



NHSGGC

Moving & Handling Policy

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1) Policy Statement

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

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

In practice this means that NHSGGC promotes:

- The avoidance of moving and handling where it is reasonably practicable to do so by employing solutions to eliminate the task
- Where it is not possible to avoid the task, assessment of moving and handling risks through generic and specific risk assessment
- In terms of people handling; the elimination of high risk practices ([Appendix 2](#)); and maximisation of co-operation and independence from the person
- Monitoring and reviewing moving and handling practices and guidance

2) Scope of Policy

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

- All employees of NHSGGC
- All independent contractors, including GPs, GDPs and their staff, working in NHSGGC premises
- All students, trainees, temporary and agency staff and volunteers.
- All employees of other organisations working in NHSGGC premises
- Any contractors or suppliers whose actions may affect the employees or patients / clients of NHSGGC

3) Policy Aims

- 3.1. Comply with the Manual Handling Operations Regulations (HSE, 2004); the standards laid out in [The Scottish Manual Handling Passport Scheme](#) (Scottish Government, 2014); and all other related legislative and professional guidance
- 3.2. Meet the general commitment to the health and safety of staff described in the [NHSGGC Health and Safety Policy](#)
- 3.3. Eliminate moving and handling operations which may cause a significant risk of injury wherever this is reasonable practicable, and otherwise to reduce risks to the lowest level
- 3.4. Provide a high standard of moving and handling practice, ensuring this is appropriate to client / patients need and all handling situations

- 3.5. Promote the need for an effective ongoing Risk Assessment procedure to include; Moving and handling generic risk assessments; and individual risk assessments for people, held with other relevant documentation
- 3.6. Reduce the risk of moving and handling injuries by utilising appropriate equipment
- 3.7. Increase awareness of principles that facilitate effective moving and handling
- 3.8. Prevent the manual lifting of the full / major portion of the body weight of people
- 3.9. Contribute to assisting employees who have musculo-skeletal symptoms to stay at and / or return to work

4) Strategy for Implementation

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

- 4.1 establish an organisational structure allowing communication between all levels of staff and moving and handling personnel (see Figure 1 below)



(Figure 1)

- 4.2 define areas of responsibility regarding moving and handling for all members of staff
- 4.3 provide procedures for undertaking and monitoring the risk assessment process for moving and handling operations where there may be a risk of injury

- 4.4 establish procedures to identify appropriate equipment needs highlighted from risk assessment process
- 4.5 establish procedures to prioritise financial resources required e.g. use of the Risk Register
- 4.6 establish a mechanism to monitor the effectiveness of the Moving and Handling Policy

5) Areas of Responsibility

5.1. The Chief Executive / Director of Human Resources & Organisational Development

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

5.2. Acute Services, Partnerships and Corporate Directors

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

5.3. Senior Managers & Heads of Departments:-

Have a pivotal role in translating the general policy into the effective assessment and control of moving and handling hazards and risks. Their main responsibilities include:

- 1) ensuring the Moving and Handling Policy is implemented and that staff to whom specific responsibilities are delegated, are fully aware of and discharge these responsibilities. Where they do not have the authority to deal with such matters they are brought to the attention of more senior management
- 2) ensuring that generic risk assessments are completed, updated as necessary, that is, when change occurs, and reviewed annually
- 3) reducing the risks identified by risk assessments as far as is reasonably practicable by establishing time bound strategic planning of resources
- 4) developing and monitoring the implementation of a course of action to reduce risk identified by the Local Manager (so far as is reasonably practicable) on investigation of incidents reported through DATIX
- 5) reviewing moving and handling incidents for trends
- 6) conducting risk assessments during the design stage of new facilities, including the seeking of ergonomic advice when necessary
- 7) ensuring that all members of staff seek appropriate moving and handling input, in accordance with the guidelines within this policy
- 8) consider moving and handling risks to staff and others where services are provided by 3rd party contractors and suppliers
- 9) develop local processes for working with Bariatric people

5.4. Local Managers

Are responsible for ensuring that work is undertaken safely in their area of responsibility, this includes:

- 1) regularly reviewing their workplace, equipment and procedures in relation to existing generic risk assessments to ensure that they are up to date and where new risks are identified, undertake generic risk assessments. Review assessments when change occurs and at least annually. For guidance as to when a risk assessment may be required see [Appendix 1](#). Risk Assessors need to have completed a relevant course and read the associated guidance document ([Link](#))
- 2) ensuring that patient / client specific moving and handling assessments are carried out when appropriate and reported in relevant documentation. Should non-compliance occur, assistance can be sought from the Moving and handling department
- 3) ensuring implementation of the Moving and Handling Policy with particular regard to the use of high risk techniques and practices ([Appendix 2](#)).
- 4) ensuring that appropriate existing and new equipment is registered with the Estates Department to enable compliance with relevant legislation and to follow NHSGGC procedures for servicing and maintenance of equipment
- 5) implementing safe systems of work as identified by the risk assessment documentation
- 6) where staff regularly physically assist people to move or undertake regular moving and handling of loads, that an appropriate system of local competency assessment is provided
- 7) ensuring their staff have received appropriate education through Foundation (Induction) training prior to starting employment (for example, the Manual Handling Passport) / moving and handling competency assessment / face to face instruction / e-Learning or other approaches
- 8) ensuring that staff complete their moving and handling self assessments
- 9) maintaining a record of moving and handling assessment / training for individual members of staff at Ward/Departmental level, for example, within the employees personnel file or a dedicated training file
- 10) ensuring that incidents and near misses are recorded via DATIX
- 11) investigating incidents reported on DATIX, relevant to their area and if further action is required to prevent reoccurrence, report the findings to the Senior Manager and staff involved
- 12) referring, where appropriate, members of staff returning from absence following a musculo-skeletal disorder with continuing symptoms to Occupational Health and/or moving and handling for review with regards to further input
- 13) ensuring that new/inexperienced staff work in conjunction with appropriately trained staff in order to reduce the potential risk of injury
- 14) notifying the Occupational Health, Moving & Handling and Health & Safety teams as soon as possible, if serious injury resulting from a moving and handling incident occurs

5.5. Moving & Handling Competency Assessors:

- 1) ensure competency assessments are completed of designated staff, timeously
- 2) following an assessment, provide feedback to the person being assessed in relation to the outcome and how the outcome was reached
- 3) when an outcome is assessed as Medium, signpost the employee to the moving and handling pages on HRConnect ([link](#)) where they can find educational materials for supported self learning. Collect evidence of self learning identified through a self assessment form ([link](#)) and keep with competency assessment record
- 4) when an outcome is High or Very High, refer to Moving & Handling for further support for the employee and a re-assessment
- 5) present local manager with completed competency assessment documentation for safe keeping and update on progress and outcomes

5.6. All Staff have the following responsibilities:

- 1) take reasonable care of their own health and safety and that of others who may be affected by their activities or omissions
- 2) comply with NHSGGC's Moving and Handling Policy
- 3) when appropriate, in people handling areas, staff must carry out patient / client specific moving and handling assessments. These must be recorded with a safe system of work of how the person is to be assisted to move, in the relevant documentation
- 4) follow [bariatric guidance](#) if involved in assisting to move a person who weighs more than 25st/155Kg. Contact the Moving and Handling team if there are outstanding concerns
- 5) follow policies and procedures identified by risk assessment and/or care plans. If this is not possible report and/or record any changes required
- 6) avoid manual lifting of the full/major portion of the body weight of person, except in exceptional or life threatening situations ([Appendix 3](#))
- 7) recognise high risk handling activity ([Appendix 2](#)) and understand why these activities are inappropriate and must be reported
- 8) make full and proper use of equipment and know how to report faults
- 9) apply principles learnt from moving and handling education to facilitates efficient movement and handling, to the best of their ability
- 10) be aware of their own personal capability before handling loads, and seek assistance if required
- 11) staff should identify to their manager any issues that might affect their ability to undertake moving and handling activities enabling measures of support to be implemented

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

5.7. Head of Health & Safety

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

5.8. Health and Safety Service Manager (Acute)

The Health and Safety Service Manager (Acute) is the primary source of expertise in moving and handling issues, and has the following responsibilities:

- 1) to advise on strategic developments required to reduce musculo-skeletal disorders and to comply with legislation and current best practise
- 2) to audit the risk assessment process and advise when necessary
- 3) to promote the implementation of the NHSGGC Moving and Handling Policy
- 4) ensure systems are in place to monitor the competence of staff undertaking higher risk moving and handling activities
- 5) to provide advice for managers and staff at all levels of the Organisation
- 6) to develop moving and handling standards across the Organisation
- 7) to advise on design and equip of new builds and refurbishments where appropriate
- 8) to maintain a record of moving and handling education for all members of staff within NHSGGC and provide reports to relevant personnel
- 9) to investigate relevant moving and handling incidents reported via DATIX
- 10) to liaise with service providers regarding moving and handling and to be involved in discussions regarding future service level contracts
- 11) to manage and support the staff comprising the moving and handling team
- 12) to maintain an advanced level of expertise, NHSGGC insists that the Manager for the Moving and Handling Service will attend regular updating relating to moving and handling. In addition, the person will be expected to be involved with relevant national organisations including the Scottish Manual Handling Forum and National Back Exchange

5.9. Moving and Handling Lead Practitioners

The Lead Practitioners responsibilities are as follows:

- 1) to assist the Health and Safety Service Manager (Acute) (HSSM) with the risk assessment process
- 2) to promote the implementation of the NHSGGC Moving and Handling Policy
- 3) to assist HSSM with monitoring the competence of staff undertaking higher risk moving and handling activities

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

5.10. Moving and Handling Practitioners

The Practitioners responsibilities are as follows:

- 1) To assist the Health and Safety Service Manager (Acute) / Lead Practitioners with the risk assessment process and to advise Local Managers on departmental risk assessment processes:
- 2) to promote the implementation of the NHSGGC Moving and Handling Policy
- 3) liaise between Lead Nurses and Local Managers
- 4) to provide assistance and support to staff in all aspects of moving and handling at local level
- 5) to assist the Moving and Handling Lead Practitioners to investigate relevant moving and handling incidents reported via DATIX
- 6) to promote principles that facilitate efficient movement and handling of people and loads
- 7) to maintain a high level of expertise, NHSGGC insists that the Moving and Handling Practitioners will attend regular updating of moving and handling practises

6 Education

6.1. Legislation Relating to Moving and Handling Education

- 1) The Health and Safety at Work etc Act 1974, Part 1, Section 2(2)c requires employers to provide "...such *information, instruction, training and supervision* as is *necessary* to ensure, so far as is reasonably practicable, the health and safety at work of his employees."
- 2) The Management of Health and Safety at Work Regulations 1999, Regulation 5 requires that "Every employer shall make... arrangements as are appropriate...for the effective planning, organisation, control, monitoring and review of the preventative and protective measures."

In addition, regulation 13 (2) and (3) requires employers to provide health and safety training:

- On recruitment
 - When risks change
 - To be repeated periodically where appropriate
- 3) The Manual Handling Operations Regulations 1992 (as amended 2002), Regulation 4(1)(b)(i), (ii), (iii) and Regulation 5 do not specify training, however, employees should be given information on:
 - Recognition of risk
 - Risk assessment including consideration of the following factors; task, individual capability, load, environment and other factors
 - Safe working systems
 - Use of equipment
 - 4) The document 'The Scottish Manual Handling Passport Scheme' was issued by the Scottish Government (CEL 15, 2014) and identifies minimum standards for moving and handling. These minimum standards identify a curriculum for foundation (induction) training that will enable the transfer of induction training between participating organisations. Additionally, the standards require that employers implement either a training or competency assessment approach to update education.
 - 5) In summary, moving and handling training should be provided on recruitment, when risks change and repeated where appropriate. Employers are required to monitor and review the effectiveness of the training within the work place to ensure the risks identified through the initial risk assessment of moving and handling activities undertaken by their employees is minimised.

6.2. Education NHSGGC will provide

1) *Foundation (Induction) training*

This is for all new starts who have not previously attended Foundation training from another organisation participating in the Scottish Manual Handling Passport scheme. Foundation courses are for staff groups who are required to handle either people regularly (2 days) or people occasionally and / or loads regularly (1/2 day). Staff should not undertake higher risk moving and handling activities, for example, assisting dependent people to move and frequent handling of inanimate loads until they have undertaken this training.

Staff who are not required to handle loads regularly are expected to undertake the moving and handling e-learning modules currently hosted on [LearnPro](#) and accessible through HRConnect.

Induction training dates are available on HRConnect for Acute and Partnerships staff [here](#).

2) *Competency Assessment*

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

Further information can be found in the Moving and handling HRConnect pages [here](#).

3) *Self Assessment*

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

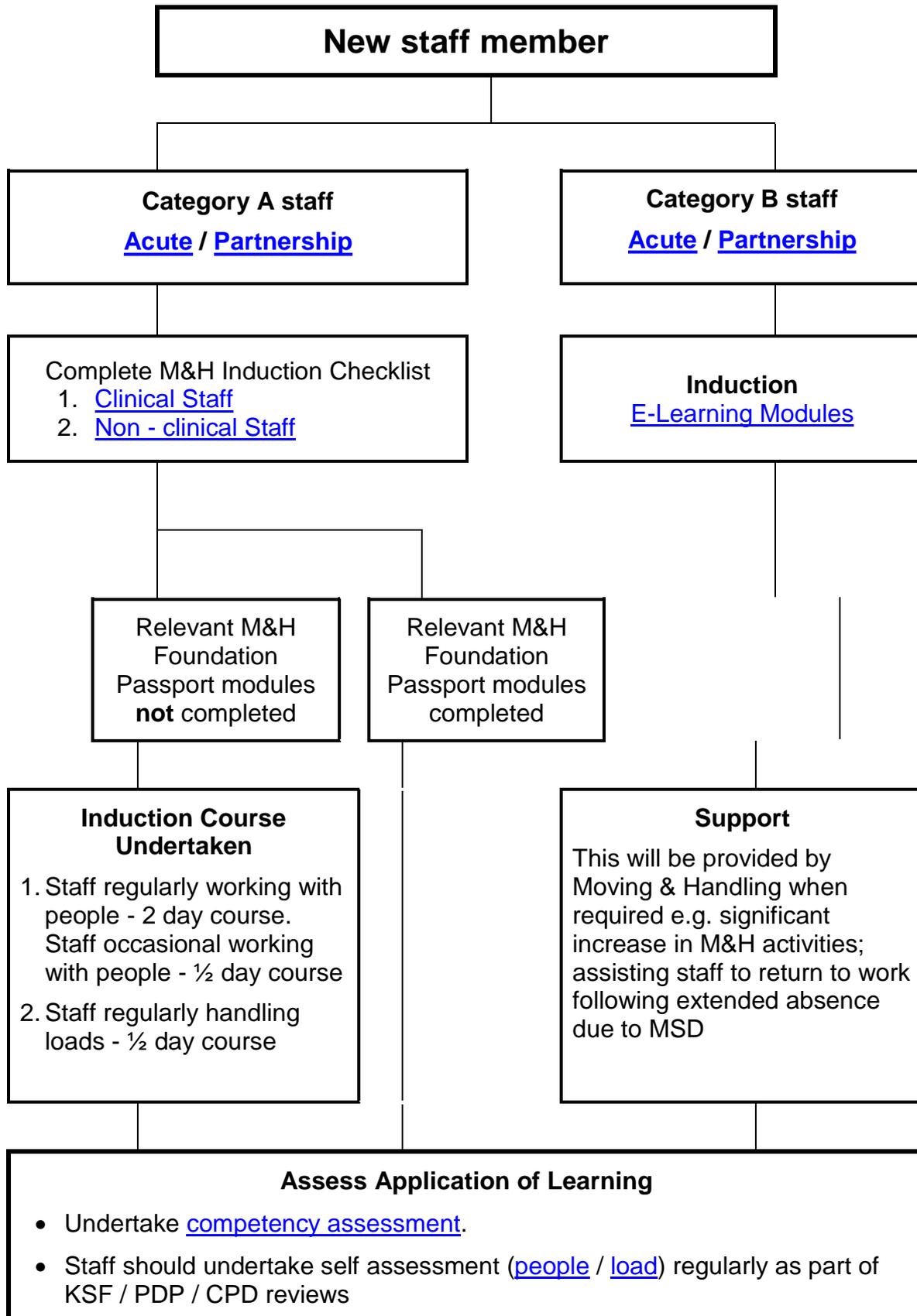
4) *Skills update courses*

These courses are designed for staff:

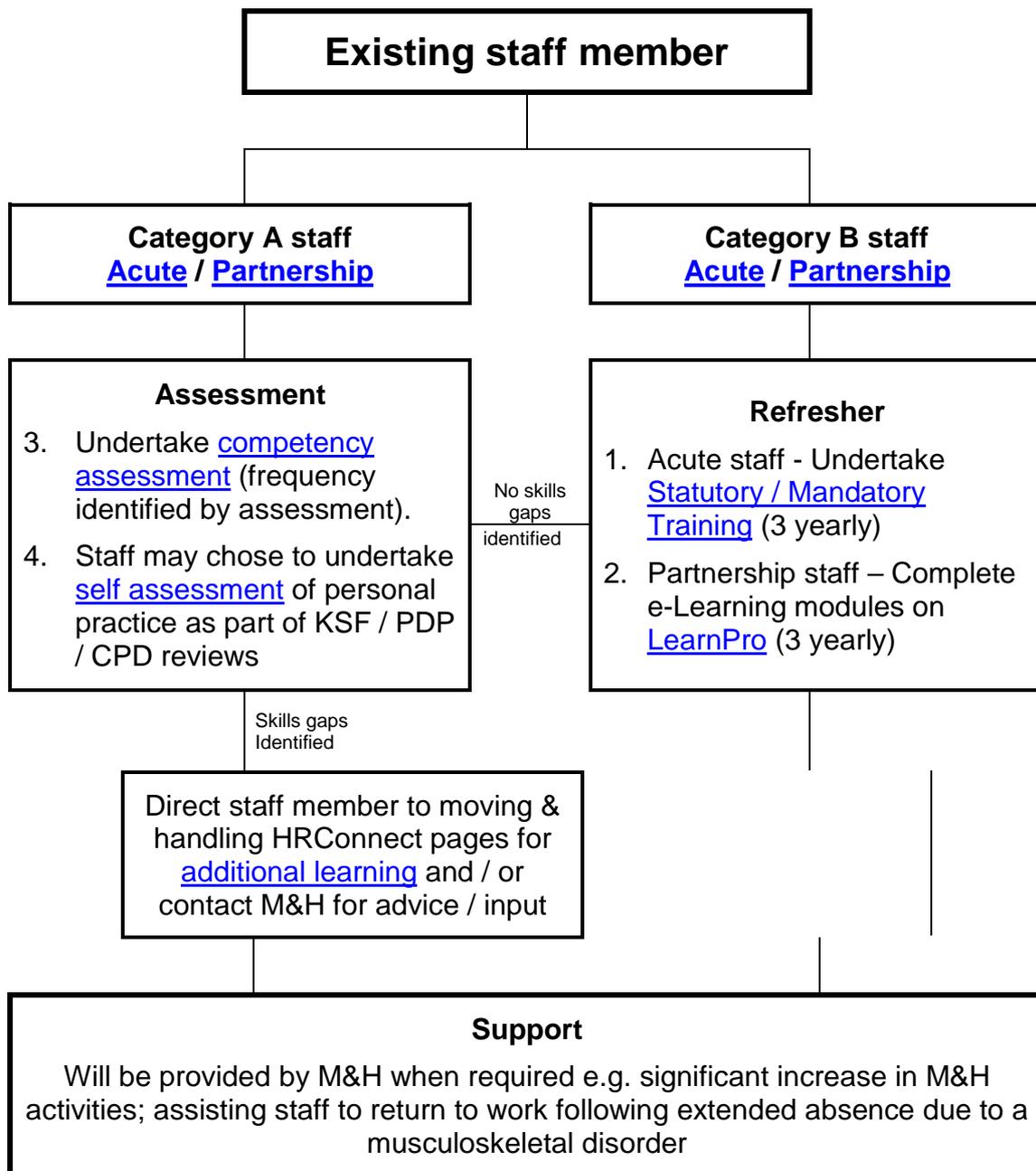
- who are returning to work after a long absence and who need to refresh their skills
- who are struggling to stay at work due to a musculoskeletal disorder which they perceive is being made worse by how they are currently undertaking their work activities
- who during review with their manager identify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

Staff coming on the skills update courses will be expected to have completed the moving and handling self assessment ([here](#)) and to have discussed it with their manager

6.3. Overview of Moving and Handling Education Process – New Staff



6.4 Overview of Moving and Handling Education Process – Existing Staff



7) Bibliography

7.1 Legislative and Professional Guidance Documents:

- 1) Chartered Society of Physiotherapists, (2008). Guidance in Manual Handling for chartered Physiotherapists
- 2) Hignett, S., Crumpton, E., Ruzsala, S., Alexander, P., Fray, M., Fletcher, B (2003). Evidence-Based Patient Handling, Tasks, Equipment and Interventions, 1st Edition. London, Routledge
- 3) HSE (1974) Health and Safety at Work etc Act 1974. HMSO: London, <http://www.hse.gov.uk/legislation/hswa.htm>
- 4) HSE (1999) Management of Health and Safety at Work Regulations, www.legislation.hmso.gov.uk/si/si1999/19993242.htm
- 5) HSE (2016) [Manual Handling. Manual Handling Operations Regulations 1992 \(as amended\) Guidance on Regulations](#). 4th Edition, HSE Books.
- 6) HSE (2014) [Safe use of work equipment. Provision and Use of Work Equipment Regulations](#). Approved code of practice and guidance. 4th Edition, HSE Books
- 7) HSE (2014). [The Lifting Operations and Lifting Equipment Regulations 1998](#). Approved code of practice and guidance, 2nd Edition.
- 8) HSE (2007). Risk assessment and process planning for Bariatric patient handling pathways, RR573 Research report, www.hse.gov.uk
- 9) HSE (2004). Getting to grips with manual handling, A short guide. HSE Books
- 10) National Back Exchange. (2010) Standards in Manual Handling, 3rd Edition.
- 11) National Back Exchange, (2011) Guidance on Registered Member Procedure, 2nd Edition
- 12) Royal College of Nursing, (1996), Manual Handling Assessments in Hospitals and the Community, London
- 13) Royal College of Nursing, (1996), RCN Code of Practice for Patient Handling, London
- 14) Scottish Government, (2014). The Scottish Manual Handling Passport Scheme, 2nd Edition.
- 15) Smith, J., (Ed) 2011, The Guide to the Handling of People, 6th Edition, Backcare, Middlesex

7.2 Links to relevant NHSGGC Policies / Guidelines:

- 1) [Moving & Handling Service Guidance Documents](#)
- 2) [Display Screen Equipment Policy & Guidelines](#)
- 3) [Health & Safety Policy](#)
- 4) [Incident Management Policy](#)
- 5) [Provision & Use Of Personal Protective Equipment](#)
- 6) [Safety Notice Policy](#)
- 7) [Bariatric Guidance](#)
- 8) Rehabilitation / Treatment Handling ([Appendix 4](#))
- 9) [Guidance for Managing Musculoskeletal Guidance](#)
- 10) [Falls Service](#)

7.3 Further Information

- 1) Care Inspectorate - [Managing falls and fractures](#)
- 2) Health and Safety Executive - www.hse.gov.uk/scotland/
- 3) Health and Safety Executive web pages and guidance, including:
 - [Musculoskeletal Disorders](#)
 - [Getting to grips with hoisting people](#)
 - [Health and Social Care Services](#)
- 4) [National Back Exchange](#)
- 5) Scotland's Commissioner for Children and Young People – www.sccyp.org.uk a report on the moving and handling of children and young people with disabilities - [SCCYP Report](#)
- 6) Scottish Manual Handling Forum – www.smhf.co.uk
- 7) The Chartered Society of Physiotherapy - www.csp.org.uk
- 8) The College of Occupational Therapy - www.cot.org.uk
- 9) The Royal College of Midwives - www.rcm.org.uk
- 10) The Royal College of Nursing – www.rcn.org.uk
- 11) The Scottish Government – www.scotland.gov.uk/home
- 12) The Society of Radiographers - www.sor.org.uk

Risk Assessment

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

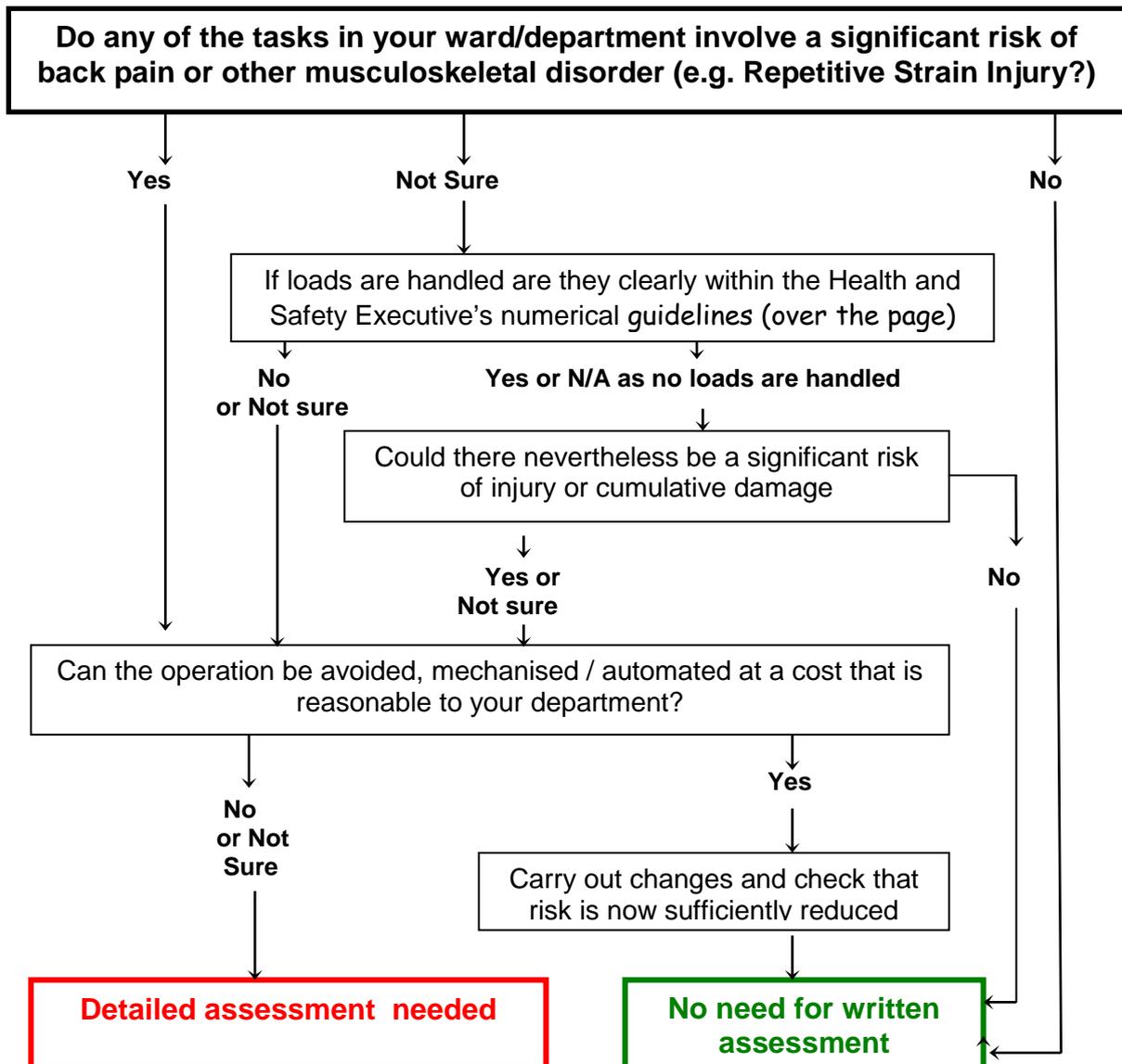


Fig 1. Risk Assessment flow chart

Moving and handling Risk Assessment forms can be obtained from [HRConnect](#) and advice, if required for completing the assessments, can be sought from the moving and handling team.

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

Risk Assessment (Cont/d)

Guidelines for Lifting and Lowering Operations

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

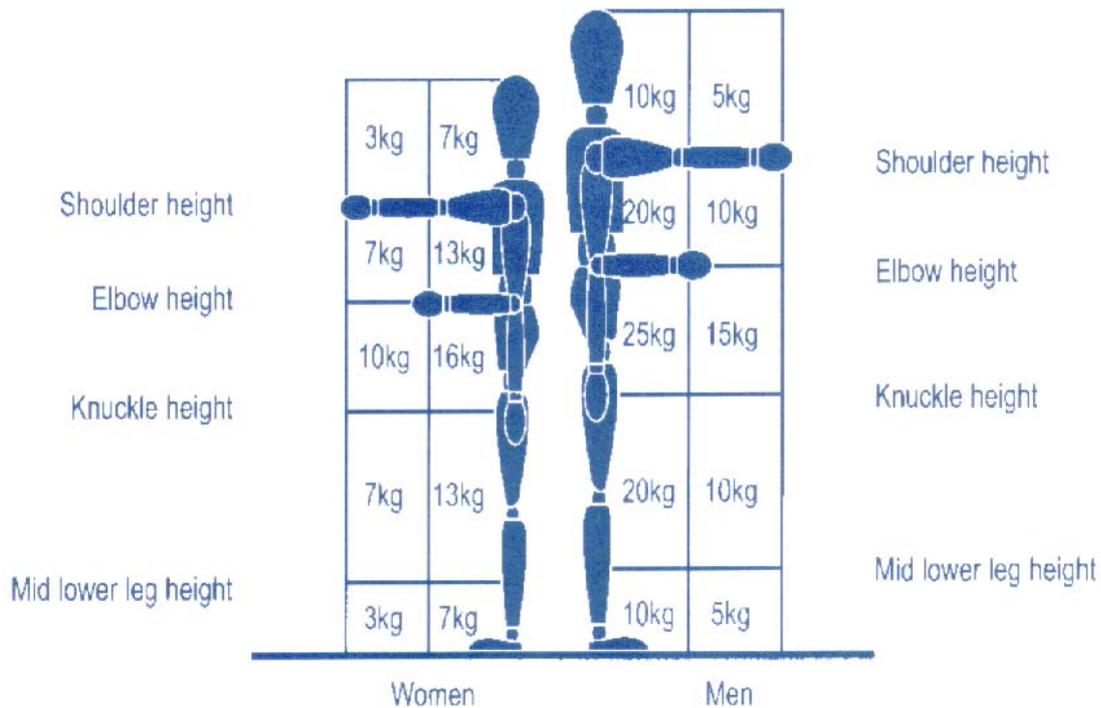


Fig 2. Guidance for when a risk assessment should be conducted

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

High Risk Lifts / Practices

High risk practices can be defined as “any move that involves staff lifting the full body weight or a major part of the body weight of a patient” and “any move where the patient /client can grip onto the handler [lock on]” (Backcare, 2011). The Lifts and Practices identified below should not be used:

1. Examples of high risk techniques are as follows:

- Drag Lifts / Underarm Hook – where a person is held under the axilla / armpit and includes the following activities; moving a person up the bed; sitting a person forwards in a chair / bed; assisting a person into standing; and, walking a person with linked arms
- Orthodox / Cradle Lift
- Manually straight lifting a person
- Australian / Modified Australian / Shoulder Lift
- Pivot transfer
- Bear Hug / Clinging Ivy

2. Examples of high risk practices are as follows:

- manually lifting a person in and out of the bath
- manually lifting a person from the floor
- manually transferring a person from bed to chair; chair to chair; chair to bed using any of the above high risk techniques
- gripping
- supporting of the major portions of a persons body weight

These are not exclusive lists. If you are unsure of the lifts / practises you are using, please contact any member of the moving and handling team.

Further advice can be found from the [moving and handling pages on HRConnect](#)

Appendix 3 Emergency Situations

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

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

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

Situation	Response Protocol
Cardiac arrest with the person on a chair or on the floor	If the person is on a chair, slide him to the floor and commence resuscitation on the floor until he has been stabilised, then proceed to hoist him onto the bed / trolley, trying to keep him in as reclined a position as possible. Utilise over head tracking or the Fall Lateral transfer kit (HoverMatt / HoverJack) where available
Unconscious person on the floor	Place the person in the recovery position on the floor until either he returns to consciousness or if not, the hoist is available to transfer him onto a bed / trolley. Proceed to hoist him onto the bed/trolley, trying to keep him in as reclined a position as possible. Utilise over head tracking or the Fall Lateral transfer kit (HoverMatt / HoverJack) where available
A falling person	If a person is collapsing move behind him and begin to step backwards, allowing the person to slide to the floor with his back against your front. You must not try to catch a falling person.
A fallen person	Recover a person from the floor with minimal assistance or a hoist. Guidance is available on HRConnect . Community staff, depending on local protocols, may have access to additional equipment such as inflatable cushions or portable hoists.
A person on the floor who has a suspected spinal injury or #femur	Use the hoist as carefully and as safely as possible, keeping the person in as reclined a position as possible. If the fall occurred in a confined space, slide person into a more spacious area, preferably with use of a sliding sheet, and use the hoist. In a main Acute hospital setting, where a spinal or femur injury is suspected, the Flat Lift Transfer Kit (HoverMatt / HoverJack) must be utilised. In other environments a 999 call will be required.
In the event of evacuation for any reason	Move the person as quickly and as safely as possible. Local protocols should be developed to account for the action to be taken in this situation, including the potential use of equipment designed to assist with evacuation.

Rehabilitation/Treatment Handling

1. Definition of Treatment Handling

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

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

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

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

2. Key Messages

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