Moving & Handling Strategy – Standards for Handling People and Objects in Health and Social Care

CD2

Section G

Specialist and Unusual Situations

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Dedication

This CD is dedicated to all manual handling practitioners and the people they serve.

It is also dedicated to the many pioneers of back care and manual handling, some of whom had the foresight to set-up the precursors of National Back Exchange – Back Exchange by Maggie Williams et al assisted by Leon Straker in November 1988, and Northern Back Exchange by Christine Tarling et al in September 1991 – and 'set the ball rolling', blazing a trail for those who have followed.

"If I have seen further it is by standing on the shoulders of giants"

Isaac Newton in a letter to Robert Hooke, 5th February 1676

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Foreword by Julia Love

After an enormous amount of work from a steadfast team, the second part of the Strategy and Standards document from the London affiliated local group of National Back Exchange has now been published. This project is a testament to the hard work of a committed team of individuals who have gone all out to produce an in-depth resource.

In his foreword to the first volume, my predecessor as Chairman of National Back Exchange, Mike Betts, wrote that he commended the first volume's comprehensiveness; I share his judgement when I look at the second volume, which penetrates the subject, to a high level of detail.

This part of the document details all the unusual and specialized areas of moving and handling tasks within health and social care and users can be selective, choosing only those sections which relate to their particular area of relevance.

There are many useful components within the document and the team has been particularly scrupulous at all stages, both throughout the content and in their referencing. I am sure there will be many people who will find valuable elements to draw from it.

Julia Love

Chairman of National Back Exchange

Foreword by Michael Mandelstam

The London Group of National Back Exchange has produced a detailed set of standards of expertise, depth, thought and complexity. They are not an exercise in abstract principle, but form a practical tool to apply to the very real and demanding world of health and social care, in which manual handling remains a significant cause of injury and disability.

People need to be handled, transferred – or even, dare one whisper it, sometimes "lifted" - in a variety of situations. This is to ensure their well-being, fundamental welfare or even their lives. But it has to be done in such a way that those doing the handling do not bear unnecessary or excessive risk. Above all, the response to risk must be well informed, well managed and proportionate. The two objectives – the welfare of service users and the safety of those handling them – can often be in harmony, but are sometimes in discord.

These standards strike a blow for quality, which is surely fundamental to getting the balance right in the face of what can sometimes be daunting obstacles. For example, some organisations are excessively risk averse, apparently with little concern for either users of services or staff. They impose rigid rules about manual handling with little or no basis in risk assessment or law. Alternatively, other organisations turn a blind eye to all manner of unsafe manual handling practice. Still others develop a passion for simplified "one size fits all" policies; but one size does not fit all as revealed by even a brief scan of this set of manual handling standards. From maternity units to moving the deceased; from therapeutic and rehabilitation handling to evacuation of an immobile person from a building; and from people with challenging behaviour to those who are falling; all require consideration in their own right.

Across the health and social care sector, we see severe financial pressure, reductions in workforce levels, competencies and stability, in rates of pay, in training and supervision – all of which tend to be the enemies of the good.

In short, if we care about the people who are being handled, and about those who are handling them in sometimes difficult, challenging and complex circumstances, we must remain loyal to well informed practice. There is no valid dumbed down, magic short cut – and a slavish adherence to tick box approaches is not the answer.

Hence the importance of this publication by the London Group of National Back Exchange. It has obviously been developed with thought, precisely to encourage practitioners to think for themselves – and to help them develop and use their own professional judgements and skills. The welfare of service users and those handling them, achieved through expertise and quality, are what the standards are about.

Michael Mandelstam, Freelance legal trainer and author

Editors' Foreword to CD2

Since the original intention to write standards for moving & handling (M&H) in health and social care, motivated by our perception that skilful M&H could make a much bigger contribution to the things that were deemed important by commissioning and provider organisations, the need now appears to be even greater.

In 2009 M&H services were under threat and manual handling practitioners (MHPs) were finding it increasingly difficult to fulfil their roles. This was very frustrating to MHPs and their colleagues, and extremely wasteful in the proper utilisation of resources, as the undoubted expertise of many MHPs was under-utilised or even unrecognised. Now, in 2013, the situation may even have worsened. One cause for concern is the reduction in the time allowed for vital training, so that the time available for passing on knowledge and developing skills is even more inadequate. This puts everyone at risk.

In the last four years there have been several well-publicised scandals, reviews and enquiries regarding standards of care, which in some cases have reached criminal levels of negligence. Also, various reports have pointed up the benefits of good occupational health provision. The need for good governance, risk management, performance management and health & safety, by the application of scientific, evidence based approaches and sound ergonomics, is well established, because these activities can add value to an organisation.

These principles were established a long time ago. *Successful Health & Safety Management (HSG 65)* published by the HSE in 1991 sets out very clearly and comprehensively the steps that need to be taken. The following extracts are instructive:

Two from the Introduction:

"Many of the features of effective health and safety management are indistinguishable from the sound management practices advocated by proponents of quality and business excellence". "The general principles of good management are therefore a sound basis for deciding how to bring about improved health and safety performance".

Another from the chapter on Organising for health & safety:

"Performance standards are the basis for planning and measuring health and safety achievement".

The science is on our side and yet the provision that could and should benefit the four main drivers: - quality of care, patient safety, staff safety and

wellbeing, and the efficacy and reputation of the employing organisations, has in many cases, been cut back.

In this context the implementation of standards for quality and safety seems more important than ever. Hence; these standards for moving & handling.

The basis for improvement is skilful M&H. Approaches such as the Neuromuscular Approach to Human Movement (NMAHM®) (see G21) show by their application that care can be enhanced whilst at the same time, protecting the handler. Liz McCartney, an experienced OT and MHP, has encapsulated a beneficial approach in these terms, "...it's about being kind". Kindness will lead to appropriate care for the patient, service user, etc. We should also, she said, be kind to ourselves as handlers. If this philosophy is coupled to an evidence based approach, the handler has a powerful tool for safe and effective handling and treatment.

The expertise of MHPs and the potential to benefit health and social care organisations and their stakeholders has frequently been overlooked and ignored. Whether directly employed or contracted freelancers, they are the experts and 'competent persons' that organisations should rely on for sound advice. It is suggested that a programme of education is initiated to enlighten organisations and inform them of the problems and costs that arise with lack of proper provision on the one hand, and the benefits that could be achieved, on the other.

Definition of the role of the MHP

Manual Handling Practitioners (MHPs) utilise a body of knowledge and skills that is, in varying degrees, a unique combination of clinical expertise on the one hand, and knowledge and skills relating to: - occupational health & safety, risk management, biomechanics, ergonomics and learning & development on the other hand. They bring this expertise to bear in various industrial sectors and settings, working strategically and collaboratively, for the benefit of organisations and end users. The benefits include a reduction of ergonomic 'user costs'; enhancements in quality and safety; and improved health and wellbeing in the population served and those providing the service, especially in their musculoskeletal health.

National Back Exchange is a multidisciplinary association that supports its members in these activities.

NB: The level of knowledge and skills that MHPs possess and utilise varies from individual to individual. Whilst it is generally broad and deep some practitioners will inevitably be stronger in some areas than others; this is a function of their

experience and CPD. MHPs will develop their scope of practice to match their expertise to the needs to the employing organisation.

The 2010 National Back Exchange *Standards in Manual Handling* sets out competencies and developmental career pathways for MHPs.

MHPs must be given sufficient time and other resources to carry out their important and complex role and appropriate senior banding/ grading.

The accompanying table shows a model of how MHPs can bring to bear their knowledge of moving & handling best practice and sources of legal authority to address, by a process of **analysis**, the needs of the employing organisation. From this, an appropriate approach can be formulated, and developed into a policy that is comprehensive, balanced and integrated with the other functions of that organisation. Consultation at all stages is essential.

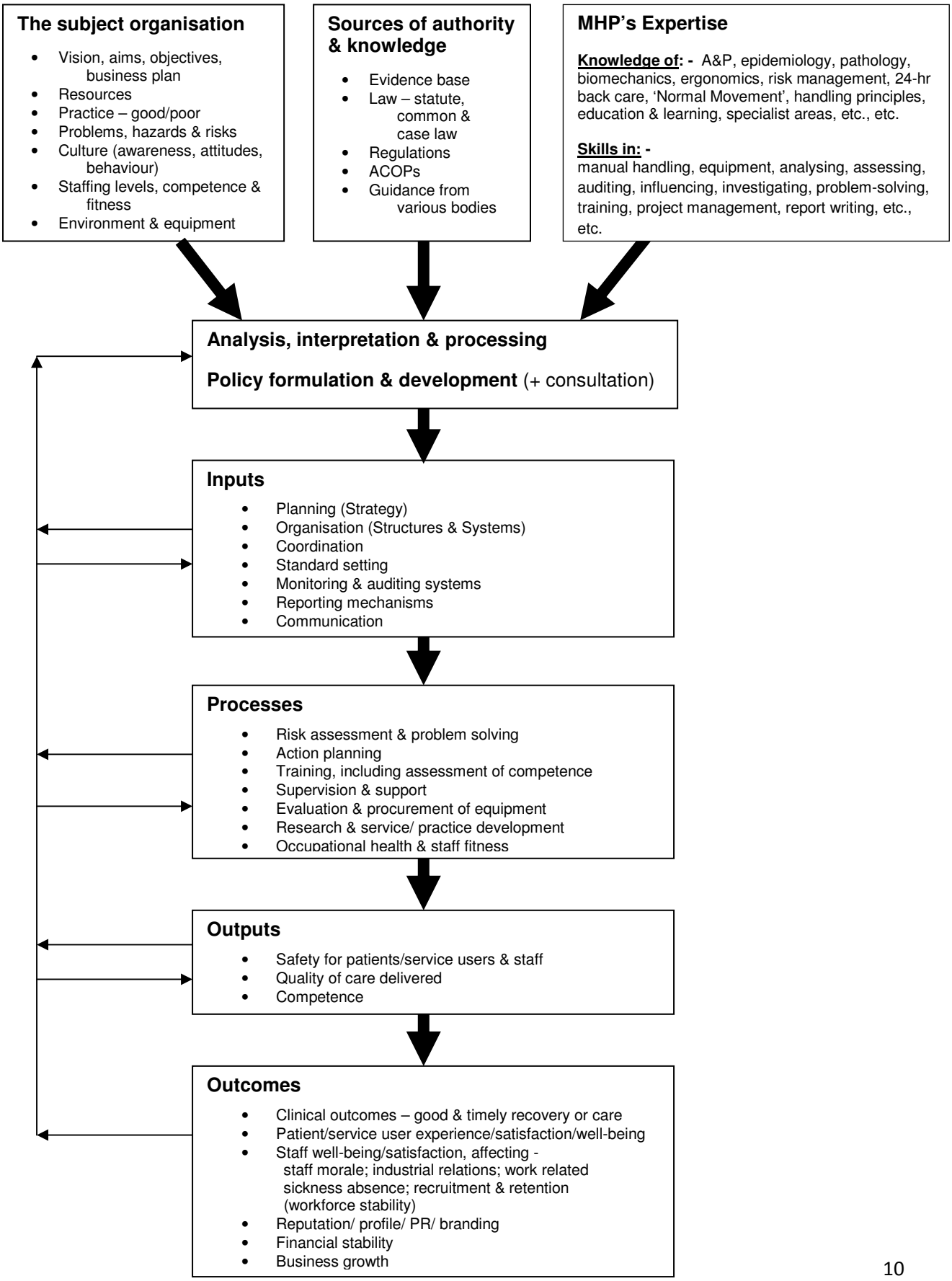
The next stage or **'input'** is that of planning and organising by means of a **strategy**, to 'operationalize' the policy. Standards are set, and structures and systems developed, with appropriate reporting systems and documentation. Responsibilities for the various functions must be established.

Following this, various **processes** are set in place for risk assessment, training, etc. All of these are monitored, evaluated, reviewed and reported on as necessary.

These processes should lead to certain organisational **outputs** for quality and safety, as well as staff competence.

These in turn should lead to the desired **outcomes** – clinical, staff wellbeing and organisational efficiency, etc.

The Role of the M&H Lead (MHP)



Introduction

This document, contained on CD2, is the final part of the **Strategy and Standards**, the first part of which was published as CD1 in October 2011.

CD1 contained 117 standards in eleven sections A-F and H-L, including annexes and appendices.

CD2 contains section G which consists of 35 standards with accompanying protocols, designed to cover specialist and unusual situations. These provide detailed guidance to organisations on implementing the relevant standard.

It was planned to produce 40 standards for this section, but it proved impossible within the time-frame to find authors for the following five:

G19 Challenging behaviour

G20 Compliance

G29 Emergency evacuation from a vehicle

G34 Imaging and Sonography

G38 Ligatures

It is hoped to make these available in the future.

All except G1 are accompanied by protocols. G1 is the overarching standard for this section.

Many patients and service users (persons) present with complex handling needs and these must be catered for. This may be done by means of patient/ person individual procedures (PIPs) or by utilising protocols, designed for particular patient groups, settings or situations. The focus in these is on the factors that are different from the more usual ones in person handling, for example those regarding very heavy people.

As with the other standards in CD1, we have striven to ensure that Section G is evidence based and fully referenced. The number of references varies from standard to standard, due to the abundance or paucity of evidence that we could find.

NB: Moving & handling techniques have only been included where they are not covered elsewhere, for example in HOP5.

Disclaimer

This document is intended to provide information and guidance to organisations and practitioners. The authors and editors have taken every care to ensure the accuracy of the material. Organisations and practitioners must make their own judgements as to how to proceed, based on an assessment of all relevant factors and the particular context.

Future development

It is intended to update the document as new material becomes available, so any ideas and material that can improve the document will be very welcome. Authors will be acknowledged. It is hoped in this way to make this a dynamic document that: - gathers, filters and passes on best practice, and by which the editorial team will have an on-going engagement with readers.

Defining standards

Terms such as 'suitable and sufficient', 'adequate', 'fit for purpose', 'reasonably practicable' and 'reasonably foreseeable' have been used at times in this document. It may be argued that standards should be more absolute and closely defined, but, because conditions will vary in different organisations and settings, it was felt best not to be too prescriptive.

This project and document form part of a 'journey', the first step of which is for the idea of national standards to gain acceptance. In time hopefully, more precision will be achieved in the standards as they converge and align with those set by other bodies.

We suggest that organisations develop their own standards, according to their particular needs and circumstances, but based on the ones we have written. Three options present themselves to potential users: -

1) Adopt the standards as written
2) Adopt them, but adapt them as appropriate
3) Write standards from scratch to cover the necessary areas and situations

The Standards

As with those published in CD1 (sections A-F and H-L), the standards have a consistent format, containing the following elements, a **Justification** (why the standard is needed) consisting of: -

- **Rationale**
- **Authorising evidence**
- **Links to other published standards and guidance**

In addition:

- **Cross reference to other standards in this document**
- **List of relevant appendices**
- **Verification evidence**

All standards can be audited, to assess whether the organisation is compliant, and action plans can be formulated to achieve or maintain the standards. Readers are referred to the documentation designed for this purpose, which is to be found in CD1, Annexes a, b and c.

Rationale

This part of the justification refers to the four main drivers of: -

- quality of care
  - patient experience – (choice, dignity, privacy, comfort, etc.)
  - clinical outcomes
- patient safety
- staff safety and wellbeing (occupational health & safety)
- the financial or economic considerations variously referred to as: - value for money (VFM)/ cost effectiveness/ efficiency/ productivity/ invest to save/ return on investment (ROI)

Complying with the standards should have an impact on each of these four organisational objectives.

Authorising Evidence

Employers have to comply with the common law duty of care and the statutory law. Legislation, case law and regulations are binding on employers.

Approved codes of practice, and official guidance issued by the HSE, are provided to help employers comply with the law.

The above requirements are about safety, but since 1990 healthcare organisations also have a duty of quality, when the National Health Service and Community Care Act (HMSO 1990) imposed this duty. Section 18 of the Health Act 1998 (HMSO) contained the corporate duty of quality. It applied to all services provided or commissioned by an NHS trust, and required compliance with national standards. Quality was to be assured through clinical governance systems, processes and evidence.

The Health and Social Care Act (HMSO 2008) included provision for enforcement. This duty was delegated to the Care Quality Commission (CQC) (2010), who produced *Essential Standards of Quality and Safety,* which set out their 'standards and outcomes'.

There are other imperatives. Whilst not binding in the same way as legislation, the DH and regulatory bodies such as the NHSLA impose requirements on NHS trusts. Failure to comply affects organisational performance, which in turn attracts financial and other penalties.

Healthcare professionals are bound by GMC, NMC and HPC codes.

Links to other published standards and guidance

Publications of various bodies that are not binding on trusts, but which they would be well advised to take into account, because they represent best practice. Examples of such organisations are: - NICE, the royal colleges, professional bodies, trades unions, NBE, BackCare, RoSPA, DLF.

Cross reference to other standards in this document

These are references to facilitate navigation through the document.

Appendices

A list is provided, showing the most relevant appendices, annexes and attachments.

Verification Evidence

This is the documentation and other evidence that could be produced by an organisation to demonstrate clearly that it is complying with the London Strategy and Standards document.

The Protocols

The protocols are written in general terms and are non-prescriptive, so that trusts and other organisations can make them relevant to their particular circumstances. They reflect evidence-based best practice and (where possible) reference research evidence, national standards, legislation and the requirements of the DH and various regulatory bodies.

The protocols serve to cover aspects of handling that apply in one of three ways:

1) to a **specific patient group**, e.g. bariatrics, stroke patients or spinal cord injuries

2) to a **specific setting**, e.g. theatres, A&E or ITU

3) to a **situation**, e.g. emergency evacuation.

General principles for moving & handling and person handling are well established. In these protocols *the factors that are different* from more common and routine circumstances and require special provision are considered. Each patient/ person group, setting and situation will have its own special requirements, which may imply in various combinations, environmental modification, specialist equipment and specialised training.

Whilst moving & handling forms part of the overall package of care and needs to be considered alongside all of the other clinical and non-clinical factors, the focus in these protocols is on moving & handling.

The following 18 headings are used for each standard in this section: -

1. Introduction and background

- to the subject of the standard – the particular patient/service user group, setting or situation.

2. Management, organisation, supervision and support

All specialist areas need to be managed and organised, from a safety point of view, according to Successful Health and Safety Management (HSG65) (1991) currently being updated) and MHSW Regulations (Reg 5), and from a clinical point of view according to recognised best practice for that speciality. Sufficient supervision and support is essential.

3. Staffing levels

Sufficient numbers of suitably qualified staff must be employed and rostered (CQC, 2010). These levels should be pre-determined, with provision for peaks in demand. Determination of the number of handlers required for each task must not be compromised by low staffing levels. At the time of going to press staffing levels in hospital are under review and the government has published plans to address various identified deficiencies.

4. Staffing competencies (after Benner, as cited in Ruszala et al, 2010)

Five levels of competence have been identified to assist organisations determine who is capable of carrying out the various M&H tasks: - Novice (N); Advanced Beginner (AB); Competent (C); Proficient/Practitioner (P); Expert (Ex) (after Benner cited in NBE, 2010).

M&H will require various levels of competence. In some areas high levels (P or Ex) will be required, because of the complexity and/or difficulty of the task, or the consequences of making a mistake, as for example in the case of patients with actual or suspected spinal cord injuries. It is important therefore that competence is assured by means of training, assessment (of competence) and supervision.

5. Environment

High quality, safe, efficient and effective practice is rendered difficult or impossible in sub-standard working and clinical environments. This is often overlooked; therefore attention must be paid to: - space and layout (including storage), flooring, lighting, other ambient conditions, equipment and furniture, using an ergonomics approach.

6. Communication and information systems

It is vital that communication is effective, so that the correct information is relayed between the various teams and individuals involved in the 'patient journey'. Notifying A&E departments of the imminent arrival of a seriously injured or ill person is of course routine, but this principle should be applied to others, for instance a non-ambulant patient who needs X-rays and bariatric patients before transfers, admissions and discharges.

7. Treatment planning, including goal setting

At all stages of a patient's journey through the system, treatment must be planned by the multidisciplinary team and goals agreed with all concerned.

8. Moving and handling tasks

These are the transfers and re-positioning identified as being necessary to: - assess, investigate, diagnose, care for, treat, operate on, rehabilitate and transport of patients/ service users.

9. Moving and handling assessment

All the moving & handling tasks identified in Section 8 must be assessed. This can be done generically in connection with the drawing-up of standard operating procedures (SOPs), based on generic assessments, or individually for each person (PIPs). In emergency situations, assessments will need to be made rapidly, but not so fast that safety is compromised. Forward planning for every reasonably foreseeable eventuality will minimise the occurrence of true emergency handling.

10. Moving & handling methods, techniques and approaches

This includes consideration of equipment (see 11 & 12), number of handlers (see 3), special precautions, preparation, and clinical reasoning.

Evidence based approaches should be used, following thorough assessment. These approaches need to be implemented and embedded, with the requisite equipment, training, supervision, etc. Procedures and protocols should identify hazards, evaluate risks, set goals, describe in sufficient detail the precise methods, point out special precautions and give clear clinical reasoning.

11. Handling equipment

Sufficient supplies of suitable handling equipment must be provided, according to the needs of the speciality or area. Safe working loads (SWLs) must be complied with.

12. Other equipment and furniture

Sufficient supplies of suitable other equipment must also be provided, such as: - trolleys, beds, couches, wheelchairs, commodes, walking aids, armchairs and specialist seating. SWLs must be complied with.

13. Risk rating

To carry out a 'suitable and sufficient' assessment, each task should be evaluated as part of the assessment process, so that the level of risk is

quantified. Such assessments should be used, wherever possible, in the design of a safe system of work, and in highlighting any residual risks.

Various systems exist, but it is suggested that the NHS risk management 5x5 matrix, with 0-25 scale, is used for an overall evaluation of risk (NPSA, 2008) (see CD1, appendix 9 in folder 5). It is in common use, simple to use with 5 levels of risk, determined by a calculation of the likelihood or probability of an adverse event occurring multiplied by the severity of consequences or impact should it occur.

Likelihood/Probability (0-5) x Severity of Consequences or Impact (0-5) = 0-25

The values below are based on this system. Calculations lead to the following possible scores or ratings: -

1 – 6 = Low; 8 – 12 = Medium; 15 – 16 = High; 20 = Very High; 25 = Extreme

These ratings can then be used to alert staff, to prioritise action and justify any necessary expenditure to make the situation safer, on the basis of reasonable practicability. Options can be evaluated by considering risks, costs, and actions planned or taken, to reduce the level of risk to the lowest level that is reasonably practicable**#**, which can thus be demonstrated.

For assessing postural risks and those associated with tasks other tools are available, such as RULA (Hignett S & McAtamney L, 2006), REBA (Hignett S & McAtamney L, 2000) and OWAS (Karhu et al, 1977). These not only look at postures but forces.

The meaning of the phrase 'reasonably practicable' was judicially determined in Edwards v National Coal Board (1949), and is as follows:

'Reasonably practicable' is a narrower term than 'physically possible' and seems to me to imply that a computation must be made in which the quantum of risk is placed on one scale and the sacrifice involved in the measures necessary for averting the risk (whether in money, time or trouble) is placed in the other; and that if it be shown that there is a gross disproportion between them – the risk being insignificant in relation to the sacrifice – the defendants discharge the onus on them. Moreover, this computation falls to be made at a point of time anterior to the accident.

Please also refer to Appendices 9 & 10 in Folder 5 on CD1.

14. Alerting the moving and handling team

This will depend on the speciality and the situation. Sometimes the M&H team will need to be summoned to help with a particular situation. With proper prior planning however (link workers, standard operating procedures (SOPs), equipment and training, etc.) it should be possible for areas to deal with their

own problems. Reports of incidents and unusual circumstances should be passed routinely to the M&H team for investigating and monitoring purposes and to gain their advice in preventing the recurrence of a similar problem.

15. Referral to other specialist advisors

Involving relevant teams at the appropriate time will minimise the chances of harm occurring in a specific situation, and will also promote the provision of suitable measures for any future occurrences. M&H in these specialist, unusual or emergency situations will sometimes require the input of other advisors, such as those representing: - tissue viability, infection control, fire, prevention & management of violence & aggression (PMVA), security, general H&S, estates and facilities.

16. Transport

Transport within the department, clinic, hospital, etc., must be catered for, with wheelchairs, variable height trolleys, etc. Transport to other units may require vehicles and these too should be suitable.

17. Discharge and transfer planning

It is essential that all such movements of patients from one care organisation to another are planned. This is particularly important when there are clinical complexities or complications, H&S issues, and where patients/ service users are in the bariatric category.

18. References and further reading

Summary/ Key messages

These are the essential points that need to be considered for action and summarise the material in the standard and protocol. These messages are to be found at the end of each protocol and may be used for quick reference.

Notes

Terminology

Where possible the term 'person' is used to indicate the individual who is in receipt of treatment or care. Sometimes, in certain contexts for the sake of

clarity, 'patient' or 'service user' is used. Other terms are used where appropriate.

Equipment

The products included in the protocols, are shown to provide information on what is available *in* the market. We have used generic nomenclature where possible. Where we have included a specific product and manufacturer, this does not represent an endorsement by the London Group of NBE. Other manufacturers may make similar or better products. All products should be risk assessed for use within the setting, bearing in mind the patient groups cared for and the moving & handling required.

Repetition

Some information is repeated. This is intentional to avoid the need for the user to search through the whole document.

Epilogue

Creating this document has involved its authors and editors in a great deal of work and taken a long time from its inception until the publication of the second CD. We hope that the effort will prove worthwhile.

Our vision was, and is, for a national standard for moving & handling (M&H), including person handling. We hope that health and social care organisations throughout the UK will work to these standards.

The document is a tool, designed to be used alongside other publications, especially:

- Other NBE documents
- The *Inter-professional curriculum*
- The various editions of the *Handling of Patients/ People*
- The All Wales and Scottish Passport schemes

In 2009 we saw the need and took the initiative in creating a comprehensive set of standards, building on earlier work. It is to be hoped that the various bodies relevant to M&H will forge partnerships in implementing and developing the standards, and in using them to provide a much needed monitoring of quality and safety. This probably will not just happen, and there will be much work to do in achieving acceptance.

Bodies we will need to work with include:

- Employer/ provider organisations
- Commissioners
- HSE
- CQC
- Professional bodies, royal colleges and trades unions
- Special interest and pressure groups
- NBE and its local groups

We are gratified to note that, without a great deal of publicity so far, we have not only sold this document throughout the UK – to health and social care organisations and special schools, but also to other countries such as: - Eire, Australia, Switzerland and Russia.

This is just the start; the work goes on.

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Summary/Key Messages for Section G

- **The intention of the entire strategy and standards document is to contribute to the improvement of: -**
  - The quality of care - 'patient experience' (dignity, privacy and choice)
    - clinical outcomes
  - Patient/ person safety
  - Staff health, safety and wellbeing
  - Organisational performance – cost effectiveness and reputation, etc.

- **Particular attention is paid in Section G to special, unusual and emergency handling**

Key Messages for G1

- **The standard for G1 is:**

Provision is made for all reasonably foreseeable eventualities that require moving & handling in health and social care settings. This includes people handling (patients, service users, clients, etc.) and inanimate load handling. Particular attention is paid to special, unusual and emergency handling.

- **Skilful M&H is key**

- **Special points for G1 are: -**

  - **There should be an agreed approach, informed by evidence-based best practice, documented in the M&H policy, disseminated to all staff and embedded within the organisation**
  - **Structures and systems should be in place, with inputs, outputs and processes to cover all of the requirements set out in HSG (65) and Reg 5 of the MHSWR (2000)**
  - **The working and clinical environment should be conducive to high quality and safe working practices and care**
  - **Training and supervision should provide a workforce competent in the specialist areas to ensure compliance with the standards set**
  - **Sub-optimal performance and lack of compliance with the agreed standards should be detected and addressed by means of robust action plans**

Key Messages for G2

- **The standard for G2 is:**

Systems are in place for the safer handling of patients and inanimate loads in A & E in all situations that are reasonably foreseeable.

- **Skilful M&H is key**

- **Special points for G2 are: -**

  - **A brief mobility assessment is a routine part of each patient's assessment on arrival to the department and all staff are aware of and carry out a dynamic ('on-the-spot') M&H risk assessment before any handling of patients/ inanimate loads**

  - **Handling equipment readily accessible for use**

  - **Competency based training in M&H in the A&E is provided together with local supervision**

Key Messages for G3

- **The standard for G3 is:**

Systems are in place to cover all reasonably foreseeable handling and positioning situations in theatres/ perioperative settings.

- **Skilful M&H is key**

- **Special points for G3 are: -**

  - **All theatre departments have their own generic M&H risk assessments of all M&H activities/positioning of patients and SOPs/ protocols are available for all staff**

  - **Theatres are informed pre-operatively of patients' specific M&H/ tissue viability needs so that appropriate equipment or staff will be available when the patient arrives for surgery**

  - **All staff carry out a dynamic ('on-the-spot') M&H/ prevention & management of pressure ulcers (PMPUs) risk assessment before any handling/ positioning of patients/ inanimate loads**

  - **Competency based M&H training based on operating theatre requirements is available as well as local supervision**

Key Messages for G4

- **The standard for G4 is:**

Systems are in place to cover all reasonably foreseeable handling situations in ICU and HDU

- **Skilful M&H is key**

- **Special points for G4 are: -**

  - **Risk of injury to patient and staff on ITU/ HDU is minimised by ensuring that:**
    - **a thorough assessment is carried out prior to movement**
    - **correct techniques and equipment are used**
    - **local supervision is provided**
  - **Sufficient numbers of competent, healthy staff**
  - **A spacious environment is particularly important for good care**

Key Messages for G5

- **The standard for G5 is:**

Systems are in place to cover all reasonably foreseeable handling situations in maternity services, including emergency evacuation from birthing pools.

- **Skilful M&H is key**

- **Special points for G5 are: -**

  - **An agreed approach, informed by evidence-based best practice, documented in the M&H policy, is disseminated to all staff on the unit and embedded within their practice**

  - **Generic assessments are carried out and developed into SOPs and protocols, which are implemented including the use of a birthing pool**

  - **Risk of injury to patients and staff is minimised by ensuring that:**
    - **a thorough assessment is carried out prior to movement**
    - **mothers are encouraged to move themselves**
    - **suitable beds are provided**
    - **correct techniques and equipment are used**
    - **an environment conducive to good care is provided, allowing a natural birthing process for mothers and allowing safer postures for staff**
    - **emergency evacuation from the birthing pool is planned**

Key Messages for G6

- **The standard for G6 is:**

Systems are in place to cover all reasonably foreseeable situations in managing M&H in a special care baby unit.

- **Skilful M&H is key**

- **Special points for G6 are: -**

  - **Handling neonates requires the adoption of sound M&H principles because: -**
    - **of their vulnerability**
    - **the presence of attachments**
    - **the tendency of staff to underestimate the postural strain arising from not holding the load close and working at a sub-optimal height**
  - **Static working postures for staff**
  - **Handling heavy loads such as monitors and incubators**
  - **Moving paediatric equipment**

Key Messages for G7

- **The standard for G7 is:**

Systems are in place to cover all reasonably foreseeable M&H situations in the renal unit.

- **Skilful M&H is key**

- **Special points for G7 are: -**

  - **Static working postures for staff**
  - **Patients needing rapid response handling if their B/P suddenly changes or they need repositioning for procedures**
  - **Moving of beds/ couches/ chairs or dialysis equipment**
  - **Handling containers of fluids**

Key Messages for G8

- **The standard for G8 is:**

Systems are in place to cover all reasonably foreseeable handling situations where cross transmission of HCAIs may occur either from recognised and/or unrecognised sources to patients/ service users/ staff/ visitors and vice versa in health and social care settings. If cross contamination occurs, appropriate decontamination measures are initiated to control further spread.

- **Standard infection control precautions (SICP) are key, together with the necessary knowledge and skills in M&H**

- **Special points for G8 are: -**
  - **SICP should be applied routinely in all health and social care settings, this includes:**
    - **Infection prevention risk assessments are carried out**
    - **Effective hand washing is routine**
    - **Personal protective equipment (PPE) is used where necessary**
    - **Bed space guidelines are followed**
    - **Appropriate decontamination of equipment is carried out**
    - **Written information/ guidance on SICP is provided for staff, patients/ service users and others**

Key Messages for G9

- **The standard for G9 is:**

Systems are in place to cover all reasonably foreseeable handling situations in managing SCI where patients are not yet admitted to a SCIC

- **Skilful M&H is key**

- **Organisations should: -**
  - **Liaise with the local SCIC for advice and guidance at the earliest opportunity**
  - **Ensure the prevention of further complications arising from spinal instability or neurological compromise (do no further injury)**
  - **Ensure safer handling of the SCI patient by competent staff**

Key Messages for G10

- **The standard for G10 is:**

Systems are in place to cover all reasonably foreseeable handling situations in managing orthopaedic patients

- **Skilful M&H is key**

- **Special points for G10 are: -**

  - **Agreed approaches, informed by evidence-based best practice, documented in unit M&H policy, are disseminated to all staff and embedded within the unit**
  - **Generic assessments are carried out and developed into SOPs, with PIPs carried out on those patients requiring, including for pre and post-operative routines**
  - **Staff follow the protocols and procedures, and understand the clinical reasoning behind them**

Key Messages for G11

- **The standard for G11 is:**

Systems are in place to cover all reasonably foreseeable handling situations in the fracture clinic and plaster room/ theatre.

- **Skilful M&H is key**

- **Special points for G11 are: -**

  - **Patients are involved in their treatment and encouraged to move as independently as possible**
  - **When appropriate, family carers are also involved**
  - **Evidence of department-wide adoption of an ergonomics approach**
  - **The provision of suitable equipment and departmental layout is conducive to safe and efficient practice**

Key Messages for G12

- **The standard for G12 is:**

Systems are in place to cover all reasonably foreseeable handling situations in the dental service.

- **Skilful M&H is key**

- **Special points for G12 are: -**

  - **Risk of injury to patient/ service users and staff is minimised by ensuring:**
    - **a dynamic ('on-the-spot') risk assessment carried out prior to any movement**
    - **correct techniques and equipment are used, particularly to avoid poor working postures**
    - **local supervision is provided**
    - **competent, healthy staff in sufficient numbers**
    - **an environment conducive to good care**

Key Messages for G13

- **The standard for G13 is:**

Systems are in place to cover all reasonably foreseeable manual handling situations when providing podiatry services

- **Skilful M&H is key**

- **Special points for G13 are: -**
  - **Staff working postures (increased flexion and reaching) and static holding particularly in the domiciliary setting to treat the foot or access tools**
  - **Transporting a person with mobility issues to a clinic vs treating the person at home**
  - **In clinic settings access to:**
    - **a fully adjustable couch for height and profile**
    - **special staff seating - saddle or front support seats**
    - **an environment conducive to good foot care**

Key Messages for G14

- **The standard for G14 is:**

Systems are in place to cover all reasonably foreseeable handling situations in managing children, in: - e.g. children's wards; A&E; outpatients; hospices; child development centres; nurseries; schools (special or mainstream); pools; horse-riding and activity/adventure centres; and in their own home.
Non-routine paediatric handling is planned for and dynamic RA is utilised.

- **Skilful M&H is key**

- **Special points for G14 are: -**

  - **A child-centred agreed approach, informed by evidence-based best practice, documented in the M&H policy, is disseminated to all staff and family and embedded within the organisation**
  - **Parents and where possible their child are involved in the decision making and treatment**
  - **Consideration is given to staff/ parents' postures particularly with floor work, carrying out care or therapeutic activities**
  - **Careful consideration is given to any supervision, delegation and referral**
  - **Evidence of adoption of an ergonomics approach, the provision of suitable equipment and layout is conducive to safe and efficient practice**

Key Messages for G15

- **The standard for G15 is:**

Systems are in place to cover all reasonably foreseeable handling situations in bariatric/ plus size management.

- **Skilful M&H is key**

- **Special points for G15 are: -**

  - **Moving and handling people who are heavier creates additional risks to staff and family; weight distribution is an important factor as well as the total weight of the person**
  - **Sensitivity and maintenance of dignity is essential**
  - **Generic M&H risk assessments are carried out, SOPs/ protocols formulated and available for all staff**
  - **Sufficient and suitable MH equipment must be provided to minimise risk of injury to the person, staff and family**
  - **Staffing levels must be sufficient to meet the needs of the bariatric person without placing staff at risk**
  - **Consideration needs to be given to the space required for larger pieces of equipment and for emergency evacuation of the bariatric person who is unable to self-assist**
  - **Adverse events must be thoroughly investigated and learning outcomes and action plans relayed to all staff**

Key Messages for G16

- **The standard for G16 is:**

Systems are in place to cover all reasonably foreseeable M&H situations in managing stroke patients .

- **Skilful M&H is key**

- **Special points for G16 are: -**
  - **Provision of patient centred care**
  - **MDT assessment, and rehabilitation is started as soon as the clinical condition allows**
  - **Correct positioning of the patient**
  - **Care when handling the affected shoulder and arm**
  - **Minimising the risk of complications and disability**
  - **Maximising function by encouraging the patient to move themselves, where appropriate, taking care to avoid undue effort, which is likely to adversely affect tone**
  - **Involvement of family and carers from an early stage**

Key Messages for G17

- **The standard for G17 is:**

Systems are in place to cover all reasonably foreseeable handling situations in managing patients with palliative / end of life care.

- **Skilful M&H is key**

- **Special points for G17 are: -**
  - **Patients are cared for in a wide variety of settings and should receive expert M&H to minimise discomfort**
  - **On the spot risk assessments are vital as the ability of the patient can vary widely during the day and from day to day**
  - **Pain medication may be required before any MH is undertaken**
  - **A wide range of equipment should be provided and all staff need to be fully trained in its use**
  - **Family carers must be provided with appropriate training and suitable equipment to enable them to care safely**

Key Messages for G18

- **The standard for G18 is:**

> **Systems are in place to cover all reasonably foreseeable handling situations in managing people who have dementia.**

- **Skilful M&H is key**

- **Special points for G18 are: -**
  - **The person being handled may have variable abilities to follow instructions so on the spot risk assessments are essential before any MH is undertaken**
  - **Staff require specialist training to be able to recognise how best to manage the M&H of a person with dementia safely**
  - **Family carers require training, equipment and support to enable them to care safely at home**
  - **Dementia friendly environments should be created**

Key Messages for G21

- **The standard for G21is:**

Systems are in place for the rehabilitation process to enable the best clinical outcomes, whilst ensuring, so far as is reasonably practicable, the safety of the patient and the rehabilitation staff. Balanced decision making is essential. Therapeutic handling is an important part of this process.

- **Skilful M&H is key**

- **Special points for G21 are: -**

  - **Rehabilitation is an essential element of most therapeutic interventions**
  - **Assessments that are robust and balanced are necessary to facilitate the process**
  - **Skilled therapeutic handling helps to ensure: -**
    - **The best possible clinical outcomes**
    - **The best patient experience**
    - **Safety of the patient and rehabilitation staff**
    - **Effective use of resources**

Key Messages for G22

- **The standard for G22 is:**

Systems are in place to:	**(1) prevent falls where possible** **(2) manage the falling person**

- **Skilful M&H is key**

- **Special points for G22 are: -**
  - **Staff and handlers should be prepared to make instant decisions when observing a person who is about to fall or is in the process of falling, and take appropriate action**
  - **Organisations must make every endeavour to a) prevent falls and b) manage the falling person**
  - **Organisations should**
    - **Adopt a balanced approach in order to safeguard persons (patients and service users, etc.) and their employees, utilising risk assessment**
    - **Show evidence that that they have addressed these issues**
    - **Support staff and handlers, should their action result in an injury to the person, another handler or themselves, if they acted according to the organisation's policy and in good faith**

Key Messages for G23

- **The standard for G23 is:**

> **Systems are in place to manage the person who has fallen to the floor in a confined space. The person may, or may not be, injured.**

- **Skilful M&H is key**

- **Special points for G23 are: -**
  - **Staff must be trained to identify if the fallen person is injured.**
  - **Organisations must have suitable falls management systems in place and plans to assist those who may fall in a confined space**
  - **Generic M&H risk assessments are carried out, SOPs/ protocols formulated and available for all staff**
  - **Suitable equipment for use in a confined space must be provided and all staff trained in its use**
  - **Where new buildings or adaptations are planned, consideration must be given to the space required for future users**

Key Messages for G24

- **The standard for G24 is:**

Systems are in place to manage all reasonably foreseeable handling situations regarding a person on the floor (without apparent injury) in health or social care settings.

- **Skilful M&H is key**

- **Special points for G24 are: -**
  - **Falls are reasonably foreseeable events so prior planning is essential to reduce the risk**
  - **Generic M&H risk assessments are carried out, SOPs/ protocols formulated and available for all staff**
  - **Careful planning is required to ensure adequate staffing levels**
  - **Suitable and sufficient equipment is required and all staff must be trained in its use**
  - **Adverse events must be thoroughly investigated and learning outcomes and action plans relayed to all staff**

Key Messages for G25

- **The standard for G25 is:**

Systems are in place to cover the handling of the fallen patient with fractured neck of femur (#NoF).

- **Skilful M&H is key**

- **Special points for G25 are: -**
  - **Incorrect handling may increase the injury to the patient so all staff must be fully trained to manage this emergency safely**
  - **Generic M&H risk assessments must be carried out, and SOPs/ protocols formulated and made available for all staff**
  - **Sufficient numbers of trained staff must be available at all times**
  - **Specialist equipment must be available and staff trained in its use**
  - **Adverse events must be thoroughly investigated and learning outcomes and action plans relayed to all staff**

Key Messages for G26

- **The standard for G26 is:**

Systems are in place to cover the moving and handling of a collapsed person with a cardiac/ respiratory arrest, on the floor, in a chair or in a bed.

- **Skilful M&H is key**

- **Special points for G26 are: -**

  - **It is essential to try to identify and assess any person who is likely to suffer a cardiac or respiratory arrest although it should be noted this emergency may also occur to a visitor or contractor**

  - **Generic M&H risk assessments are carried out, SOPs/ protocols formulated and available for all staff**

  - **All staff must be trained to safely manage the MH of the collapsed person into a suitable position for resuscitation**

  - **Appropriate equipment is required and staff must be able to use it safely in an emergency situation**

  - **Adverse events must be thoroughly investigated and learning outcomes and action plans relayed to all staff**

Key Messages for G27

- **The standard for G27 is:**

A safe system of work is in place for a hydrotherapy pool, including dealing with a collapsed person.

- **Skilful M&H is key**

- **Special points for G27 are: -**
  - **Individual risk assessments and handling plans are provided which are easily accessible for each person**
  - **Clear emergency evacuation plans are established for persons with known conditions such as epilepsy and diabetes**
  - **Emergency evacuation plans are prepared and practised for emergency collapse in the pool or surrounding area**

Key Messages for G28

- **The standard for G28 is:**

Systems are in place to cover emergency evacuation from a building.

- **Skilful M&H is key**

- **Special points for G28 are: -**
  - **Assessment and planning are essential, especially in the case of vulnerable adults, children and the critically ill**
  - **This assessment and planning should be led by the advisors responsible for fire safety *and* M&H in close co-operation**
  - **Departmental evacuation plans must be in place and known to all**
  - **Personal emergency evacuation plans (PEEPs) must be in place**
  - **Evacuation equipment – suitable and sufficient – must be readily available**
  - **Regular practice of the procedures is vital. Procedures are reviewed in the light of this practice and will also need to be reviewed after any changes in circumstances**

Key Messages for G30

- **The standard for G30 is:**

Systems are in place to cover equipment breakdown, e.g. hoist failures.

- **Special points for G30 are: -**
  - **Systems are in place for maintenance and servicing**
  - ***All* equipment is inspected by a competent person at least annually**
  - **In the case of lifting equipment for lifting people, *all* equipment is inspected by a competent person 6 monthly**
  - **All staff are trained to inspect equipment daily and before use**
  - **Robust procedures for the prompt replacement of essential items are in place (with specified time-frames) and staff are aware of them**

Key Messages for G31

- **The standard for G31 is:**

Persons placed in inappropriate clinical settings, due to bed pressures, etc., must receive treatment and handling that is of equivalent quality and safety as that available to someone admitted to a specialist unit or 'centre of expertise' (COE). They should be treated according to the SOPs of the appropriate setting. Named specialist personnel should be available for guidance.

- **Skilful M&H is key**

- **Special points for G31 are: -**

  - **Patients and service users (persons) should be treated and cared for in appropriate settings**

  - **Where this is not possible:**

    - **Expertise should be provided from the COE and additional training considered**
    - **Equipment appropriate to the person should be provided**

  - **The degree of 'outlying' in an organisation should be monitored, and adverse incidents related to this recorded, analysed, and where appropriate, investigated**

Key Messages for G32

- **The standard for G32 is:**

Systems are in place to facilitate transfers and plan successful hospital discharges.

- **Skilful M&H is key**

- **Special points for G32 are: -**

  - **Planning is vital and should start as early as possible**
  - **Care pathways should be formulated to deal with common 'flows' across organisational boundaries**
  - **Documentation that is common or compatible should be used**
  - **The individual needs of the person should be catered for**
  - **In the case of discharges home, equipment should be ordered in good time and be in situ prior to discharge**
  - **Home visits may be necessary**

Key Messages for G33

- **The standard for G33 is:**

Systems are in place to encourage the handling with dignity of the deceased patient (including transport and storage) from their place of demise to eventual interment/ cremation

- **Skilful M&H is key**

- **Special points for G33 are: -**

  - **The deceased patient is handled with dignity and respect**
  - **Safe systems of work and SOPs are in place, informed by evidence based practice**
  - **Equipment is selected and environment designed according to ergonomics principles**
  - **All staff are trained to the level of competence required with suitable and sufficient local supervision**

Key Messages for G35

- **The standard for G35 is:**

Systems are in place to cover moving and handling procedures in chemotherapy.

- **Skilful M&H is key**

- **Special points for G35 are: -**

  - **The main risks are to the nursing staff and are related to: -**

    - **Sub-optimal working postures**

    - **Repetitive strain to the small joints and muscles of the hand**

Key Messages for G36

- **The standard for G36 is:**

Systems are in place to minimise the risk exposure to postural hazards and also the risks when manual handling patients during endoscopy.

- **Skilful M&H is key**

- **Special points for G36 are: -**
  - **Sub-optimal working postures**
  - **The pressure that has to be sustained by those who assist the endoscopist to keep the abdomen in the optimal position**
  - **Patient M&H transfers**
  - **Equipment handling – as in decontamination, etc.**

Key Messages for G37

- **The standard for G37 is:**

The practitioner considers the implications of handling patients and patient's limbs when undertaking procedures relating to the assessment and treatment of leg ulcers.

- **Skilful M&H is key**

- **Special points for G37 are: -**

  - **M&H heavy oedematous limbs**
  - **Environmental considerations in the clinic, and more so, patient's own home**

Key Messages for G39

- **The standard for G39 is:**

Systems are in place for the assessment of patients/ service users and the provision of specialist furniture and equipment for those with certain conditions

- **Special points for G39 are: -**

  - **Standard seating**

    - **Equipment audits of wards and departments**
    - **Ward/ departmental risk assessments**
    - **Procurement standards for patient seating**
    - **Budget line for repair, refurbishment or replacement**

  - **Specialised seating**

    - **Equipment audits for wards and departments**
    - **Policy/ procedure for accessing specialised seating**
    - **Seating requirements included in patient/ SU documentation**
    - **Reports on seating needs evaluation/ review across organisation**
    - **Arrangements for planned preventive maintenance and refurbishment**
    - **Service records**
    - **Budget line for replacement and development of specialised seating**

Key Messages for G40

- **The standard for G40 is:**

Systems are in place

a) **to promote/ protect tissue viability when moving and handling people**
b) **for the assessment, prevention and management of pressure ulcers (PMPUs)/ moving and handling (M&H) needs**

- **Skilful M&H is key**

- **Special points for G40 are: -**

  - **Prevention is paramount**
  - **High quality and timely treatment is vital if ulcers do occur**
  - **Timely risk assessments for M&H and PMPUs that are 'suitable and sufficient' and repeated if any change or as per local policy**

The 35 standards and protocols in separate documents