made.



Lifting and lowering

**A2.7 REMEMBER** - the guideline figures should not be regarded as precise recommendations. They should be applied with caution. Where doubt remains, a more detailed assessment should be made.

## APPENDIX 3

### MOVING AND HANDLING OF SERVICE USERS GUIDELINES FOR EMPLOYEES

#### A3.1 APPLYING THE PRINCIPLES OF LIFTING OBJECTS TO MOVING ASSISTING AND HANDLING OF SERVICE USERS

**You should never put yourself in a situation where you have to lift or support the Service User's whole weight.**

A3.1.1 Check all relevant Care Plans

A3.1.2 Decide on the technique to be used

A3.1.3 Explain what is to be done

A3.1.4 Prepare the equipment and the room

A3.1.5 Give clear instruction for every stage of the assisted move. Do this in accordance with previous training, instructions, Care Plan procedures and any equipment provided.

A3.1.6 Position yourself:

Feet shoulder width apart  
Knees flexed and ready to bend  
Arms tucked in  
Elbows bent  
Good posture

A3.1.7 Hold the service user / pupil close to you with a firm grip or use a handling belt where available.

A3.1.8 Talk and reassure the service user through the move

A3.1.9 Aim for a smooth sequence of moves. Take short rests between raising, lowering and turning if possible, this will also assist the service user to steady and compose themselves.

**Remember, you should be “empowering” the service user / pupil to move himself / herself and participate as much as possible in the transfer. In trying to assist the service user / pupil, remember to treat him / her with dignity and respect.**

## **A3.2 GENERAL GUIDELINES IN ADDITION TO Paragraph 2 -pages 5 and 6 of this document**

A3.2.1 Managers should regularly review the service provision under the Health and Safety legislation. In cases where employees are considered to be at risk, either because safe moving, handling and lifting techniques cannot be used, or a service user refuses to use the recommended safe methods of transfer, it may be necessary after appropriate discussion to withdraw the service provision. This decision will not be taken lightly and only implemented with the approval of Managers.

A3.2.2 Employees will operate a practise of not lifting people whose weight is above the guideline figures, (see appendix 2), bearing in mind that even these limits are under ideal circumstances. Additional risk factors such as a hot, cramped environment; uneven flooring; uncontrolled or unpredictable behaviour, service user's medical condition etc. will all further reduce the maximum weight that can safely be moved or handled. The presence of an extra employee will not double the safe maximum limit since the proportion of the load that is borne by each person will vary to some extent during the procedure. Certain situations are particularly risky, such as lifting from the ground or the bath; therefore these will still be potentially hazardous even if the person being lifted is a child within the weight guidelines.

**A3.2.3** Employees must never attempt to manually lift a service user / pupil from the ground or out of the bath. If no mechanical lifting equipment is available then the service user / pupil must be kept warm and comfortable and assistance must be summoned.

A3.2.4 No attempt should be made to grab a service user / pupil if they are falling. If the person is close to you they should be eased gently to the floor and made comfortable until help is available. **This should not preclude well intentioned improvisation in an emergency situation**. If the fall cannot be controlled, do not attempt to break a fall by grabbing, reaching, stretching or bending as this could put yourself, other employees, and in some cases other service users at risk and could make any resulting injuries worse.

A3.2.5 Employees should only use those techniques they have been trained to undertake and they feel capable to use, and these must be given prior to staff being left with vulnerable people. If a situation arises, that is beyond a person's capability and they are no longer confident to undertake the task, they must inform their line manager immediately. Where there is a sudden change in a service user's / pupil's ability to assist themselves or co-operate with employees, then an immediate re-evaluation is needed. The employee must inform their line manager, who should help them decide if an alternative strategy or more help is needed. In cases of sudden deterioration medical advice is likely to be needed.

### **A3.3 MANUAL HANDLING CARE PLAN**

A3.3.1 Once the manual handling assessment has been carried out, managers must ensure that an appropriate Manual Handling Care Plan is put in place so as to ensure employees follow the instructions given by the Occupational Therapists / Physiotherapists (see Appendix 6). The purpose of the Manual Handling Care Plan is to set out and record, following the assessment, the recommended safest and most appropriate method(s) of moving, handling or lifting the service user / pupil. Managers should ensure that all employees who are required to assist the service user, are trained in the appropriate techniques in accordance with the instructions given on the Manual Handling Care Plan. The Care Plan should be kept readily available so that employees can refer to it as and when necessary (i.e. kept in the service user's home).

#### **A3.3.2 UNSAFE TECHNIQUES**

Managers should assess and provide appropriate handling equipment, where it is deemed necessary to do so. Where they do not feel they have the necessary expertise, managers can delegate the task to other competent employees or seek outside help. They cannot, however, delegate the responsibility

A3.3.3 Assistance to service users and patients in hospital that falls short of a full body lift is less ambiguous if referred to as assistance or transfer.

A3.3.4 It can be important for staff to understand the distinction between a therapeutic assist or transfer and a care assist or transfer.

A3.3.5 Therapists who are fully trained professionals, whether physiotherapists or occupational therapists, may successfully carry out specialised and neurologically based assistance to facilitate patient transfers (therapeutic assist / transfer). These are sometimes taught in a one-to-one situation for families to carry out.

A3.3.6 It is not expected that employees will do these and it could be dangerous to do so. These lifts are likely to have been specifically taught and overseen by the physiotherapist, and are not appropriate for 'cascade' training on to others. This takes account of the frequency and duration of this kind of care given by paid carers as well as the lack of individual therapeutic training.

A3.3.7 The following techniques for health and safety reasons are deemed unsafe by "The Guide to the Handling of Patients 4<sup>th</sup> Edition published by the National Back Pain Association in collaboration with the Royal College of Nursing".

**A3.3.8 Employees must therefore never use them when transferring service users / pupils.**

**UNSAFE TECHNIQUE 1 - 'THE 'DRAG LIFT''**

***IT IS EQUALLY DANGEROUS IF USED TO TRANSFER FROM CHAIR TO CHAIR OR TO ASSIST THE SERVICE USER TO STAND AND WALK.***



***It is unsafe because:***

- It is well known that the drag lift can dislocate the service user's shoulders (especially dangerous after stroke)
- The drag lift can cause bed sores by dragging the service user across the bed
- The load is taken at a distance from the base of the spine
- The lift involves a twist of the trunk
- There is a tendency for the carer to lean into the lift, adding to the ineffective technique
- Discourages the service user from assisting
- The service user could become aggressive because he/she is being hurt

---

## UNSAFE TECHNIQUE 2 - 'THE ORTHODOX (or Cradle) LIFT'

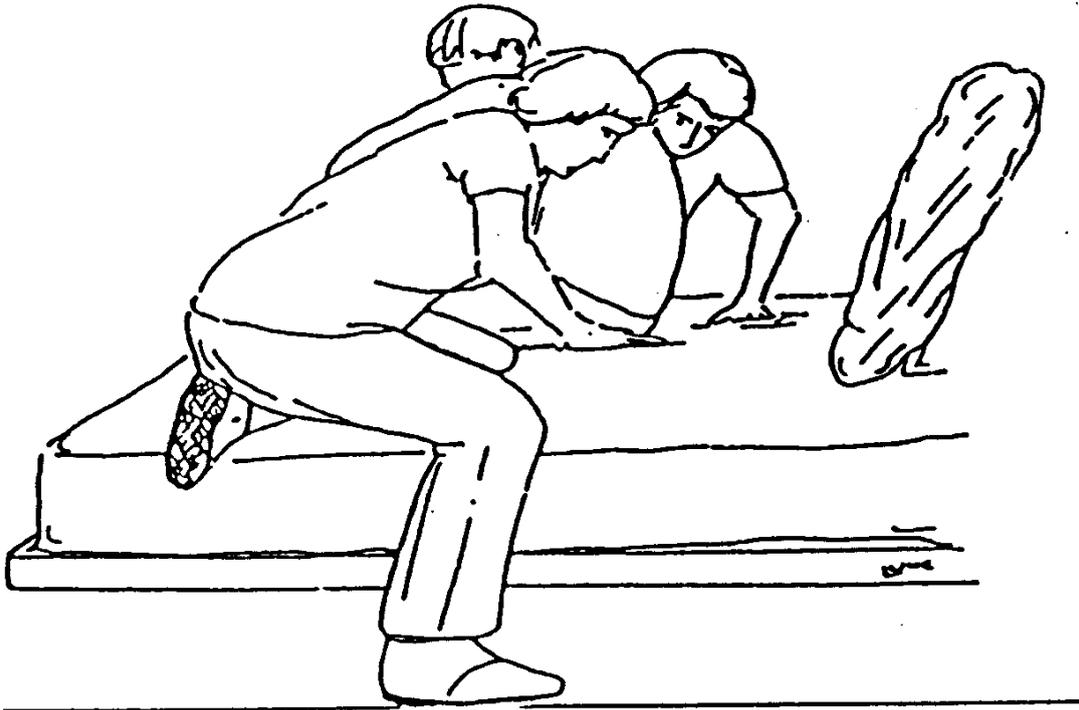


***It is unsafe because:***

- The service user holds onto the carers, this gives a tendency for the service user to pull the carers
- The position of the carer is bent with the leverage increasing the load on the spine
- The lift discourages movement or makes it impossible for the service user to do anything
- The position of the carer means that the load is not close to the body
- There is a tendency for the carer to lean into the lift, adding to the ineffective technique

---

### UNSAFE TECHNIQUE 3 - 'THE SHOULDER OR AUSTRALIAN LIFT'



***It is unsafe because:***

- The lift does not assist the service user in rehabilitation
- The lift is very invasive to the service user
- The service user will not be comfortable in the forward position
- If you put a hand around the service user's back you will simply change the lift to a version of the orthodox lift, also a banned transfer

---

## UNSAFE LIFT 4 - 'THE BOBATH'

The Bobath technique was developed for physiotherapists to support their clients. It is a progressive technique, which is dependent upon a thorough understanding of their client's abilities, otherwise it will lapse into a LIFT. Therefore, this transfer technique should only be carried out by a qualified therapists.



*It is unsafe because:*

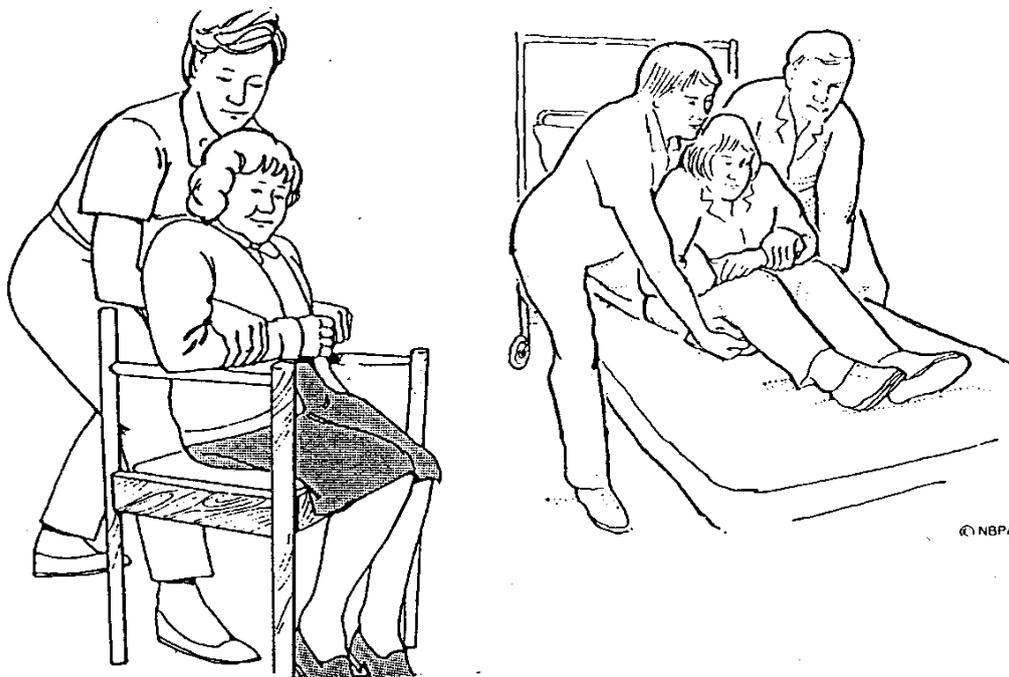
- The service user holds onto the carer, which gives a tendency for the service user to pull the carer
- If the service user becomes unsteady they will cause an injury to the carer
- The carer does not have a solid stance as their feet are close together
- There is a tendency for the service user to hold the neck of the carer, which adds to the ineffective technique

**NOTE:** you may see this being used by qualified therapists but that does not make this safe for others to use

---

## UNSAFE LIFT 5 - 'THE THROUGH ARM'

### *Moving a service user further back on a bed or chair*



#### **It is unsafe because:**

- One leg of the carer is straight and the other bent, this reduces the ability of the carer to use the strong leg muscles to support the transfer
- The force of the transfer is being applied to the shoulders
- All the force is applied to the service user's forearm and armpits
- If the service user does not push with their legs this transfer will become a lift
- The carer does not have a solid stance as their feet are close together

**APPENDIX 4**

**MANUAL HANDLING OF LOADS: ASSESSMENT CHECKLIST - MHRA1**

**Section A - Preliminary:**

\*Circle as appropriate

<p>Job description:</p> <p>Factors beyond the limits of the guidelines?</p>	<p>Is an assessment needed? (i.e. is there a potential risk for injury, and are the factors beyond the limits of the guidelines?)</p> <p style="text-align: right;"><b>Yes/No*</b></p>
---	--

If 'Yes' continue. If 'No' the assessment need go no further.

<p>Operations covered by this assessment (detailed description):</p> <p>Locations:</p> <p>Personnel involved:</p> <p>Date of assessment:</p>	<p>Diagrams (other information):</p>
--	--------------------------------------

**Section B - See over for detailed analysis**

**Section C - Overall assessment to the risk of injury?**      Low/Med/High\*

**Section D - Remedial action to be taken:**

<p>Remedial steps that should be taken, in order of priority:</p> <ol style="list-style-type: none"> <li>1</li> <li>2</li> <li>3</li> <li>4</li> <li>5</li> <li>6</li> <li>7</li> </ol>	
<p>Date by which action should be taken:</p> <p>Date for reassessment:</p> <p>Assessor's name: <span style="float: right;">Signature:</span></p>	

**TAKE ACTION ... AND CHECK THAT IT HAS THE DESIRED EFFECT**

Section B - More detailed assessment, where necessary:					
Questions to consider:	If yes, tick appropriate level of risk			Problems occurring from the task (Make rough notes in this column in preparation for the possible remedial action to be taken)	Possible remedial action (Possible changes to be made to system/task, load, workplace/space and environment. Communication that is needed)
	Low	Med	High		
<p><b>The tasks</b> - do they involve:</p> <ul style="list-style-type: none"> <li>• holding loads away from trunk?</li> <li>• twisting?</li> <li>• stooping?</li> <li>• reaching upwards?</li> <li>• Large vertical movement?</li> <li>• long carrying distances?</li> <li>• strenuous pushing or pulling?</li> <li>• unpredictable movement of loads?</li> <li>• repetitive handling?</li> <li>• insufficient rest or recovery?</li> <li>• a work rate imposed by a process?</li> </ul>					
<p><b>The loads</b> - are they:</p> <ul style="list-style-type: none"> <li>• heavy?</li> <li>• bulky/unwieldy?</li> <li>• difficult to grasp?</li> <li>• unstable/unpredictable?</li> </ul>					

<ul style="list-style-type: none"> <li>• intrinsically harmful (e.g. sharp/hot)?</li> </ul>					
<p><b>The working environment</b> - are there:</p> <ul style="list-style-type: none"> <li>• constraints on posture?</li> <li>• poor floors?</li> <li>• variations in levels?</li> <li>• hot/cold/humid conditions?</li> <li>• strong air movements?</li> <li>• poor lighting conditions?</li> </ul>					
<p><b>Individual capability</b> - does the job:</p> <ul style="list-style-type: none"> <li>• require unusual capability?</li> <li>• hazard those with a health problem?</li> <li>• hazard those who are pregnant?</li> <li>• call for special information/training?</li> </ul>					
<p><b>Other factors:</b> Is movement or posture hindered by clothing or personal protective equipment?</p>	Yes / No				

**APPENDIX 5**

**MANUAL HANDLING ASSESSMENT (MHRA 2)**

<b>MANUAL HANDLING OPERATIONS REGULATIONS 1992</b>			
<b>DETAILED ASSESSMENT OF SERVICE USER</b>			
ESTABLISHMENT .....			
DATE.....			
<b>SERVICE USER'S</b>			<b>REF NO</b>
<b>NAME</b>			
<b>ADDRESS</b> (If applicable)			
<b>DESCRIPTION OF TASK</b>			
<b>THE TASK</b>			
Frequency of task		Does it involve twisting or stooping	
Holding Position - close to or away from trunk		Equipment used	
<b>LOAD</b>		<b>ENVIRONMENT</b>	
Size/shape/height		Space	
Can s/u / pupil communicate?		Floor level variation	
Any behavioural problems?		Temperature	
Any medical condition?		Humidity	
Any pain or discomfort?		Obstructions/distractions	
Unpredictable?		Slippery floor	
<b>INDIVIDUAL CAPABILITIES - Does the task:</b>			
Require unusual capabilities?			
Create a hazard for those with health problem? Or to those who are pregnant?			
Call for special information or training?			
Is there height variation?			
Is movement or posture hindered by clothes or equipment?			

**What is your overall assessment of the risk of injury? Insignificant / low / med / high**  
 If 'insignificant' the assessment need go no further.



**APPENDIX 6**

**MOVING AND HANDLING CARE PLAN      DATE:      /      /**

Service User's

Name:..... Title Mr/Mrs/Ms:.....  
 Tel. No:..... Date of Birth:..... Weight:..... Height:.....  
 Address:.....

The equipment and handling techniques described below have been recommended, following assessment, as the safest and most appropriate methods for..... (service user). The use of these techniques at all times when handling him/her and have been agreed by the following:-

	NAME	SIGNATURE
Service Unit if appropriate		
Service User		
Relative / Carer		
Agency / Carer 1. (specify)		
Agency / Carer 2. (specify)		
Occupational Therapist		

All care staff / employees must be fully trained in handling, moving and use of any equipment relevant to this care plan.

**MOVING AND HANDLING TECHNIQUES**

	Equipment for that particular transfer, e.g. wheelchair to RTS	How many people need to be involved	How transfer will be carried out, e.g. hoist and independence sling	Precautions necessary
TOILET				
BED				
STANDING				
BATH/ SHOWER				
CHAIR				
ACCESS/ OTHER				