

Solihull MBC

Guidance for the Moving and Handling of People by SMBC employees

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

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1. Introduction and Purpose

1.1 This guidance describes Solihull Metropolitan Borough Council's (SMBC) 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 & 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 SMBC Manual Handling Guidance.

1.2 For the purposes of this guidance, Education settings refers to schools where SMBC is the employer. Voluntary aided and foundation schools as well as academies may use this guidance for reference and basis for their own employer arrangements.

1.3 This guidance will provide staff and practitioners with information on how best to support the person, their carers and parents in M & H, in order to minimise the risk to the lowest level reasonably practicable. It will highlight the importance of safe M & H in daily practice and how to document the M & H actions undertaken with a person. Local safeguarding procedures should be used when appropriate.

2. Moving and Handling of People Context

2.1 What is meant by 'Moving and Handling of People'?

Moving and handling of people fall under the general requirements of the Manual Handling Operations Regulations. 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.”

2.2 Who carries out Moving & Handling of People?

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

2.3 Why is minimising the risk of Moving and Handling of People important?

It is important to conduct M & H risk assessments with all people who have potential or identified M & H needs, complete and implement the M & H plan, and review at an agreed timeframe.

Poor practice can lead to:

- Back pain and musculoskeletal disorders, which can lead to inability to work;
- Moving and handling accidents – which can injure both the person being moved and the 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 which include work related musculoskeletal disorders (MSDs) such as upper and lower limb pain/disorders, joint and repetitive strain injuries.

(Health & Safety Executive)

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 [Mental Capacity Act 2005 guidance](#). 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 [Guidance on Advocacy](#).

Consideration needs to be given to Safeguarding and Deprivation of Liberties (DOLS) e.g. leaving a vulnerable person unattended in a hoist.

3. Regulatory Context

3.1 What is the Regulatory context?

The Health and Safety at Work Act (1974) places a duty on SMBC as the employer to take reasonable steps to ensure the health and safety of those involved in M & H people activities.

The Manual Handling Operations Regulations require SMBC 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, on a risk based, proportionate approach which may need to be relatively frequent and with an expectation that review periods do not exceed 12 months.

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 M & H Equipment section for more information.

3.2 Care Act (section 27 of the Care Act 2014)

The Care Act (2014) states that all people with a care and support plan, or support plan should have the opportunity to reflect on what's working, what's not working and what might need to change and this is an important part of the planning process. It ensures that plans are kept up to date and relevant to the person's needs and aspirations, will provide confidence in the system, and mitigate 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.

3.3 Children & 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 & Handling Approach

4.1 What is the Moving & Handling of People approach?

The approaches taken to 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 Strengths 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:

1. Recognise the hazard and the potential risk.
2. Assess the degree and nature of this risk. How is the risk triggered? Identify who is at risk and how.
3. Record the risk assessment/s and plan. Identify who is responsible for what actions.
4. Develop a plan to mitigate 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?
5. Review the M & H plan as appropriate in line with identified risk.

A risk assessment should be structured, evidence-based and as consistent as possible across settings and across service providers (*Independence, choice and risk: a guide to best practice in supported decision making DH 2007a, p7*). It consistently aids communication between practitioners and agencies, and should therefore improve care provided.

4.3 Ergonomic Approach

Ergonomics is essentially fitting the workplace to the worker with the design of safe systems of work, and the better the fit the higher the level of safety and worker efficiency (*Fitting the Task to the Human, Grandjean 1990*). By 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 patient 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

When assessing M & H 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.

(*Smith J, 2011, The Handling of People, a systems approach. Hop 6*)

There are some problems which practitioners can identify the solution for relatively straightforwardly. However, for particularly hard problems, practitioners will draw further on clinical reasoning i.e. reason why the particular handling method was chosen. It may be helpful to include the benefits and considered options including options ruled out with reasoning. The 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 Jacqui Smith p27). Support is available through team meetings or peer supervision to exchange ideas and adopt a solution focussed approach. The work may involve going back and forth between these different phases of work or escalating to an M&H Champion, line manager, supervisor etc.

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;
- Person-centred and personalised, holistic approach taking account of the protected characteristics of the individual staff, customers and carers involved.

5 Moving and Handling Process

5.1 What is the Moving & Handling Process for Children & 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 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 and young people M & H needs the following points need to be considered:

- all aspects of development;
- emotional growth;
- mobility;
- intellectual stimulation;
- communication;
- recreation;
- personal care requirements;
- capacity

5.1.2 Risk Assessment

An 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 need to undertake are then combined with the assessment of their needs, the risks to the handlers and an assessment of the specific environment it will take place in. Any equipment needed will be identified and the manual handling procedures identified.

5.1.3 Handling Plan

Every individual child or young person with a handling need must have a written Handling Risk Assessment and Handling Plan. All 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 expected 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 sign the handling plan and other supporting documentation, to ensure they have an understanding of the child/children, handling taking place in their setting; the clinical reasoning behind it and the handling procedures their staff are undertaking.

Once the handling plan has been written a copy needs to 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 handling plan must be kept somewhere where it is readily available to staff carrying out the handling, whilst reflecting 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 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, and health or opinion as to how the handling plan is carried out. Reviews must be timely in line with professional guidance, but in general not less than every 12 months.

Appendices 1-3 includes template forms that can be used to complete moving and handling risk assessments and handling plans for children and young people.

For more general information on risk assessment, refer to the SMBC Risk Assessment Guidance.

5.2 What is the Moving & Handling Process for Adults?

5.2.1 Risk Assessment

The M & H risk assessment should be completed when a task can cause a 'possible risk of injury' and avoidance of the task to be undertaken is not reasonably practicable (*HSE*). The M & H risk assessment 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 M & H 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 M & H 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 persons own expectations & 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, legal considerations, PPE and equipment.

5.2.2 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, while promoting risk enablement with appropriate consultation and risks agreed by all parties. This is recorded in the

person's Handling Plan. The 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 M & H task/s. The practitioner should agree this with the person and the handler/s, sign, date and ensure copies of the Risk Assessment and Handling Plan are located:

- In the person's home, or SMBC setting where the handling will take place;
- Person's record (electronic /paper).

In the time between the M & H Risk Assessment and providing the Handling plan to the person/ handler, the Assessor needs to complete the 'Moving and Handling Assessor M & H Advice card" (Appendix 6) 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.

For more general information on risk assessment, refer to the SMBC Risk Assessment Guidance.

Appendices 4-6 includes template forms that can be used to complete moving and handling risk assessments and handling plans for adults.

5.2.3 Review

An evaluation review will take place once the handling plan and equipment is in place and this will take place after a proportionate time period and in an appropriate form e.g. remotely, home visit etc. The practitioner will need to ensure the implemented solutions within the 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 handling plan revised. A review schedule will need to be agreed taking account of perceived risk, communication needs etc

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.

When a change occurs which introduces either a new or potential risk or there has been an accident or incident, an urgent review will be requested by the relevant person involved.

6. Moving & Handling Competences

Employees involved in the M & H of people:

- Must adhere to the SMBC Guidance for the Moving and Handling of People guidance and SMBC Manual Handling Guidance
- Undertake M & H skills training / refresher according to role.

Organisations and services can use the standards in Appendix 7 to achieve high standards of practice in relation to M & H.

6.1 Why is M & H 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 practicable. Training in isolation will not ensure safe M & H techniques. All employees who carry out people M & H need to be at a competent level. Competence is defined as:

“The state of having the knowledge, judgement, skills, energy, experience and motivation required to respond adequately to the demands of one’s professional responsibilities” (*Roach 1992 in The Handling of People 6th Ed*)

6.2 How often should M & H 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 is it deemed to be appropriate or needed.

6.3 M & H Training matrix

6.3.1 Children & Young People

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 M & H Trainer*	On induction	Bi-annual		
Manual Handling Practice in situ	On induction	As identified in 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 M & H Trainer is someone who has up to date training through a provider endorsed by the College of Occupational Therapists

6.3.1 Adults

Training sessions	Staff groups				Course/refresher frequency
	New starters	Occupational Therapists	Reablement	Provider Services	
Moving and handling	√				Annual
People moving and positioning			√	√	Every 2 years
People moving and positioning and hoisting			√	√	Every 2 years
People moving and positioning, OT hoisting, risk management		√			Annual

Level 3 - People moving and positioning Train the trainer (4 days) Accredited		√		√	On induction and refresher every 3 years
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Under 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 M & H tasks unless they are competent to do so.

SMBC are adopting the Health and Safety Executive (HSE) and the Royal College of Occupational Therapy (COT) recommendations that the following topics are included in M & H training:

- M & H 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 & relevant legislation and professional guidelines and how this affects working practices;
- Local policies and guidance;
- Risk assessment;
- Change management;
- Back care;
- Ergonomics.

(HSE 2004 & RCOT, Manual Handling 2006)

6.4 What are the core components of M & H training for practitioners/staff?

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

It is also the authority’s responsibility to ensure that all prescribers’ training is recorded and that records are retained and made available for audits and general monitoring.

6.5 Who should provide M & H Training?

M & H training should be provided by an M & H Trainer who has completed an accredited M & H trainer training course, and 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*).

M & H trainer’s training covers the same core components as per practitioner/staff and in addition:

- Update on current M & H practice, including new techniques & 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 practitioner attending training must report any physical limitations e.g. pregnancy, musculoskeletal disorders, back problems etc. that could impact on their ability to perform M & H techniques safely. Recommended good practice is a ‘pre training questionnaire’ prior to undertaking any practical M & H training.

The practitioner and staff must always inform their line manager immediately at work so that appropriate actions, such as a risk assessment, can be undertaken.

7. Moving & Handling Equipment

All M & H equipment must only be used by people assessed as competent to do so.

7.1 How to identify appropriate M & H equipment?

All staff and practitioners who prescribe or select the type of equipment for use by a person must be competent to do so following appropriate guidance, and information from competent suppliers of M & H equipment.

7.2 How to use Equipment?

All M & H Equipment should be demonstrated to the person/child, carer and handler and manufacturers instructions supplied. All equipment should be inspected prior to use to ensure it is in safe working order and if applicable ensure the appropriate maintenance (PPM) in line with the manufacturer’s instructions has been undertaken

(e.g. valid inspection label on equipment). If required more detailed instructions/ techniques are to 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\(rev3\)\)](#)

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 National Health Service Litigation Authority (NHSLA) and The Medicines and Healthcare Products Regulatory Agency issues guidelines to NHS staff regarding the use of equipment which the NHS staff working in schools and settings will need to adhere to. It is therefore good practice that schools recognise these guidelines. (These are explained in, 'The Guide to Handling of People, a systems approach', 6th Edition.)

Documentation:

It requires that the organisation has approved documentation which describes the process for ensuring all staff are trained to use equipment safely, appropriate to their role. As a minimum the approved documentation must include a description of the:

- Duties;
- Inventory or equipment used in the organisation;
- Process for identifying which permanent staff are authorised to use the equipment identified on the inventory;
- Process for determining the training required to use the equipment identified on the inventory and the frequency of updates required;
- Process for ensuring that the identified training needs of all permanent staff are met;
- Process for monitoring compliance with all of the above.

7.4 Equipment on loan (for Children, Young People & Adults)

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.¹

The prescriber is the professional who recommended the equipment, for example an Occupational Therapist or Physiotherapist as well as the purchaser.

¹ The Guide to The Handling of People a systems approach' 6th Ed Jacqui Smith p90

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 provided by Community Equipment Store (CES) will be issued with written instructions for its use.

All equipment needs to be checked to ensure it is fit for purpose after being transported. All equipment is checked at delivery by CES and any issues are addressed.

7.5 Privately Purchased e.g. Charity Funded Equipment (for Children & Young People and Adults)

The school or other workplace setting needs to establish before using equipment purchased through charity funding that it has been recommended by an appropriate professional/assessment, who is responsible for the on-going maintenance, upkeep and assessments for its on-going suitability for the child or young person's use following an initial assessment.

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:

- CES through a planned preventative maintenance (PPM) programme or via contracted services (i.e. NOPAC);
- For schools - by a competent contractor.

7.7 Medical emergency

A medical emergency e.g. cardiac arrest, epileptic fit or a seizure require a different approach because the circumstances and environment have to be weighed up (balanced) with the fallen persons immediate medical needs. In an emergency, proportionate responses might be needed outside of M&H best practice e.g. moving a person away from a fire.

7.8 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 CES equipment is then repaired on site if practicable or if repair needs to take place off site a replacement is provided. All items are cleaned/ decontaminated in accordance

with the manufacturer's decontamination recommendations and the Community Equipment Code of Practice (CECOPS).

7.9 Recording Accidents/Incidents/Near Misses in relation to M & H

All accidents, incidents and near misses must be reported and recorded using SMBC reporting procedures and the relevant moving and handling trainer(s) notified.

7.10 Infection control and sanitary use of equipment

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

Where equipment is not provided by CES, for example, in special schools, separate arrangements must 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 www.gov.uk/government/organisations/medicines-and-healthcare-products-regulatory-agency and include, although 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.

For services that work with CES, on receipt of MHRA Field Safety Notices and MDAs, manufacturers'/suppliers' service awareness bulletins, recall notices and advice notes requiring technical intervention will evaluate the notice/alert retained and act accordingly.

Equipment recall notices will be managed by CES for equipment provided by CES and will oversee all corrective actions 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:
<https://www.gov.uk/drug-device-alerts>

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 consider commissioning this from an external competent provider.

APPENDIX 1 - CHILD/YOUNG PERSON'S MOVING AND HANDLING RISK ASSESSMENT & HANDLING PLAN – A SAFER SYSTEM TO WORK FOR SCHOOLS/SETTINGS

Purpose: This is a risk assessment that focuses upon identifying potential safe working practice for any moving and handling procedures required for an individual child or young person in a Solihull school or setting.	
Child/ young person's name: Date of birth: Name of Assessor: Date of Assessment:	Physical condition: Persons weight: Person's height: Approx. Persons build: small medium _ large
Address:	Draw the room(s) layout where handling takes place if necessary
MEDICAL NEEDS –	
Location(s) where handling activities take place	

**FUNCTIONAL INDEPENDENCE MEASURE
THE TOOL CONSIDERS THE INDEPENDENCE OF THE PERSON, USING A SCORING SYSTEM OF 1-7**

7- COMPLETE INDEPENDENCE	All of the tasks described are performed safely without help or aids, and within a reasonable time.
6- MODIFIED INDEPENDENCE	Tasks require one or more than the following: an assistive device, (e.g. Walking frame), more than reasonable time, or if there are safety risk considerations.
5- SUPERVISION	The student requires no more than one helper standing by, cueing or coaxing, without physical contact. Or, the helper sets up needed items to aid mobility.
4- MINIMAL CONTACT ASSISTANCE	The student requires no more help than touching, and expends 75% or more effort.
FOR LEVEL 1, 2 & 3 The risk assessment SHOULD BE carried out by a qualified manual handling risk assessor in collaboration with health professionals	
3- MODERATE ASSISTANCE	The student requires more help than touching, or expends half (50%) or more (up to 75%) of the effort.
2- MAXIMUM ASSISTANCE	The student expends less than 50% of the effort but at least 25%
1- TOTAL ASSISTANCE	The student expends less than 25% of the effort – therefore the risk assessment must be carried by a specialist teacher for Physical Disabilities in collaboration with health professionals.

Summary of Solihull Manual Handling Guidelines

Health and Safety at Work Act, 1974

Employers Responsibility

Under Section 2 of the Health and Safety at Work Act 1974 (HSWA) employers have a duty to safeguard the health, safety and welfare of their employees, as far as is reasonably practicable.

Under Section 3 of HASWA employers have a duty to safeguard the health, safety and welfare of others, affected by their undertaking, as far as is reasonably practicable.'

Employees Responsibility

Under Section 7 the employees have to take reasonable care of his or her own health and safety and also that of other people who may be affected by the employee's act or failure to act.

Manual Handling Operations Regulations, 1992

Employers Responsibility (Regulation 4)

Avoid, Assess, Reduce, Review.

To **avoid**, where possible the need for manual handling, where it is not possible an **assessment** of risk is required to **reduce** the risk to the lowest level reasonably practicable. This will be **reviewed** periodically and/or where the assessment becomes invalid or there is significant change.

Employees Responsibility: Each employee while at work shall make full and proper use of any system of work provided for their use by their employer in compliance with Regulation 4.

The formal pupil specific risk assessment **MUST** be carried out by a competent risk assessor, who has qualified with an organisation recognised by Solihull Council. This assessment should demonstrate a balanced approach to the legal framework that embeds manual handling and the needs and opinions of the pupil. All staff or volunteers carrying out manual handling following the formal risk assessment:

- **Must** have received a practical and theory based training program from the manual handling trainer, including any equipment being used.
- **Must** be responsible for their own physical ability to carry out manual handling and must alert their line manger immediately if they are unable to do so. (including pregnancy)
- Just carry out their own informal risk assessment before every handling task:

Environment – Load - Individual capacity -Task –Equipment

- **Must** have the compliance of the pupil to carry out the task
- **Must** wear appropriate clothing for the task
Must alert the handling trainer immediately if there are **any** changes to the formal risk assessment including the pupil's physical capabilities, equipment, environment, health, or opinions as to how the handling is carried out
- All **accidents** and **near miss accidents** must be recorded by the school/setting following their accident/incident reporting policy and guidelines. Please inform the named handling trainer immediately should there be any **accidents** and **near miss accidents or change in the pupil physically in order for this manual handling plan to be amended**

PHYSICAL HAZARDS	YES	NO	COMMENTS
Could the person's height cause a problem?			
Could the person's weight cause a problem?			
Does the person have fixed/swollen/flaccid limbs?			
Are there any orthopaedic considerations? (bones, joints, ligaments, nerves & tendons)			
Does the person have poor state of feet?			
Is skin condition poor?			
Is the person in pain or discomfort when moving?			
Is the person hearing impaired?			
Is the person visually impaired?			
Is the person speech impaired?			
Does the person experience seizures/ involuntary movements? Muscle weakness?			
Is the person unstable/ uncoordinated?			
Are there any 'attachments' to consider e.g. IVs/catheters/oxygen cylinders/false limbs etc.?			
Are there any clothing issues?			
Others EATING			
Others			

PSYCHOLOGICAL HAZARDS	YES	NO	COMMENTS
Is the person uncooperative/non-compliant?			
Is the person unpredictable?			
Does the person have difficulty following instructions?			
Is the person anxious?			
Is the person prone to mood swings?			
Does the person display challenging behaviour issues?			
Others			
Others			

ENVIRONMENTAL HAZARDS	YES	NO	COMMENTS
Is the environment space restricted?			
Is the lighting adequate?			
Is the temperature comfortable?			
Constraints on posture due to room layout?			
Is the bed/chair/ changing table the correct height?			
Is there a risk of slips/falls?			
Is the environment noisy?			
Others:			
Others:			

Comments

Use this space for notes or information that may be relevant for re-assessment. Include any comments made by the child/young person themselves or their representative, or any relevant information relating to the staff relating to this person. Consider communication issues, staffing changes, and emotional well-being.

ACTION REQUIRED

The risk assessor should always detail what, in their opinion is the right answer to the problem, regardless of their feelings as to whether the organisation would have the resources to implement it. In the meantime, the assessor should consider some interim action(s).

Action	PRIORITY LEVEL (Tick as appropriate)		
	HIGH	MEDIUM	LOW
	This suggests harm is imminent within a short period of time unless action taken.	This suggests harm is likely to occur within time unless action taken.	This suggests harm is unlikely to occur.

Assessor to detail who to be actioned by – name and job title	
Action/signed off when completed by – name and job title	
X	
Date action completed:	
<p>My permission was sought prior to the assessment</p> <p>I have been fully consulted in respect of the contents of this assessment</p> <p>I agree that the information will be shared with other professionals who are already involved with my child, or other agencies that may become involved in the course of any support offered to my child. This will be done in accordance with Solihull’s MBC Information Sharing Protocols. This will only be information that is relevant and necessary and will only be shared with people who need that information at that time.</p> <p>Signature of permission/representative</p> <p>Print name:</p>	
<p>Moving and handling assessment has been carried out and the highlighted action is required to comply with the ‘Manual Handling Operations Regulations, 1992 (as amended)’</p>	<p>Signature of assessor</p> <p>Print name :</p>
<p>Any person(s) involved in the assessment process e.g. key worker. “I have been fully consulted in respect of the contents of the assessment and will be responsible for my own physical ability to carry out manual handling and will alert my line manger immediately if I am unable to do so.”</p>	<p>Signature of other(s)</p> <p>Print name Signature of other(s) Print name</p>
<p>Date of assessment:</p>	

Manual Handling Plan – A SAFER SYSTEM TO WORK

Child/Young Person's name:

D.O.B:

Date of plan (based upon date of Signed Risk Assessment):

Review date of plan:

List methods used and precautions taken, number of staff involved, frequency of task, equipment used and any further precautions taken. **Highlight with *** tasks that are, in your opinion, of particularly high risk to the person and or handlers.

1. Task -Changing	No of staff	Equipment needed
2. Task: Toileting	No. of staff:	Equipment needed:
3. Task: Into/out of chair	No of staff:	Equipment needed:
4. Task: Into/out of wheelchair	No of staff :	Equipment needed:
5. Task: Into/out of walker frame	No of staff: 1	Equipment needed:
6. Task Into/out of stander	No. of staff:	Equipment needed:
7. Task:	No of staff:	Equipment needed:
8. Task:	No of staff:	Equipment needed:

9. Procedure in the event of a fall	No of staff:	Equipment needed:
10. Procedure in the event of equipment failure	No of staff:	Equipment needed:
11. Handling for Personal Emergency Evacuation Plan (PEEP)	No of staff:	Equipment needed:

APPENDIX 2

CHILD/YOUNG PERSON'S INDIVIDUALISED MOVING AND HANDLING PLAN TEMPLATE FOR SCHOOLS /SETTINGS

Setting:	Year Group/Room:	<p>FUNCTIONAL INDEPENDENCE MEASURE</p> <p>THE TOOL CONSIDERS THE INDEPENDENCE OF THE PERSON, USING A SCORING SYSTEM OF 1-7</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">7- COMPLETE INDEPENDENCE</td> <td style="width: 50%;">All of the tasks described are performed safely without help or aids, and within a reasonable time.</td> </tr> <tr> <td>6- MODIFIED INDEPENDENCE</td> <td>Tasks require one or more than the following: an assistive device, (e.g. Walking frame), more than reasonable time, or if there are safety risk considerations.</td> </tr> <tr> <td>5- SUPERVISION</td> <td>The student requires no more than one helper standing by, cueing or coaxing, without physical contact. Or, the helper sets up needed items to aid mobility.</td> </tr> <tr> <td>4- MINIMAL CONTACT ASSISTANCE</td> <td>The student requires no more help than touching, and expends 75% or more effort.</td> </tr> <tr style="background-color: yellow;"> <td colspan="2">FOR LEVEL 1, 2 & 3 You SHOULD seek the advice for the risk assessment TO BE carried out by a qualified manual handling risk assessor in collaboration with health professionals</td> </tr> <tr> <td>3- MODERATE ASSISTANCE</td> <td>The student requires more help than touching, or expends half (50%) or more (up to 75%) of the effort.</td> </tr> <tr> <td>2- MAXIMUM ASSISTANCE</td> <td>The student expends less than 50% of the effort but at least 25%</td> </tr> <tr> <td>1- TOTAL ASSISTANCE</td> <td>The student expends less than 25% of the effort – therefore the risk assessment must be carried by a specialist teacher for Physical Disabilities in collaboration with health professionals.</td> </tr> </table>		7- COMPLETE INDEPENDENCE	All of the tasks described are performed safely without help or aids, and within a reasonable time.	6- MODIFIED INDEPENDENCE	Tasks require one or more than the following: an assistive device, (e.g. Walking frame), more than reasonable time, or if there are safety risk considerations.	5- SUPERVISION	The student requires no more than one helper standing by, cueing or coaxing, without physical contact. Or, the helper sets up needed items to aid mobility.	4- MINIMAL CONTACT ASSISTANCE	The student requires no more help than touching, and expends 75% or more effort.	FOR LEVEL 1, 2 & 3 You SHOULD seek the advice for the risk assessment TO BE carried out by a qualified manual handling risk assessor in collaboration with health professionals		3- MODERATE ASSISTANCE	The student requires more help than touching, or expends half (50%) or more (up to 75%) of the effort.	2- MAXIMUM ASSISTANCE	The student expends less than 50% of the effort but at least 25%	1- TOTAL ASSISTANCE	The student expends less than 25% of the effort – therefore the risk assessment must be carried by a specialist teacher for Physical Disabilities in collaboration with health professionals.
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6- MODIFIED INDEPENDENCE	Tasks require one or more than the following: an assistive device, (e.g. Walking frame), more than reasonable time, or if there are safety risk considerations.																		
5- SUPERVISION	The student requires no more than one helper standing by, cueing or coaxing, without physical contact. Or, the helper sets up needed items to aid mobility.																		
4- MINIMAL CONTACT ASSISTANCE	The student requires no more help than touching, and expends 75% or more effort.																		
FOR LEVEL 1, 2 & 3 You SHOULD seek the advice for the risk assessment TO BE carried out by a qualified manual handling risk assessor in collaboration with health professionals																			
3- MODERATE ASSISTANCE	The student requires more help than touching, or expends half (50%) or more (up to 75%) of the effort.																		
2- MAXIMUM ASSISTANCE	The student expends less than 50% of the effort but at least 25%																		
1- TOTAL ASSISTANCE	The student expends less than 25% of the effort – therefore the risk assessment must be carried by a specialist teacher for Physical Disabilities in collaboration with health professionals.																		
Child/Young Person Name:																			
Date of Birth:																			
Date of risk assessment:																			
Persons name(s) undertaking risk assessment (RA):																			
Signature (s) of those completing RA and plan:																			
DATE OF PLAN: REVIEW OF PLAN:																			
Location(s):																			
Task/procedure:																			
Equipment needed:																			

Method(s) to be used:	•
Specific instructions for staff:	
Any Remaining problems and further measures:	

** Employees must ensure that they are using equipment that has been provided to reduce manual handling and any risk of injury to the lowest possible level.

APPENDIX 3 - Quick Risk Assessment Screening Tool for Children and Young People Requiring Handling

DO WE NEED A RISK ASSESSMENT: Pre- Risk Assessment Checklist for child/young person		
Please complete this tick list. Any ticks in shaded boxes will indicate the consideration of a targeted risk assessment or referral to individual health care/ toileting/or PEEPs. (Personal Emergency Evacuation Plan).		
Environment/ Activity/ Behaviour	Yes	No
Is the child mobile		
Can the child access the indoor & outdoor environment		
Does the child need handling by an adult		
Does the child use specialist equipment		
Does the child use a wheelchair / specialist buggy?		
Does the child need regular support with toileting		
Does the child have known allergies or medical conditions		
Does the child need medicines in school		
Does the child have a physical/ sensory or learning need which means that they may need greater assistance to leave the building in an emergency		
Does the child have specific toileting needs		
Are steps / stairs challenging for the child?		
Is the child in an environment where they may climb inappropriately		
Is the child presenting with challenging behaviour towards peers/adults more than once per session		
Does the child have a physical/ sensory or learning need which means they need greater assistance in a particular activity		
Does the child have a physical/ sensory or learning need which means they need greater assistance when on an offsite visit		

When planning the writing of an individual risk assessment, consider the following steps:

ELITE

- ❖ **Environment,**
- ❖ **Load (pupil)**
- Individual capacity**
- ❖ **Task**
- ❖ **Equipment**

Environment

- Movement around school
- Uneven surfaces
 - Raised thresholds
 - Positioning of furniture
 - Crowds/busy area
 - Clutter and tripping hazards
 - Wet flooring
 - Spillages
 - Flooring defects
 - Alternative routes
 - Access to curriculum areas
 - Access to toilet
 - Space available?
 - Times of movement around school

Outdoor play

- Access to play equipment

- Access to playground
- Weather conditions
- Crowds/busy area
- Pot holes
- Gritting in icy conditions

Dining/Lunch breaks

- Food debris on floor
- Positioning of furniture
- Assistance with carrying trays etc.

Doors

- Raised thresholds
- Door widths
- Glass doors
- Opening doors

Access and Egress

- Door closing on individual
- Delay evacuating in the event of an emergency

Load - Pupil

- What can the pupil do for themselves?
- Weight of pupil
- Can the pupil weight bear?
- Does the pupil experience seizures or involuntary movements?
- Consider head/trunk control
- Are the pupil's limbs swollen/flaccid/rigid?
- Is the pupil non-compliant, unpredictable?
- Pupils communication skills and level of understanding?
- Pupils clothing?

Individual Capacity

- Have the staff had Manual Handling training?
- Do the staff have the competence to undertake the task?
- Any medical issues or pregnancy?
- Is the staff ratio and skill mix safe?
- Consider suitable clothing.

Task

- Does this task have to be undertaken – is there an alternative?
- Does the task involve hazards to posture?
- Is the task repetitive?
- Is there sufficient time for rest and recovery?

Equipment

- Loss of control if using wheelchair / speeding
- Wheelchair tips/overturns
- Storage of wheelchair/equipment
- Equipment damaged/ not fit for purpose
- Charging equipment
- Loose clothing/bags
- Incorrect propelling of wheelchair
- Have staff been trained in the use of the equipment?

Appendix 4 - Risk Assessment for Moving and Handling Tasks

Client name:	Reference Number:	Male/Female
Address:		
Medical condition as impacting on moving and handling:		
Height:	Estimated / Reported / Measured?	
Weight:	Estimated / Reported / Weighed?	
Date of OT assessment:		
Task(s) Assessed:		

Evidence of Clinical Reasoning / Consideration Given To:

Person Factors (relevant to the task)	Yes	Comments
Personal choice	<input type="checkbox"/>	
Cultural expectations	<input type="checkbox"/>	
Communication issues	<input type="checkbox"/>	
Comprehension issues	<input type="checkbox"/>	
Sight/hearing difficulties	<input type="checkbox"/>	
Behavioural expression	<input type="checkbox"/>	
Falls	<input type="checkbox"/>	
Seizures	<input type="checkbox"/>	
Medication impacting on ability	<input type="checkbox"/>	
Balance	<input type="checkbox"/>	
Weight bearing ability	<input type="checkbox"/>	
Is the impact of any condition variable / increasing / decreasing?	<input type="checkbox"/>	
Skin issues	<input type="checkbox"/>	
Tone/contractures	<input type="checkbox"/>	
Supports/attachments (e.g. walking aids, catheters etc.)	<input type="checkbox"/>	
Pain	<input type="checkbox"/>	
Continence considerations	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

TASK AS OBSERVED	Yes	Comments
Does it involve:		
holding the person / equipment / object away from the body?	<input type="checkbox"/>	<i>e.g. moving someone on a low bed, lifting a sack of rubbish from a bin</i>
twisting?	<input type="checkbox"/>	<i>e.g. assisting with bed to chair transfer while facing the person</i>
stooping / bending?	<input type="checkbox"/>	<i>e.g. lifting feet onto footplates</i>
flexing sideways?	<input type="checkbox"/>	<i>e.g. assisting from sit to stand</i>
reaching beyond a stable foot base?	<input type="checkbox"/>	
static supporting of weight for sustained periods?	<input type="checkbox"/>	
physically demanding tasks being carried out close together during the working day?	<input type="checkbox"/>	
strenuous pushing?	<input type="checkbox"/>	
long carrying distance?	<input type="checkbox"/>	
lifting from the floor?	<input type="checkbox"/>	
lifting above waist height?	<input type="checkbox"/>	
more than one person to do the task?	<input type="checkbox"/>	
a handling demand greater than the capacity of the current number of people completing it?	<input type="checkbox"/>	
use of personal protective equipment?	<input type="checkbox"/>	
use of communal equipment?	<input type="checkbox"/>	
time restrictions?	<input type="checkbox"/>	
other?	<input type="checkbox"/>	

INDIVIDUAL CAPABILITY (of the handler)	Yes	Comments
Does the task require the handler to have unusual capability (e.g. strength, height)?	<input type="checkbox"/>	<i>e.g. does safety depend on being slim, tall, a body builder?</i>
Where more than one handler is required, are they unmatched?	<input type="checkbox"/>	<i>e.g. could one person be disadvantaged in the pairing?</i>
Does the task require special training (beyond standard manual handling for this area of work)?	<input type="checkbox"/>	<i>e.g. detaching / re-connecting a respirator to allow the moving and handling to take place, unusual equipment.</i>
Does the task require special knowledge or skills?	<input type="checkbox"/>	

Is individual consideration required (e.g. if pregnant or a new mother)?	<input type="checkbox"/>	
Does the task pose a greater risk to those who are unusually tall, small or overweight / in transition to adulthood / experiencing age related musculoskeletal deterioration?	<input type="checkbox"/>	

LOAD (object e.g. hoist, commode, bed) Is the load:	Yes	Comments
heavy?	<input type="checkbox"/>	
in poor working order?	<input type="checkbox"/>	
not designed to move / be moved?	<input type="checkbox"/>	
difficult to steer / control?	<input type="checkbox"/>	
an awkward shape to move?	<input type="checkbox"/>	
likely to move unexpectedly?	<input type="checkbox"/>	
difficult to grasp/hold?	<input type="checkbox"/>	

ENVIRONMENT AND EQUIPMENT Is there:	Yes	Comments
obstruction?	<input type="checkbox"/>	
insufficient work space?	<input type="checkbox"/>	
slippery, hazardous, uneven, or otherwise unsuitable flooring?	<input type="checkbox"/>	
variation in working levels ramps, slopes steps?	<input type="checkbox"/>	
extremes of working conditions (e.g. hot/cold/wet)	<input type="checkbox"/>	
poor / insufficient lighting?	<input type="checkbox"/>	
unsuitable furniture hindering independence?	<input type="checkbox"/>	
inappropriate equipment in use?	<input type="checkbox"/>	
a concern regarding level of staff / family understanding of how to use equipment?	<input type="checkbox"/>	
other identified hazard (e.g. known risks with visitors, dogs, clutter, other)	<input type="checkbox"/>	

OTHER CONSIDERATIONS	Yes	Comments
Is a handling plan being ignored / insufficient?	<input type="checkbox"/>	
Is movement hindered by clothes, footwear, jewellery etc.?	<input type="checkbox"/>	
Does personal protective equipment hinder the operation?	<input type="checkbox"/>	
Is stress an inherent factor?	<input type="checkbox"/>	
Does the handler undertake regular moving and handling?	<input type="checkbox"/>	
Do psychosocial factors impact? <i>(e.g. limited control over work and methods, no involvement in decision making etc)</i>	<input type="checkbox"/>	
Are there other personal factors that need to be considered – person and carer input to assessment	<input type="checkbox"/>	

Moving and Handling Risk Assessment (Adults)

Risk Rating Tool:

Identify the degree of Impact and the Likelihood of it occurring to arrive at an Overall Risk Rating

I M P A C T	High	Med	Med	High
	Medium	Low	Med	Med
	Low	Low	Low	Low
		Low	Medium	High
	LIKELIHOOD			

Risk identified following clinical reasoning and application of matrix	Level H/M/L	Who is at risk?	Action by	Target Date	Risk Reduction Measures	Level after intervention H/M/L
e.g. Risk of musculoskeletal injury to carer's back and upper limb through working at low height on bed	<i>Med</i>	<i>Carer</i>	<i>OT Name</i>	<i>a/aa/aa</i>	<i>e.g. Carer to be advised to support element of own weight through one arm on bed or headboard when possible and change posture frequently during task delivery to avoid stooping as interim measure</i>	<i>Med</i>
e.g. Risk of musculoskeletal injury to carer's back and upper limb through working at low height on bed	<i>Med</i>	<i>Carer</i>	<i>OT</i>	<i>e/aa/aa</i>	<i>e.g. Provision of High/low profiling bed</i>	<i>Low</i>

Recommendations for management of any residual risk
e.g As space around the bed is limited it is recommended that carers remove items such as bed table and mobile commode from the area when working on the bed.

Completion Date:	Assessor Name:
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This assessment must be reviewed by those responsible:

- *if there are changes to the task, environment, equipment, or people affected*
- *following an accident or incident*
- *or (if neither of the above have occurred) at least annually*

Recommended Review Date:	Comments:
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Please note that if carers/personal assistants are employed through Direct Payments then the provision of regular Moving and Handling training is the responsibility of the Direct Payment recipient.

Appendix 5 – Adult Care & Support Handling Plan

Person's Name:		D.O.B	
Address:			
Telephone:	Carefirst Number	NHS No	
Weight:	Height:	History of falls	
		Yes	No
Identify any issues with communication, comprehension, behaviour, co-operation:			
Identify any handling constraints, e.g. disability, weakness, pain, skin lesions, attachments or any other relevant medical history:			
Any other considerations / preferences:			
Weight bearing ability <ul style="list-style-type: none"> <input type="checkbox"/> Fully weight bearing (able to take weight through both legs when standing) <input type="checkbox"/> Partially weight bearing (able to put weight through one leg or both legs for short periods) <input type="checkbox"/> Non weight bearing (unable to functionally take any significant amount of weight through either leg) 		Sitting balance <ul style="list-style-type: none"> <input type="checkbox"/> Has dynamic sitting balance (can support upper body to lean forward, backward, sideways) <input type="checkbox"/> Has static sitting balance (can sit upright but not move upper body to any significant degree) <input type="checkbox"/> Does not have sitting balance (needs postural support) 	

Tasks	No of Carers	Equipment	Process
<p>EXAMPLE:</p> <p><i>Fit sling while S.U. is in bed</i></p>	<p>2</p>	<p><i>Profiling bed</i> <i>Medium Quickfit sling</i></p>	<p><i>Raise bed to suitable height for carers</i> <i>Carer 1 rolls person towards them</i> <i>Carer 2 inserts sling underneath person</i> <i>Carer 1 rolls person back onto the middle of the bed</i> <i>Carer 2 rolls person towards them</i> <i>Carer 1 pulls sling through</i> <i>Carer 2 rolls person back into middle of bed</i> <i>Leg pieces are moved into place one leg at a time</i></p>

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- 1 Copy to be kept on individual's electronic SMBC ACS file**
- 1 Copy to be kept for reference in the individual's home**
- 1 Copy to 3rd party care provider where involved**

NB This plan should not be updated without written evidence of further risk assessment.

If the service user's condition and/or environment changes and this creates difficulties with care which cannot be resolved without the provision of equipment or advice from an OT, please contact Occupational Therapy at One Front Door on **Tel: 0121 704 8007** as the moving and handling plan needs to be reviewed.

Author's Name:	
Date completed:	Date implemented:
Linked to Manual Handling Risk Assessment completed on:	
Proposed Review Date (Should be same as review date for MHRA) :	

I have read and understood the process outlined in this plan:

Worker's Name	Designation	Signature	Date

Appendix 6: M & H Advice Card

Adults - Occupational Therapy Moving & Handling Advice Card

This card applies to you & your carer/s

Customer Name: _____

Customer ID: _____

Advice provided to: _____

Present: _____

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

Recommendations (risk reduction techniques/advice given/equipment)

Your Moving & Handling Risk Assessment has been completed today. A Handling Plan will be developed & both of these documents will be sent to you. If any moving & handling equipment is required, this will be ordered & delivery arranged via the Community Equipment Services (CES).

OT Name: _____

OT Signature: _____

HCPC NO: _____

Date: _____

Useful telephone numbers:

SMBC One Front Door: 0121 704 8007

CES Tel: 0121 329 0900

Contact Address:

**Occupational Therapy Team, Solihull Metropolitan Borough Council, Adult Social Care, Bluebell Centre, West Mall, Chelmsley Wood.
SOLIHULL, B37 5TN.**

Appendix 7: Moving & Handling (Manual Handling) Standards for Organisations

Standard 1		The Organisation has an up to-date Moving and Handling Policy and Manual Handling Guidance which endorses and supports the legislative requirements			
No.		Yes	No	Partial	Comments/Actions (including cross reference to evidence)
1.1	The organisation has an up to-date Moving and Handling Policy and Manual Handling Guidance , reviewed regularly (within the last 3 years), and refers to legislation and best practice. Example of evidence: Moving and Handling Policy and Manual Handling Guidance				
1.2	The Moving and Handling Policy and Manual Handling Guidance is communicated at all levels. Example of evidence: <ul style="list-style-type: none"> • Induction • Training • Electronic / Paper held policies and procedures folder • Meeting minutes 				
Standard 2		The Organisation has identified a competent Lead person to advise on moving and handling issues and co-ordination of training			
2.1	Competent Lead person identified to advise on moving and handling issues and co-ordination of training. Example of evidence: <ul style="list-style-type: none"> • Moving and Handling Policy and Manual Handling Guidance Job description • Documentary evidence from training provider - Training has theoretical and practical components 				

	<ul style="list-style-type: none"> • Training record for all staff 				
Standard 3	The Organisation has identified and trained competent persons to undertake moving and handling risk assessment				
3.1	<p>Competent persons are identified to undertake moving and handling risk assessments.</p> <p>Example of evidence:</p> <ul style="list-style-type: none"> • Records of attendance at moving and handling, risk assessment and update training. 				
3.2	<p>Specific and generic moving and handling risk assessments are correctly completed, communicated and reviewed.</p> <p>Example of evidence:</p> <ul style="list-style-type: none"> • Appropriate specific and generic moving and handling risk assessments are in place • Action plans demonstrate reduced risk • Review and communication procedures • Evidence of availability of support mechanisms and advice 				
Standard 4	The Organisation has systems in place to monitor and review moving and handling arrangements				
4.1	<p>Staff attendance at moving and handling training is recorded and monitored.</p> <p>Example of evidence:</p> <ul style="list-style-type: none"> • Training records 				

4.2	<p>Suitable arrangements are in place to monitor application of training and evaluation of skills within the workplace.</p> <p>Example of evidence:</p> <ul style="list-style-type: none"> • Appropriately completed risk assessments • Supervision / observation notes • Specific workplace assessments / inspections • Staff competency log • Evidence of advice sought and actions taken 				
4.3	<p>Moving and handling accident / incidents are reported, investigated, reviewed and appropriate actions taken, with lessons learnt communicated as appropriate.</p> <p>Example of evidence:</p> <ul style="list-style-type: none"> • Completed incident reports • Investigation / lessons learnt reports • Risk registers • Meeting minutes 				
Standard 5	Children, young people and adults have a positive experience of Moving and Handling				
5.1	Children, young people and adults are fully involved in decisions about their Moving and Handling where they have capacity				
5.2	Children, young people and adults including those with protected characteristics say they are treated with respect and dignity in their experience of Moving and Handling				

	Example of evidence: <ul style="list-style-type: none">• Feedback• Compliments• Surveys• Customer experience stories				
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Name of Assessor:

Position:

Signature:

Date: