Policy for North Cumbria Integrated Care NHS Foundation Trust (NCIC)

Policy Title: Moving and Handling of People and Inanimate Loads Policy

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Policy Authors	Moving and Handling Clinical Lead Practitioner

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EQUALITY IMPACT ASSESSMENT (EIA)

At North Cumbria Integrated Care NHS Foundation Trust, everyone is equal and valued. The Trust recognises the need to tackle discrimination, promote equality and encourage inclusion, through recognising and celebrating the diverse range of backgrounds and experiences we all bring. We do everything we can to ensure all our policies are not discriminatory; promote equality; address the diverse needs of individuals and ensure up-holding of human rights, ensuring fair treatment and protecting of dignity.

Policy On A Page

SUMMARY & AIM

The Trust is committed to improving safety and quality and has a statutory duty towards the health and safety of patients, employees, students, volunteers, and visitors within their premises by reducing manual handling risks as far as is reasonably practicable.

This policy aims to eliminate the need for hazardous manual handling activities that pose a risk to both patients and staff by providing a strategy to reduce the incidence of patient harm and work related musculoskeletal injury and occupational ill health for all its employees.

TARGET AUDIENCE:

This policy applies to all employees including bank/temporary staff who undertake moving and handling activities.

TRAINING:

- Training will be delivered in line with Trust Learning Needs Analysis
- Corporate Induction
- Local Induction
- Core Skills Framework

KEY REQUIREMENTS

1. All staff (both clinical and non-clinical) must complete the appropriate Moving and Handling (M&H) mandatory training as identified in their Individual Learning Needs Analysis (LNA).

2. The policy sets out the expectations in relation to the specific duties to manage both patient and inanimate load manual handling risks.

3. Ward/Department/Team establishment risk assessments must be completed for each individual area and reviewed on an annual basis or sooner if incidents occur or circumstances change.

4. Within 24 hours of admission all in-patients must be assessed using the Personal Handling Risk Assessment and Personal Handling Plan which is regularly reviewed as part of care planning.

5. Patients receiving a service who are not in-patients and who have handling needs must be assessed using the appropriate Personal Handling Risk Assessment and Personal Handling Plan.

6. All patient handlers must follow documented Personal Handling Plans and keep them updated as necessary.

7. If complex M&H issues arise, access to specialist advice is available from the Moving and Handling Team.

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1. INTRODUCTION

In order to facilitate safer handing procedures for both inanimate loads, Adults and Children handling the Trust has adopted a standard code of practice. The Derbyshire Interagency Group (DIAG) offers a systematic risk assessment approach and practical guide, to all employees and students within the Trust. This evidence based system is supported by external bodies such as Health, Safety and Wellbeing Partnership Group (HSWPG), the Health and Safety Executive (HSE) and the National Back Exchange (NBE).

In relation to adult and children handling we aim to have a whole system approach to manage the individual's moving and handling personal requirements. To achieve this, we must have the individual's personal handling plan and personal handling risk assessment completed to transfer through the system with them, as they move through the appropriate pathway or services. This may include handovers between services within the NHS, and also from organisation to organisation for example the Adult Social Care System.

2. PURPOSE

This policy aims to eliminate the need for hazardous manual handling activities that pose a risk to both patients and staff by providing a strategy to reduce the incidence of patient harm and work related musculoskeletal injury and occupational ill health for all its employees as directed by the Manual Handling Operations Regulations MHOR 1992 (amended 2002). The Management of Health and Safety at Work Regulations 1999 (MHSWA) places a duty on employers to assess and manage risks to their employees and others arising from work activities.

The Trust recognises and accepts that the moving and handling of patients and inanimate loads is an integral part of delivering care and is committed to the statutory duty to comply with best practice standards. The Trust has therefore implemented risk reduction procedures to minimise the likelihood of injury occurring to either patient or employees by offering appropriate training to all staff within the organisation based on sound evidence and regulated guidance.

This policy is in line with the Trust's values, whilst remaining patient and staff focussed. It also upholds the Safe Principles of Moving and Handling and acknowledges that moving and handling has the potential to cause harm.

The Policy provides:

- Guidance relating to moving and handling
- Information specific to moving and handling in order that safety for all and therapeutic care is maintained
- Guidance about moving and handling to deliver essential care

3. POLICY DETAILS

3.1 Minimal Lifting

The Trust has adopted a "minimal lift philosophy" from the Derbyshire Interagency Group (DIAG) code of practice - DIAG Code of Practice 2011. This also coincides with the Manual Handling Operations Regulations (1992) that advises a clear hierarchy of measures.

- Avoid hazardous lifting so far as reasonably practicable
- Make a suitable and sufficient risk assessment of any manual handling that cannot be avoided.
- Reduce the risk as far as reasonably practicable.

3.2 Evidence based Moving and Handling Practice

Techniques used in the moving and handling of patients and inanimate loads are detailed and illustrated in the DIAG Code of Practice. Copies are available from the Moving and Handling team on request. The Guide to the Handling of People (HOP 5), The Guide to the Handling of People (HOP 6) and National Back Exchange research and publications provide the evidence based practice used by the M&H Team.

3.3 Emergency Handling

The Moving and Handling of patients in an emergency is determined by the clinical situation and staff must follow best practice guidance e.g. Guidance for Safer Handling During Cardiopulmonary Resuscitation in a Healthcare Setting (Resuscitation Council (2020)). Lifting from the floor is a risk to both patients and staff. The HoverJacks situated around the hospital sites **must** be used for fallen patients who have actual or suspected injuries. If a spinal or neck of femur fracture injury is suspected then the appropriate rolling and immobilisation precautions must be taken before using the HoverJack. If a decision is made to manually lift the patient from the floor the equipment designed specifically for this task **must** be used i.e. a scoop stretcher. Managers and staff must be able to justify their actions ensuring the rationale is recorded in the patient's notes and the moving and handling team is notified.

If a patient is currently receiving a service from the integrated community care service and is found be on the floor within their own home, the Integrated Community Care Team currently have access to lifting equipment that may assist the patient from the floor. The patient must be thoroughly assessed prior to this process being adopted, paying particular attention to appendix 4 & 5 of this document.

In response to staff finding a person with a ligature in situ, retrieving that person is a very high risk moving and handling activity. A balanced decision must be made in relation to staff and patient safety and consideration must be given to the presenting situation. A dynamic risk assessment approach must be undertaken. Reference to

the moving and handling procedures to be followed in this event can be found in Appendix 3.

3.4 Risk reduction

A risk reduction strategy is adopted by the Trust from the DIAG Code of Practice by promoting Safe Movement Principles alongside Task, Individual, Load, Environment, Other (TILEO) from the MHOR (1992) which is applicable to both patient and inanimate load handling. Any variations to the code of practice can only be undertaken if assessed by the M&H Team, Physiotherapist or Occupational Therapist.

3.5 Risk Management

The Ward/Department/Service Manager must ensure Manual Handling risk assessments are completed by a suitably experienced person for inanimate load handling and where required for patient handling which will be recorded on DIAG documentation. All patients/patient handlers must follow documented Personal Handling Risk Assessments and Personal Handling Plans and update the plan to reflect any changes to the patient's moving and handling needs.

3.6 Caring for bariatric patients

The Trust has a commitment to care for all patients in a safe and dignified manner. All wards and departments must be prepared for caring for a patient whose body shape and/or weight distribution means that standard equipment is not suitable. Careful planning will ensure that the patient is not discriminated against and will not put staff at risk of injury. (see Appendices 1, 2)

4. TRAINING AND SUPPORT

Training associated with manual handling is outlined in the Trust's LNA. Training will take account of the values and principles which underpin the care of all people using Trust services.

The M&H team follow the 'Standards in Manual Handling (2010)' from NBE. The Trust will use in-house trainers to deliver moving and handling training, although there may be occasions when external trainers' need to be utilised. The trainers will be required to train to Trust standards.

Dependent upon role, both inanimate and people handling training is delivered via e-learning, face to face or a combination of both. Bespoke training is available in both inanimate and people handling areas, which is designed to meet the nature of the tasks undertaken. Face to face training is provided by either by the M&H team or via cascade training using the key-worker system.

5. PROCESS FOR MONITORING COMPLIANCE

The process for monitoring compliance with the effectiveness of this policy is as follows:

Aspect being monitored	Monitoring Methodology	Reporting		
		Presented by	Committee	Frequency
What	How	Who	Where	How often
Compliance with manual handling training	Monthly Trust training reports	Learning and Development/Training Department Moving and Handling Team Lead	Care Group Governance meetings Health and Safety Committee	Quarterly Quarterly
Review of Ulysses reports when moving and handling practice has deviated from legislation and code of practice	Ulysses reports	Moving and Handling Team Lead	Health and Safety Committee	Quarterly
Observation of keyworker training compliance.	By the random sampling of 50 departmental/ staff records on an annual basis	Moving and Handling Team	Health and Safety Committee	Annually

Wherever the above monitoring has identified deficiencies, the following must be in place:

- Action plan
- Progress of the action plan is monitored by the Health and Safety Committee meeting Minutes
- Risks will be considered for inclusion in the appropriate risk registers

6. REFERENCES:

- Derbyshire Interagency Group (2011) DIAG *A Code of Practice.*
- Copy-of-Derbyshire-A-Code-of-Practice (cumbria.nhs.uk)
- HSE (1992), *Manual Handling Operations Regulations (as amended), Guidance on the Regulation L23 (*Third edition), HSE Books. http://www.hse.gov.uk/msd/backpain/employers/mhor.htm
- Ruszala, S., Hall, S. and Alexander, P. (2010) *Standards in Manual Handling* 3rd ed. Towcester: National Back Exchange. Microsoft Word - Manual handling training guidelines 2010 (nationalbackexchange.org)
- Resuscitation Council (2020) *Guidance for safer handling during cardiopulmonary resuscitation in healthcare settings Working Group* Resuscitation Council UK Guidance for safer handling.pdf (resus.org.uk)
- Smith, J (ed) (2011) *The Guide to The Handling of People 6th edition*. Gloucester: BackCare Handling of People, 6th Edition Preview by BackCare - Issuu
- Smith, J (ed) (2013) *The Guide to The Handling of People a systems approach 6th edition*. Gloucester: BackCare

7. ASSOCIATED DOCUMENTATION:

- Corporate and Local Induction Policy
- Health & Safety Policy
- Incident and Serious Incident (SI) Policy
- Medical Devices Management and Procedures Policy
- Medical Devices Training Policy
- Risk Management Policy
- Slips trips and falls Policy
- Statutory and Mandatory Training Policy
- Uniform and Dress Code Policy

8. DUTIES (ROLES & RESPONSIBILITIES):

8.1 Chief Executive / Trust Board Responsibilities:

The Chief Executive and Trust Board have overall responsibility for the strategic and operational management of the Trust, including ensuring that Trust policies comply with all legal, statutory and good practice requirements.

8.2 Executive Director Responsibilities: Executive Director of Finance and Estates

All policies have a designated Executive Director and it is their responsibility to be involved in the development and sign off of the policies, this should ensure that Trust policies meet statutory legislation and guidance where appropriate. They must ensure the policies are kept up to date by the relevant author and approved at the appropriate committee.

8.3 Moving and Handling Lead Responsibilities:

The Moving and Handling Leads are responsible for:

- Ensuring that evidence-based systems (DIAG, HOP 5, HOP 6) and pathways are in place to support the Trust in meeting its obligations set out in this policy so far as reasonably practicable.
- Developing and promoting standards for the moving and handling of people and inanimate loads across the Trust in line with evolving research.
- Designing, co-ordinating and ensuring appropriate relevant training programmes are available to all staff which includes bespoke training where appropriate.
- Ensuring they support and advise the Trust on how to reduce the risk from manual handling and assist in developing risk assessments and action plans.
- Advising on moving and handling issues to be addressed in the design and development of new premises.
- Providing advice on the selection and use of equipment to Procurement and Managers.
- Supporting the Approving Committee by way of producing regular reports and audits to identify risks in relation to Manual Handling.

- Reviewing reported manual handling incidents and near misses with a view to investigating those where further action may be necessary.
- Ensuring training is recorded in line with Trust Policy.

8.4 Moving and Handling Learning Facilitators/Trainer Responsibilities:

The Moving and Handling Learning Facilitators/Trainer are responsible for:

- Delivering agreed evidenced based training programmes across the Trust and assist in identifying and minimising the risks associated with poor practice.
- Assisting in the undertaking of risk assessments where appropriate as delegated by the Moving and Handling Learning Lead and supporting staff to maintain good manual handling practice.
- Advising and support Wards and Departments on complex handling situations as required.
- Providing advice on the selection and use of equipment.
- Providing advice and support to managers, keyworkers and staff.
- Assisting in the effectiveness of this Policy by carrying out an annual audit of moving and handling within the Trust.
- Supporting the research and development of the Team including the administration duties associated with this process.
- Liaising with Learning and Development/Training Department to ensure that training records are forwarded for entry onto ESR.

8.5 Managers Responsibilities:

Managers are responsible under the Health and Safety at Work Act (1974) and the organisational policy for Moving and handling is implemented in their area by:

- Ensuring that the relevant moving and handling departmental risk assessments are completed for their areas.
- Identifying Manual and Handling risks by monitoring practice, auditing their department risk assessments and reviewing incident reports and employing thorough, prompt accident investigations in accordance with the Risk Management Policy.
- Reviewing the Learning Needs Analysis with their staff to ensure that compliance with statutory and mandatory training is met.
- Ensuring staff are released to attend M&H training within the timescale identified in their Learning Needs Analysis.
- Staff are supported following a moving and handling incident and directed to the appropriate agencies if required e.g. their own GP, accessing Trust Occupational Health Services.
- Staffing establishments are sufficient and appropriate to minimise the risk of manual handling injuries and will manage and respond to incidents accordingly.
- Promote culture within their service areas which seeks to improve the safety of patients and staff by reducing the incidents of unsafe moving and handling practices.
- Keyworker/link workers: if a keyworker/link worker system is in place Managers must ensure that these staff are released to attend updates, given the

appropriate time to deliver local training with staff and to carry out their role within the department.

8.6 Manual Handling Keyworker Responsibilities:

Manual Handling Keyworkers are responsible for:

- On-going training and the updates of staff within their Ward/Department/Service that is specific to the training needs identified through risk assessment, as well as training in the operation of equipment used within their area.
- Acting as a point of reference, advising, supporting and passing on knowledge and skills to colleagues within their relevant areas of occupation.
- Ensuring manual handling skills and knowledge are maintained to keep up to date with best practice.
- Attending Keyworker refresher on an annual basis as identified by the M&H Team.
- Accessing the DIAG Code of Practice to use the techniques as referenced during training sessions and in undertaking assessments.
- Maintaining training records within the Ward/Department/Service and forwarding copies of all training attendance to the internal Training Department for inclusion on ESR.
- Assists the Manager in the undertaking of manual handling assessments/audits.
- Ensuring staff complete the appropriate documentation when moving and handling incidents occur.
- Seeking specialist manual handling advice as required.

8.7 Staff Responsibilities:

All staff will take responsibility for their own safety and that of others and for working in a manner consistent with safe moving and handling practice and will:

- Follow this policy and any associated procedures and guidelines, such as lone worker systems.
- Inform their manager of any limitations that may prevent them from undertaking specific moving and handling tasks as an individual risk assessment may be required to assess and reduce the risks.
- Follow the Trust policy on clothing and footwear in accordance with the Uniform and Dress Code Policy.
- Be clear about the content of moving and handling risk assessments applicable to their work area (patient and environmental) and the control measures identified there in.
- Bring to the attention of their line manager, colleagues and all other appropriate people, if they are aware of potential moving and handling risks that they and others may be exposed to.
- Report all accidents, incidents or near misses relating to moving and handling in accordance with Trust Policy.
- Ensure that they are up to date with their moving and handling training as identified on their LNA and bring any training needs in relation to moving and handling to the attention of their manager.

- Ensure moving and handling risks are assessed and identified as part of the moving and handling risk assessment process. Where they are responsible for the care of in-patients, the risk assessment and handling plan (as necessary) is completed within 24 hours of admission.
- Ensure unsafe practice is not used.
- Use appropriately, equipment designed for Moving and Handling both inanimate loads and patients where it is necessary to do so. The use of any other system/equipment that has not been designed nor approved for the purpose of the moving and handling either inanimate loads or patients MUST NOT be used and reported to the equipment faults department in NCIC both In the Acute Trust and Community setting. How to report a fault

8.8 Procurement:

Those responsible for procuring equipment and services on behalf of the Trust will ensure:

- Any equipment/furnishings purchased are of a suitable standard and fit for purpose.
- Appropriate training is organized on the installation of new equipment purchased from the Company and further information/training materials are supplied upon delivery and installation.
- Prior to the purchase of manual handling equipment, if required, the appropriate Health and Safety Team, Moving and Handling Team, Tissue Viability and Infection Control is consulted.
- The Estates department is informed of new equipment purchased so that appropriate servicing schedules are drawn up.

8.9 Estates/MITIE Facilities Management (FM):

The Estates/MITIE FM will ensure:

- Manual handling equipment, where appropriate, is regularly maintained under the Provision and Use of Work Equipment Regulations 1998 (PUWER) and in accordance with manufacturer's instructions. In particular, patient lifting equipment will be subject to six monthly inspections in accordance with the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER).
- Manual handling equipment awaiting repair is given high priority.
- When undertaking either a new build or refurbishment, consideration is given to the issue of ergonomics and manual handling. Designers and planners must take account of ergonomics in intended designs to minimise the risks caused by moving and handling, both in the production process and finished product. Advice from the Manual Handling Team will be sought where appropriate.

8.10 Community Equipment Stores (CES)

Where equipment has been provided by CES for assessment purposes, either on a long or short term basis;

- The item must be checked by the operator prior to each use and any issues must be reported to CES.
- CES will, where appropriate, regularly maintain the equipment in accordance with manufacturer's instructions and ensure that relevant inspections are undertaken in accordance with appropriate legislation Equipment : Staff website | North Cumbria Integrated Care

8.11 Policy Author Responsibilities:

Policy authors are responsible for ensuring:

- The policy is reviewed regularly and no later than the date of review from when the policy was last published.
- A review of policy is undertaken prior to scheduled review date if there has been a significant change in practice or legislation that would have a substantial impact on the processes described in the policy.
- An Equality Impact Assessment is undertaken at the beginning of the policy review process and completed prior to submission for approval and ratification in order to identify and address existing or potential inequalities resulting from policy or service change.
- Policy content is concise and correct.
- All individuals and groups of staff who are identified as having a responsibility in the policy are consulted when the policy is being developed or reviewed.
- The policy monitoring section reflects current practice, and all individuals and committees or groups identified with an action or responsibility in the monitoring section are consulted and understand their expectation when the policy is being developed of reviewed.
- If they are no longer responsible for a policy, that they inform the Corporate Governance team prior to handing responsibility back to their line manager.

8.12 Approving Committee Responsibilities: Health and Safety Committee

The Chair and the members of the approving committee will read, consult and approve the content of this policy, and confirm that it meets appropriate legal and / or regulatory requirements and standards. In addition, Committee members will ensure that the policy has been reviewed by appropriate individuals and groups and that it is suitable for publication. The date of approval is recorded in the document control section of this policy.

8.13 Policy Management Group (PMG) Responsibilities:

PMG is the body authorised by (and accountable to) the Executive Team to ratify policies. In addition PMG ensures that policy development and approval processes have followed appropriate governance process prior to ratification.

9. ABBREVIATIONS / DEFINITION OF TERMS USED

ABBREVIATION	DEFINITION
CPFT	Cumbria Partnership NHS Foundation Trust
FM	Facilities Management
HSE	Health and Safety Executive

ABBREVIATION	DEFINITION
LD	Learning Disabilities
M&H	Moving and handling
MBHT	Morecombe Bay NHS Foundation Trust
MDT	Multi-disciplinary Team
MH	Mental Health
NCIC	North Cumbria Integrated Care NHS Foundation Trust
NCUH	North Cumbria University Hospitals NHS Trust
NWAS	North West Ambulance Service.
SWL	Safe working load

TERM USED	DEFINITION
BARIATRIC	In the terms of moving and handling a bariatric patient is a patient who's weight of 159kg (25 stone) plus or weight distribution exceeds the safe working load or width of standard surfaces and hospital equipment.
CES	Community Equipment Stores provides prescribed equipment and services to both the Community Hospital environment and patient own homes.
DIAG	Derbyshire Interagency Group (2011) 2nd Edition is a code of practice for the manual handling of both patients and inanimate loads that is focuses on biomechanical analysis of the tasks undertaken whilst manual handling.
ESR	The NHS Electronic Staff Record (ESR) provides an integrated HR and payroll system to NHS organisations. ESR has a range of tools and functions which enable employers to enter, store and analyse historical and current information about their workforce.
HOP 6	The Guide to the Handling of People (HOP 6) a systems approach 6th edition which is published by Back Care in collaboration with the Royal College of Nursing and the National Back Exchange. It addresses four essential underpinning strategies that must form the basis of any effective systems approach to the management of manual handling associated risk for handlers and people: policy and communication, training, effectiveness and competence, accessing equipment and staff health and well-being.
LNA	Learning Needs Analysis can be described as "the acquisition of skills, concepts or attitudes that result in improved performance within the job environment. Training analysis looks at each aspect of an operational domain so that the initial skills, concepts and attitudes of the human elements of a system can be effectively identified and appropriate training can be specified.
LOLER	Lifting Operations and Lifting Equipment Regulations 1998 place duties on people and companies who own, operate or have control over lifting equipment. This includes all businesses and organisations whose employees use lifting equipment, whether owned by them or not. LOLER also requires that all equipment used for lifting is fit for purpose, appropriate for the

TERM USED	DEFINITION
	task, suitably marked and, in many cases, subject to statutory periodic 'thorough examination'.
MHOR	Manual Handling Operations Regulation (1992) as amended 2002, defines manual handling in Regulation 2 as" Any transporting or supporting of a load (including the lifting, putting down, pushing, pulling, carrying or moving thereof) by hand or bodily force".
MHSWA	Management of Health and Safety at Work Regulation (1999) set out the range of responsibilities for employers with the key focus being on risk assessment. The purpose of a risk assessment is to carry out a systematic analysis of all the work undertaken by employees to identify manual handling operations that pose a significant risk of injury
NBE	National Back Exchange (NBE) is a not-for-profit association that develops and promote standards for moving and handling of people and loads across all sectors in line with evolving research evidence. The Trust Moving and Handling Team are members of NBE.
PATIENT	This term is used for both adults and children throughout this policy.
PHRA/PHP	Personal Handling Risk Assessment and Personal Handling Plan is a document used to identify and assess the manual handling requirements of a patient within the organisation.
PUWER	The Provision and Use of Work Equipment Regulations 1998, often abbreviated to PUWER, place duties on people and companies who own, operate or have control over work equipment. PUWER also places responsibilities on businesses and organisations whose employees use work equipment, whether owned by them or not.
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (2013) is the law that requires employers, and other people who have control of work premises to report and keep records of: Work-related deaths, certain serious injuries (reportable injuries), diagnosed cases of certain industrial disease and dangerous occurrences (near miss Incidents) www.hse.gov.uk/riddor
STANDARDS IN MANUAL HANDLING	A publication from NBE that enables organisations to comply with the law, reduce risks to staff and patients from poor practice, provides protection for employers, meets best practice requirements, meets the trainers professional requirements, promotes national consistency and national recognition of the role of the back care advisor.
SUITABLY EXPERIENCED PERSON	A person who has sufficient training, experience, knowledge, skills and other qualities to comply with the requirements of legislation.
TILEO	Acronym of the five key elements of hazard identification of a risk assessment -Task, Individual, Load, Environment, Other factors as taken from the Manual Handling Operation Regulations.

APPENDIX 1: BARIATRIC FLOWCHART IN-PATIENT SERVICES

This flowchart pertains to all in-patient areas within NCIC

All NCIC In-Patients

Elective Patient assessment by Pre-Assessment Team prior to admission

- Weight
- Height
- Hip width
- Body shape
- Mobility
- Any additional care needs

Services to notify

- Moving and Handling Team who will notify theatres, surgical admissions, the relevant ward and other departments (e.g. x-ray) as required.
- Consultant's secretary.

On admission (all bariatric patients)

- Personal Handling Risk Assessment & Plan – dependent/independent
- Body shape / dynamics
- Suitability of on-site equipment – hire in equipment as required.
- Environment (room, toilet, floor SWL, shower etc.)
- Evacuation plans
- Staffing Levels e.g. acuity & dependency ratio

Services to notify

- Moving and Handling Team
- Fire Officers
- Bed Managers/Site Co-ordinators

Equipment providers

Arjo 1st call specialist rental solutions
https://www.arjo.com/en-gb/services-solutions/equipment-services--support/rental-decon/arjo-1st-call
Telephone 01279 425648
Medstrom – beds, commodes rise recliners.
Tel: 0845 371 1717

Five Mobility for specialist seating selections
At www.fivemobility.co.uk
Telephone 0800 193 2523 | 07511 208968

Specialist Advice can be sought from a range of teams

- Tissue Viability
- Occupational Therapist
- Physio
- Dietetics
- Vascular
- Safeguarding
- Infection Prevention
- Respiratory
- Diabetes
- Podiatry
- Continence
- Resuscitation
- Fire Officer
- Estates

NB: This list is not exhaustive.

Moving and Handling Team

- Advice & support
- Specialist equipment
- Liaison with procurement regarding equipment
- Environmental assessment
- Training

APPENDIX 2: BARIATRIC FLOWCHART COMMUNITY SERVICES

This flowchart pertains to NCIC Community Patient Services

NCIC Community Services

Initial community assessment

- Initial care plans
- Environmental risk assessment
- Personal Handling Risk Assessment & Plan –including method of Evacuation plans if required?
- Suitability of equipment
- Staffing Levels e.g. acuity & dependency ratio

Taking into consideration

- Body shape / dynamics / privacy/ dignity
- Patient Weight- current weight of patient available? If not seek advice from Manual handling Team
- Pain e.g. pain relief
- Breathing problems
- Treatment at home e.g. holding limbs, awkward postures
- Environment (room, toilet, floor SWL, shower etc.)
- Staffing Levels e.g. numbers, training, rotation
- Family pressures
- Resuscitation e.g. chair to floor
- Any problems: have these been identified via an incident form?

Equipment providers

- Integrated community equipment stores (CES) provide standard Bariatric equipment e.g. contact
- equipment.service@cumbria.gov.uk
- 0300 30308625 or Maryport stores
- 01900706155 via Occupational Therapist, Physiotherapist or Community Nurses

Specialist Advice can be sought from a range of teams if required

- Continence
- Resuscitation
- Tissue Viability
- Occupational Therapist
- Physio
- Dietetics
- Safeguarding
- Infection Prevention
- NWAS
- Respiratory
- Diabetes
- Podiatry
- MH or LD services
- Social Services

NB: this can be done via MDT and the above is not exhaustive.

Moving and Handling Team

- Advice & support
- Specialist equipment advice
- Environmental assessment
- Guidance to undertake clinical tasks
- Liaison with equipment providers
- Training

APPENDIX 3: MANUAL HANDLING RESPONSE TO FINDING A PERSON WITH A LIGATURE IN AN ACUTE SETTING.

If you find a patient with a ligature in situ immediately call for assistance NCIC Acute areas ring the crash team (2222 via switchboard). If you are calling from a Community Hospital you must ring 999. Staff must ensure their own safety before attending a ligatured patient.

Keep the body weight supported and tension off the ligature until the ligature has been cut, if you are safely able to do so.

One staff member must cut the actual ligature whilst other staff (as many as may be required) continues to support the patient's body weight (if this is safe to do so).

The ligature must be cut as soon as possible, mid-way between the ligature point and the patient (if possible), cutting the ligature material at the thinnest point possible avoiding any knots.

Once the ligature has been cut, lower the patient to an appropriate surface, i.e. a height adjustable bed, trolley or mattress on the floor may be used if available; this must be done as safely as is possible assessing the situation and circumstances, without causing injury to yourself.

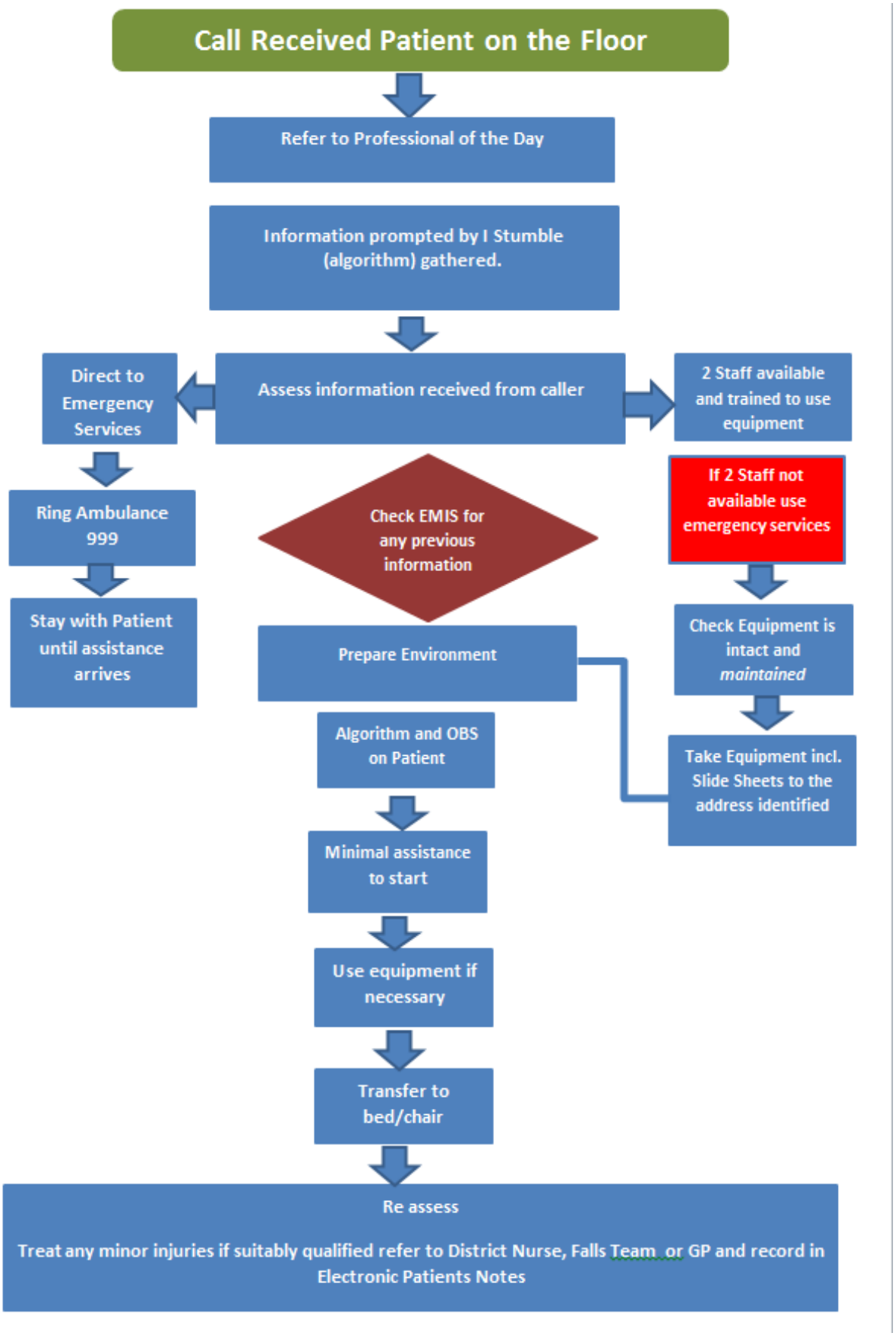
The ligature can then be removed from around the patient's neck. Where possible, it is recommended to cut the ligature to the side of the neck, reducing the possibility of causing any additional trauma to the patient's airway.

Staff members with an existing injury or those who are pregnant must not attempt any handling of the ligatured patient. All staff must take in care in emergency situations – assess the situation first to determine if it is safe to proceed.

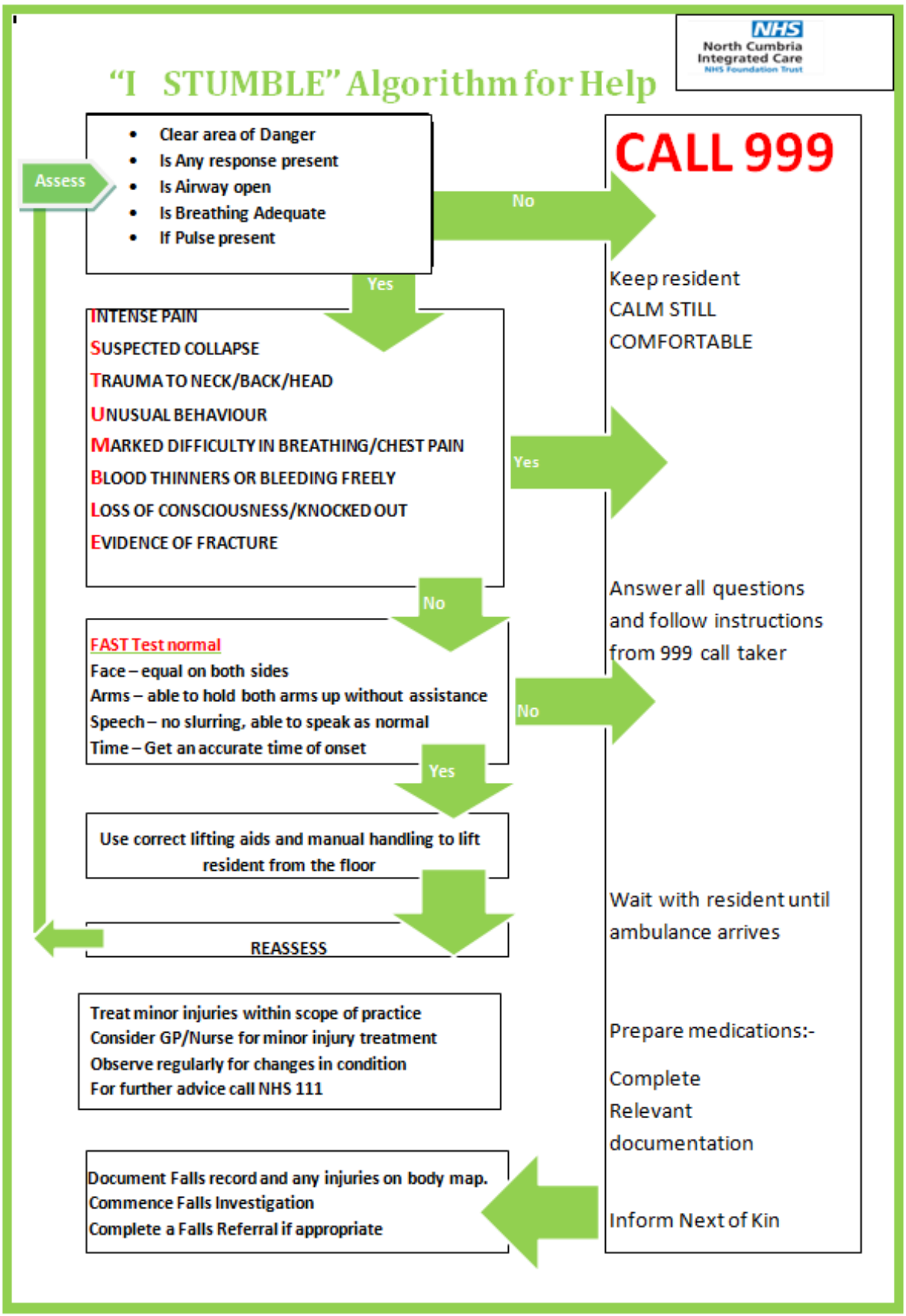
This is a distressing situation for staff to attend and incident debriefing and mental health support is available from Psychological support :: Staff website | North Cumbria Integrated Care

All such incidents must be reported following the Incident and Serious Incident (SI) Policy.

APPENDIX 4: PATIENT ON THE FLOOR FLOWCHART



APPENDIX 5: I STUMBLE ALGORITHM



DOCUMENT CONTROL

Equality Impact Assessment Date	17/06/2022
Sub-Committee & Approval Date	Health and Safety Committee – 06/10/2022

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Trust	Version	Ratified Date	Review Date	Date Published
CPFT	POL/002/030	15/05/2018	30/05/2020	May 2018
NCUH	7.0 H&S02	23/11/2017	30/11/2020	24/11/2017
Joint	1.0	20/08/2019	31/08/2022	02/09/2019
NCIC	2.0	20/08/2019	31/08/2022	01/10/2019

Statement of changes made from previous version

Version	Date	Section & description of changes made
2.0	16/06/2022	• Policy Authors Title Change from Moving and Handling Managers to Leads • Policy on a Page Target audience information Training: updated from training need analysis to learning needs analysis. • Key requirements paragraph 5 changed from appropriate assessment documentation to Personal Handling Risk Assessment and Personal handling Plan. • Table of contents updated
2.1	27/06/2022 21/09/2022	• Section 3.1 Paragraph now includes Hierarchy of measures. • Section 3.3 Emergency Handling Cardiopulmonary Resuscitation in Healthcare Setting reference updated from (2015) to (2020). • Appendix 3 updated following advice from the Quality and Governance team • Section 3.6 Caring for bariatric patients wording removed who weighs 150kg (23 stone) • Section 4 Training and Support changed wording to Learning Needs Analysis • Section 5 Process For monitoring compliance • updated Moving and Handling Managers tile to Lead • Section 6. References updated to reflect changes • Section 7 Associate Documentation updated • Section 8.3 Moving and Handling Learning Managers changed to Leads • Section 8.4 Moving and Handling learning Facilitators /trainers changed Moving and Handling Managers to Leads • Section 8.5 Managers Responsibilities paragraph 4th 5th changed from TNA to LNA

Version	Date	Section & description of changes made
		• Section 8.6 Manual Handling Keyworker Responsibilities amended time scale to an annual basis • Section 8.7 Staff Responsibilities Bring any training needs in relation to moving and handling to the attention of their manager replaced with Ensure that they are up to date with their moving and handling training as identified on their LNA and bring any further training need in relation to moving and handling to the attention of their line manager. • Changed working in paragraph 11 Use appropriately, equipment designed for Moving and Handling both inanimate loads and patients where it is necessary to do so • Section 8.9 Estates/Interserve Facilities management Changed Interserve to MITIE • Section 9 Changed Abbreviations /Definition of terms used TNA to LNA and move up to the correct alphabetic order. • Original Appendix 1 and 2 Bariatric flow chart Community Hospital Inpatients and Bariatric flow chart Acute In-Patients has been replaced with Bariatric Flow chart for All NCIC In-patients to reflect the alliance of all inpatient services. Now Appendix 1. • Original Appendix 3 Bariatric Flow chart re Community has been updated to Appendix 2 NCIC Community Services • Appendix 4 has been removed as outpatient services who receive bariatric patients' have no prior information of the patient's attending and contact the onsite Moving and Handling Teams for support.
2.2	10/08/2022	Policy team made the following amendments prior to PMG • Formatting and hyperlinks added • Changed 'should' to 'must' where relevant throughout the policy • Additional generic sections added to Section 8
2.3	20/10/2022	• Introduction additional information in relation to transfers of Services across other organisation.
2.4	17/11/2022	Policy team made the following amendments prior to PMG • Removed the term 'service user' • Changed 'should' to 'must' where relevant throughout the policy
2.5	07/12/2022	Policy team made the following amendments from PMG • Key Requirements – amended spelling error • Section 1 – paragraph one – added 'and' before students • Section 1 – paragraph two - changed 'managing' to 'manage' and amended 'handling risk completed assessment' to 'handling risk assessment completed' • Section 3.1 – amended spelling error • Section 3.3 – line four – closed bracket

Version	Date	Section & description of changes made
		• Section 3.3 – line six – changed from 'If a spinal or a fractured neck of femur injury' to 'If a spinal or neck of femur fracture injury' • Section 3.4 – added & amended 'A risk reduction strategy *is* adopted by the Trust from the DIAG Code of Practice by promoting Safe Movement Principles alongside Task, Individual, Load, Environment, Other (TILEO) from the MHOR (1992) *which* ~~that~~ is applicable to both patient and inanimate load handling. • Section 7 – added 'Incident & Serious Incident (SI) Policy'
2.6	08/12/2022	Author made the following amendments from PMG • Section 3.3 – included process for community e.g. in patients own home. • Section 8.9 – author added information about reporting medical equipment faults via the new portal • Section 8.9 – links added for to 'Provision and Use of Work Equipment Regulations 1998 (PUWER)' and 'Lifting Operations and Lifting Equipment Regulations 1998 (LOLER)' • Section 9 – abbreviation and definition for 'bariatric' • Section 1 – now references children • Page 18 – Appendix 3 - provided appropriate mental health contact details and support information for staff
2.7	13/12/2022	Author made the following amendments from PMG • Appendix 3 – added process for community teams • Appendices 4 and 5 added

List of Stakeholders who have reviewed the document

Name	Job Title	Date
Emergency Care & Medicine care group	Associate Director of Nursing and Governance, Matrons and Head of Nursing and Patient Safety and OSM	22/06/2022
Community ICC Care Group	Associate Director of Nursing ICC's Quality and Safety Leads Service Leads and Operational Managers	22/06/2022
Women's & Children's Care Group	Associate Director of Nursing Safety & Quality Leads, Senior Quality Manager	22/06/2022
Surgical Care Group	Head of clinical standards and Governance, Service manager and Assistant Service Managers	22/06/2022
Health and Safety committee	Health and Safety Leads and all members of the committee Including MITIE Representation Head of Corporate Resilience	24/06/2022
Estates Procurement	Associate Director of Estates Head of Procurement MBHT	27/06/2022 27/06/2022