

# **Manual Handling Risk Assessment Guidance**

It is a requirement of the Manual Handling Operations Regulations 1992 that manual handling tasks which involve risk should be eliminated. Where this is not reasonably practicable a Risk Assessment must be undertaken and action taken to reduce the risk associated with the task to the lowest level reasonably practicable.

The Regulations do not set specific requirements such as weight limits. The ergonomic approach shows that such requirements are based on too simple a view of the problem and are likely to lead to erroneous conclusions. Instead, an ergonomic assessment based on a range of factors is to be used to determine the risk of potential injury and point the way to remedial action to reduce the risk.

Risk is a combination of the likelihood and severity of a specified hazard occurring. The objective of risk management is to identify and reduce the **Likelihood** of incidents occurring that could have significant consequences for employees, clients or the Organisation, so far as is reasonably practicable.

There are no absolute values for incidents, but effective risk assessment, applying appropriate control measures and monitoring those measures, together with training, can help minimise the potential for injury and/or other losses.

The Manual Handling Operations Regulations 1992 support the Health & Safety at Work etc Act 1974. A breach of these statutory requirements is a criminal offence.

**Accountability** - lies with the Organisation

**Responsibility** - day to day responsibility of managing risk lies with the manager(s)

The person carrying out a manual handling risk assessment (*assessor*) should be a competent employee/consultant. The risk assessment should be reviewed in accordance with the specified review period, whenever there is any change or following a manual handling incident.

The forms included are:

- Generic Load Moving and Handling Risk Assessment Form. This risk assessment form is for inanimate load (non-client) handling tasks throughout NHSGGC;
- Generic Client (Inpatient) Moving and Handling Risk Assessment Form. This form is for use within inpatient environments;
- Client Specific (Community) Moving and Handling Risk Assessment Form. This form is for use within clients homes;
- Client Specific (Inpatient) Moving and Handling Risk Assessment Form. This form is for use with individual clients in an inpatient setting.

The two Generic Risk Assessment Forms should be used in the relevant areas. The Client Specific Risk Assessment Forms indicates the range and level of detail required regarding the client. Whilst these particular forms do not have to be utilised, an alternative form must record as a minimum the same level and range of information and be agreed with the Moving and Handling Service Lead. It is intended that the Client Specific Moving and Handling Risk Assessment Forms can move with the client and assist in the communication between different departments and agencies.

In addition to formal documented risk assessments, every employee should be aware that they must conduct a Personal Risk Assessment before they perform a task. This is an assessment carried out by the person, to examine the risk to themselves and others who may be affected by their action. If necessary, for example when their personal risk assessment outcomes, differ from the documented risk assessment, they must communicate their findings to others.

***NB The completed forms must be accessible at all times***

## Inpatient Settings - Guidance on Completing the Forms

### 1. Generic Client (Inpatient) Moving and Handling Risk Assessment Form

*Current System of Work column* - This section is divided into 3 sections asking the assessor to consider the current way of undertaking the task when the client is independent, requiring manual assistance or the use of equipment.

*Manual Handling Risks column* – This section is again divided into 3 sections asking the assessor to consider the risks associated with the current way of undertaking the task. This might include the Environment (space, floor and lighting conditions); the Staff (postures adopted include excessive stooping and twisting) and Patient (what can they do for themselves, response to pain, adverse reactions to pain); and Organisational factors (how many staff are there, what is the skill mix, how often is the task being repeated)

*Control Measures Required column* – This section is as above and asks the assessor to consider ways of reducing the risks identified, this may include changing methods of communication, changes to the environment and the need for new or different equipment

*Risk Level column* – This section asks the assessor to record **VH** for Very High, **H** for High, **M** for Medium and **L** for Low regarding the risks identified. For guidance on what constitutes the level of risk please refer to the table below and to the separate Risk Matrix Section within the Health and Safety Management Manual.

Table 1. Risk Matrix

<u>Likelihood</u>	<u>Impact/Consequences</u>				
	Negligible	Minor	Moderate	Major	Extreme
Almost Certain	Medium	High	High	V High	V High
Likely	Medium	Medium	High	High	V High
Possible	Low	Medium	Medium	High	High
Unlikely	Low	Medium	Medium	Medium	High
Rare	Low	Low	Low	Medium	Medium

■ Very High     
 ■ High     
 ■ Medium     
 ■ Low

*Activity Column C – F.* Each of these activities have several different components. For example Activity C, sit / stand transfers, has several components that may require to be assessed including assisting a client to sit forward and/or assisting a client to stand up from a bed and/or assisting a client to sit down into a chair etc. It is anticipated that each component will be addressed separately and numbered in the space provided C \_ ) becomes C 1 ).

*Summary and Action Plan (page 6)* – This is a summary section for recording control measures for Very High, High, Medium and Low risks for each of the activities. This enables progress in reducing risk to be prioritised, tracked and recorded on one page.

Control Measures beyond the influence of the Local Manager, need to be identified to the person who can influence the introduction of the control measure (often the budget holder) for a decision. This communication and decision making process needs to be recorded in the Progress Review Summary column with supporting documentation.

### 2. Client Specific (Inpatient) Moving and Handling Risk Assessment Forms

This form is for use within all inpatient settings e.g. hospitals, nursing homes and residential care units. In addition to this form there is a Client Specific (Inpatient) Moving and Handling Intervention Plan which should only be used by staff with a high degree of proficiency in Client

Handling risk assessment e.g. Moving and Handling Link Staff. This form is for clients with M&H requirements of a complex nature requiring details to be recorded out with a 'standard' risk assessment. **These forms must be kept with the client's health records.**

## **Community (Home) Settings - Guidance on Completing the Forms**

### **Client Specific (Community) Moving and Handling Risk Assessment Form**

Every client must be fully assessed. The handling assessment **must** be communicated to all staff involved in handling the person. In addition the client must be fully consulted and involved in the assessment and care planning process, as well as any family/informal carer, as appropriate.

**NB** The level of detail regarding the handling assessment should be relative to the level or degree of risk. For example, where there is minimal/low risk handling to be performed by staff, only the relevant sections need to be completed and basic information recorded. However, in higher risk cases, it would be expected that a fuller assessment should be undertaken and all relevant information recorded to demonstrate justification for decision reached regarding the handling plan.

#### **Section A. Essential Information**

**A1** Complete the personal and assessor details in full.

The assessment must be reviewed in line with the routine review of the person's total care plan and immediately if there are any changes which may affect the handling needs, such as a change in the person's condition or following any incident/accident. The date of each formal review undertaken must be entered at A1. This must be done even if no changes are made to either the assessment or handling plan pages. If there are no changes in the risk assessment the "no changes" box should be ticked. If there are changes made to the Risk Assessment and Handling Plan, then the "changes" box should be ticked. This provides evidence that a formal assessment has been carried out.

**A2** If no manual handling (MH) is required for any care activities, i.e. no physical assistance required by care staff, then the assessment process ends here. Reference must be made to the full assessment of need/care plan before this judgement is made and given that the information is accurate and up to date.

#### **Section B. Person Handling Assessment Details**

**B1.1 Standing.** Full = the person can weight bear on at least one leg and maintain standing independently without using rails, furniture or other equipment for support. If not, or if variable ability, indicate what equipment and/or assistance is needed.

**B1.2 Walking.** Full = can walk 10m+ without assistance or equipment. If requires assistance or equipment, indicate as Partial.

**B1.3 Sitting Balance.** Can the person sit independently on the side of a bed or in a chair without using the backrest, or any pillows for example, for support?

**B1.4 Head Control.** Can the person control and voluntarily move their head? If not, does it require support during movement? What support is required e.g. head/body brace, head support in a hoist etc?

**B1.5 Upper Limb Strength/Movement.** Can the person take weight through their upper limbs? e.g. push up from a chair, alter their position whilst sitting, support their weight with a walking stick/zimmer frame? Indicate if problem is left or right-sided.

**B2 History/Risk of Falls.** Does the person have any previous history of falling to the ground, past or present? How will this affect the way they move or are assisted?

Indicate known underlying factors which may precipitate falls such as: problems with balance/vertigo; low haemoglobin which may precipitate fainting/falling; epilepsy; shuffling gait; environmental hazards such as tripping hazards etc

- B3 History of Seizures.** Is there a history of seizures? Indicate frequency, any warning signs/auras. How will this affect the way they move or methods of handling to be used?
- B4.1/4.2 Hearing / Vision.** Are there any problems with hearing or sight? If so, are hearing aids/glasses available and functioning? Does the person require guidance either verbally, or by touch or by signing?
- B4.3 Communication.** Is the person able to communicate with the carer directly/ indirectly? Is verbal or non verbal communication used? What language do they speak/understand? Are staff aware of communication skills to employ when handling e.g. cues, symbols, touch?
- B4.4 Comprehension.** Are there any problems with the person being able to understand instructions or requests from carers? If not, what is required to achieve co-operation? Do relatives/carers need to be involved to achieve this?
- B5.1 Pain.** Highlight areas such as: Does the person experience any pain? What body parts are affected? Can it be reduced by medication or positioning? Does the pain affect the person's functional ability, co-operation or willingness to move? Outline what needs to be taken into account prior to movement e.g. medication; time of day; handholds or support to be used; equipment selection and positioning.
- B5.2 Skin Lesions/Vulnerability.** Does the person have any skin problems that will affect their handling needs e.g. pressure sores; weeping wounds; vulnerable areas, etc? If so, outline what special precautions need to be taken e.g. hand positioning/holds; use of gloves/aprons; avoidance of particular types of manoeuvres/techniques, etc.
- B5.3 Attachments.** Has the person got any attachments/supports e.g. braces; callipers; catheters; stomas; prosthesis etc? If so, what considerations need to be taken into account for safe handling e.g. use of equipment; manual assistance; is another carer required etc?
- B5.4 Involuntary Movements.** Does the person have involuntary movements, and if so, does this affect their ability to move or affect the safety of the handling? If so, what considerations and/or precautions need to be taken either to facilitate movement or for safer handling e.g. use of equipment; manual assistance; use of a second carer?
- B5.5 Difficulties with muscle strength/tone.** Does the person have any difficulties with muscle weakness or tightness/floppy limbs? If so, how will this affect the handling? e.g. is consideration required to be given to appropriate selection and use of equipment; position of limbs; facilitation by carers?
- B5.6 Behaviour.** Does the person display behaviour that may affect handling e.g. aggressive tendencies; non-compliance/co-operation; apprehension, etc? If so, what considerations need to be taken into account e.g. a special approach; best times of day for activities; sticking to a daily routine; provide lots of reassurance, etc.
- B5.7 Stature.** Does the person's body size/shape constrain handling? e.g. is the person really tall which makes it awkward to assist with walking/standing? Do they have a 'lateral curvature of the spine' which makes rolling/turning difficult etc?
- B6 Cultural Considerations.** Indicate any cultural or religious considerations that may be relevant to the handling of the person, which will require to be taken account of when formulating the Handling Plan, e.g. a Muslim lady may request that only female carers attend to her care needs.
- B7 Personal/Family Preferences and Opinions and Needs.** The person's wishes on mobility assistance should be respected at all times and their independence and autonomy must be supported as fully as possible, whilst having due regard for the safety

of all concerned. The person should be supported to exercise choice, as far as is reasonably possible, over how their mobility needs are to be met. The person's own preferences/opinions on mobility assistance/methods should be recorded here as well as those of any family member(s) and/or carer(s) who may also be involved in any direct elements of the person's care. The right balance needs to be struck between the needs and wishes of the person and the needs of the care workers who will carry out the handling.

You should also document here the consequences of not assisting with certain manual handling tasks in order to justify the taking of higher (though not unreasonable) levels of risk with the handling tasks to be carried out at section E. Consideration must be given to human rights issues which need to be balanced against the safety of employees.

Consideration must be given to the impact of any decisions made upon the person's physical, emotional, psychological and social needs when considering handling methods and equipment to be used.

Also record here if the person and/or family indicate preferences that would entail unsafe handling practices, and any suggested solutions discussed with them.

**B8 Existing Equipment.** Identify any equipment currently being used either independently or by care staff to support/facilitate mobility or to reduce manual handling risks e.g. walking aids, hoists, hospital bed, smaller handling equipment such as sliding aids, transfer board, etc. This is relevant, as for example, if the person uses or has recently been independent with the use of some equipment, then the aim should be to maintain that level of independence and dignity in transfers by providing that same equipment if still appropriate. If new equipment is required to minimise risks, record justifications here and also record recommendations and action taken at the summary sheet/action plan at Section D.

**B9 Existing Handling Risks.** Also record here any identified risks related to the current handling methods being used in relation to each task/activity undertaken, in order to justify making changes to the handling methods to be used.

Any action to be taken should also be recorded on the Summary Sheet/Action Plan at Section D.

**B10 Other.** Are there any other factors that require to be taken account of to ensure an appropriate handling method is selected? e.g. does the person have different handling needs at different times of the day; are there any fixed deformities which may affect safer handling; are there any adapted movements staff need to be aware of; are movements or abilities unpredictable; does body size/shape make movements awkward etc?

## Section C. The Working Environment

To be completed for community settings. Social Work establishments should refer to their own generic M&H risk assessments for their own working environments. However this section can be used and completed for situations where the generic assessment is not valid.

If the person is being cared for in more than one location, include a separate Section C. for each location.

An assessment must be made of the environment in which the person is being cared for, identifying the hazards and the associated risks involved. There is also space to make rough notes for any remedial action required. **In relation to the M&H tasks that require to be carried out**, the following considerations must be assessed:

**C1** Are there space constraints affecting good posture? If the working environment hinders the adoption of good posture, the risk of musculoskeletal injury will be increased. Consider low working surfaces or restricted headroom which enforces a stooping posture.

Also furniture, fixtures or other obstructions may increase the need for twisting or stooping.

- C2** Consider heights of working surfaces; such as beds, or changing plinths, suitability of equipment or furniture being used.
- C3** Is flooring uneven, unstable, slippery? Does carpeting make hoist use difficult?
- C4** Poor lighting can increase the risk of injury. Does poor lighting make it difficult to see hazards?
- C5** The risk of injury will be increased by extreme thermal conditions e.g. high temperature/humidity could cause rapid fatigue, perspiration of hands may impair your hold. Working at low temperatures may impair dexterity. Gloves and additional clothing, which may be necessary in such circumstances, may also hinder movement and reduce your hold.
- C6** Consider hazards when aiding the person and/or equipment such as hoists through doorways; down/up stairs; from one room to another etc.
- C7** Highlight any other environmental problems/hazards identified. e.g. potential effects of adverse weather conditions when undertaking manual handling activities outside; problems with equipment/power supply, etc.

**Any action to be taken must be recorded at Section D in the Summary Record/action plan.**

## **Sections B and C - Additional Information/Review Details (I&R)**

### *'I' - Additional Information*

If further information requires to be recorded in relation to any elements of the assessment details, and there is insufficient space in the box provided, then the information should continue on the reverse page. The "I" box must be ticked to indicate to care staff that further information is recorded in relation to that particular section. On the reverse page, enter the appropriate number under the 'No' column e.g. "B1.2". Enter the date in the date column. Continue to record the additional information required. Sign your name in the signature column.

### *'R' Review Details*

If there are any changes noted when undertaking the review, then a cross should be drawn through the relevant box and the review box ticked. This will indicate to care staff that the person's needs have changed. On the reverse page, enter the appropriate number under the "No" column e.g. "B1.2". Enter the date of the review. Continue to record the review details, sign your name in the signature column. The reviewed information should be used to determine if further controls are required and if any changes are to be made within The Handling Plan.

## **Section D. Summary Assessment/Action Plan**

From the assessment (B-D) undertaken, all identified risks requiring action should be dated, listed and summarised. This summary sheet, with named people responsible, action required and an outcome box will assist the assessor/manager to monitor progress.

The summary sheet may also avoid the need for all staff to read through all the data of the complete assessment.

Any residual hazards and associated risks should also be recorded here with controls to be implemented. In situations where carers are expected to work at higher (though not unreasonable) levels of risk consideration must be given to experience/knowledge skill level required, as well as frequency and duration of the tasks.

## Section E. Person Handling Plan

This Section is designed to give care staff sufficient information to carry out moving and handling activities. It should always contain instructions and language consistent with information from NHSGGC's Moving and Handling training courses. Use as many of these sheets as needed, ensuring that each page is numbered at the top right section.

As a minimum, the Summary Record/Action Plan and the Person Handling Plan **must** be made available and readily accessible for care staff to follow. If this information cannot be found, carers must report to their line managers for advice.

**E.1 Tasks column.** All tasks must be considered when completing the Person Handling Plan. Each task contains the same process of assessment information. The following are examples of the kind of tasks to be considered: walking; sit – stand; chair – wheelchair; to/from toilet; moving up/down bed; turn in bed; to bed/plinth; from bed/plinth; bathing/showering etc.

Indicate under the task column the task to be carried out, providing each one with a number where indicated. Consideration **must** be given to any tasks to be carried out in a **foreseeable emergency**.

**Foreseeable emergencies must be fully assessed and planned for, with details recorded in the Handling Assessment and Handling Plan.**

For each task, the following information must be completed: (E2 - E5).

**E2. Clients Abilities column.** Use the rating scale to assess the person's abilities and level of assistance required during daytime and evening/night time i.e.

- 1. Able with Prompting.** Tick this box if the person can manage the tasks independently of any physical assistance from a carer with/without equipment but requires prompting.
- 2. Able with Assistance.** Tick this box if the person requires physical assistance of a carer(s) to carry out the task with/without equipment.
- 3. Full Assistance.** Tick this box if the person is fully dependent in the task and requires full assistance from a carer(s).

**E3. Handling Method/Instructions column.** Provide a brief description of the handling method to be used. This must be consistent with information provided by NHSGGC's Moving and Handling training courses. For some handling situations, it may be appropriate to add more specific information related to the handling assessment undertaken e.g. specific hand holds; verbal encouragement needed; particular approach to be used, etc.

**E4. No. of Carers column.** Indicate the number of carers required to carry out the task. This box must always be completed even when a hoist is being used.

**E5. Equipment to be Used column.** Write a brief and general description of the type of equipment that is required to carry out the tasks safely e.g. hoist, standing hoist, sliding sheet, etc. Details regarding the hoist and sling(s) should be described on the "Hoisting Instructions" page. (See E7).

**E6. Additional Information/Review Details column**

*'I' Additional Information* If further information requires to be recorded in relation to the handling methods/instructions and/or in relation to equipment to be used, and there is insufficient space in the box provided, then the information should continue on the reverse page. The "I" box must be ticked to indicate to care staff that further information is recorded in relation to the particular task. On the reverse page, enter the task number and record the task in the task column e.g. "No.2 Sit-Stand". Enter the date in the date

column. Continue to record the additional information required. Sign your name in the signature column.

*'R' Review Details* If there are changes to be made to any elements under each task in the Handling Plan, then a cross must be drawn through the relevant box and the review box ticked. This will indicate to care staff that the person's needs have changed as well as the instructions to be followed. Enter the task(s), which have changed at the next available empty box in the task column. You may need to use a Handling Plan continuation sheet. Complete the information as before (E1 - E5) in line with the reviewed risk assessment information.

**E7. Hoisting Instructions (page 7).** If a person requires to be hoisted, then this section **must** be completed. The number of carers needed **must** be identified within each task box.

**E7.1 Task Description.** Record and describe task to be undertaken with hoist e.g. bed to chair; wheelchair to toilet etc. Indicate number of carers required for this activity.

**E7.2 Hoist Details.** Make: e.g. Oxford, Arjo. Model: e.g. mini, major, trixie etc. Include whether electric or hydraulic.

**E7.3 Sling Details.** Type: e.g. Quickfit, long seat, toilet/access etc. Size: e.g. XS, S, M, L, XL. If a colour coding system is used on the sling note the colour and size, not just the colour.

**E7.4 Sling Fitting.** Tick the applicable fitting method.

- Under legs. The straps are crossed under the person's thighs and attached to the spreader bar. This will keep the person's legs together when hoisting.
- Between legs. This involves the leg straps placed between the person's legs and directly up attaching to the hoist spreader bar.
- Between legs and crossed. The leg straps are passed between the person's legs and crossed and attached to the opposite side of the spreader bar

**NB** For certain sling fittings, it may be necessary to include additional information about how slings are applied.

**E7.5 Sling Attachment.** If using a sling with loop fittings, record which loops are attached to the spreader bar e.g. using colour code on sling.

### **Non-agreement of Risk Assessment by Client / Informal Carer(s)**

The result of the risk assessment and proposed control measures should be discussed with the person as well as the options to address the risks being explored with the person. The right balance must be struck between the needs/wishes of the person and the health and safety of the care staff involved. However, it is not acceptable that unsafe working practices which pose unreasonable risk to care staff are allowed to continue unaddressed.

If the client / carer refuses to enable the results of the risk assessment this must be documented on the risk assessment and including details about the disagreement.

A formal meeting must be held with the client, their informal carer(s), the manager and any other relevant professionals involved, to formally outline the results of the risk assessment and the consequences to all concerned of not reaching a resolution. Prior to this meeting, further advice may be sought from a Moving and Handling Practitioner. If this takes place enter the date this referral was made and the person involved.

**Outcome:** Record the date meeting was held and details of decisions reached and any changes which may have been made to the handling assessment/plan. Justifications should take account of the safety needs of the care worker under health and safety legislation which should be



balanced against the person's rights and wishes under Community Care legislation, and The Human Rights Act.