

# Moving and handling guidance

Disabled Children and Therapy Service and  
Cornwall Partnership NHS Foundation Trust



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# 1. Introduction

This guidance note is written to provide practical support for managers and staff in meeting Cornwall Council's Moving and Handling policy. This is guidance for staff working with disabled children and young people from 0-18 years old and child family service (Cornwall Foundation Trust CFT). Cornwall Council has agreed to use the National Back Exchange Standards (see Appendix 1).

## **Standards are needed for the following reasons:**

- To ensure we are compliant with the law;
- To reduce the risks to children, young people, parents/carers and staff resulting from poor practice;
- For clarity around who can and cannot undertake moving and handling as it applies to disabled children and young people;
- To ensure staff have completed the train the trainers course to deliver moving and handling training;
- To promote national consistency via the Passport Scheme - a document consisting of moving and handling policy, guidance and forms which will be with the disabled child or young person throughout all the places they visit;
- To set a standard that all staff should be aware of in the approach for children and young people that they adhere to;
- For some disabled children and young people it will be necessary to assist with their transfers, for activities of daily living, safety etc.
- As the aim of both agencies is to deliver and promote standards for moving and handling across all sectors in line with evolving research evidence.

*"Good moving and handling should be comfortable and help all involved to achieve their aims. The Manual Handling Practitioner (MHP) should offer help to facilitate achieving the agreed outcomes"*

*(Manual handling of children, National Back Exchange, 2011).*

# 2. Related council/Trust policies

Staff should have a working knowledge of the following policies/documents

## **Council policies:**

### **Health and safety policy**

Cornwall Council intranet, Health Safety and Wellbeing, Policies and Guidance

### **Risk assessment policy**

Cornwall Council intranet, Health Safety and Wellbeing, Policies and Guidance

<http://cornwallcouncilintranet.cc.cornwallonline.net/default.aspx?page=5128>

### **Moving and handling (including person moving and handling) policy**

Cornwall Council Intranet, Health Safety and Wellbeing, Policies and Guidance, Manual Handling

<http://cornwallcouncilintranet.cc.cornwallonline.net/default.aspx?page=5117>

**Dress code policy** - See section 9

**Transport** - See section 10

### **Accidents and incident reporting policy**

Cornwall Council intranet, Health Safety and Wellbeing, Policies and Guidance

### **Trust policies:**

#### **CFT health and safety policy**

<http://www.cornwallfoundationtrust.nhs.uk/DocumentsLibrary/CornwallFoundationTrust/Policies/SafetyAndRisk/HealthAndSafety/HS00314Validation.pdf>

#### **Risk management**

<http://www.cornwallfoundationtrust.nhs.uk/DocumentsLibrary/CornwallFoundationTrust/Policies/Corporate/Governance/GOV01613Validation.pdf>

#### **Moving and handling Trust Policy**

<http://www.cornwallfoundationtrust.nhs.uk/DocumentsLibrary/CornwallFoundationTrust/Policies/SafetyAndRisk/HealthAndSafety/HS00509.pdf>

#### **Dress code and ID policy**

<http://www.cornwallfoundationtrust.nhs.uk/DocumentsLibrary/CornwallFoundationTrust/Policies/Corporate/Governance/GOV00614Validation.pdf>

#### **Transporting and transferring Service users**

<http://www.cornwallfoundationtrust.nhs.uk/DocumentsLibrary/CornwallFoundationTrust/Policies/SafetyAndRisk/HealthAndSafety/RM0032008.pdf>

#### **Transporting: Guidelines for Paediatric Home Care Staff**

<http://www.cornwallfoundationtrust.nhs.uk/DocumentsLibrary/CornwallFoundationTrust/Policies/Clinical/ClinicalGuidelines/PCS00711Validation.pdf>

#### **Policy and Procedure for the Reporting and Management of Accidents, Incidents and Near Misses**

<http://www.cornwallfoundationtrust.nhs.uk/DocumentsLibrary/CornwallFoundationTrust/Policies/Corporate/Governance/GOV01514Validation.pdf>

## **3. Related legislation and national guidance**

**Health and Safety at Work Act 1974**

**Human Rights Act 1998**

**Manual Handling Operations Regulations 1992**

**Lifting Operations and Lifting Equipment Regulations (LOLER) 1998**

**Provision and Use of Work Equipment (PUWER) 1998**

**Management of Health and Safety at Work Regulations 1999**

**Children Act 1989 and 2004**

**Carers and Disabled Children Act 2000 and Carers (Equal opportunities) Act 2004**

**Mental Capacity Act 2005**

**Equality Act 2010**

**Children and Families Act 2014**

**Chronically Sick and Disabled Persons Act 1970**

**Standard 2 Competent and Capable Workforce Criterion 9 Moving and Handling and Standard 3 Safe Environment Criterion 4 Moving and Handling**

**NHS LA Risk Management**

**Care Act 2015**

**CQC Regulations**

## 4. Legislative background

Both the Management of Health and Safety at Work Regulations 1999 and the Moving and Handling Operations Regulations 1992 (MHOR 1992) are an integral part of the Health and Safety at Work Act 1974. The Act imposes duties on the employer (Cornwall Council) to manage the risks associated with the moving and handling of loads. Work equipment is regulated under the provision and use of Work equipment Regulations 1992 this places a duty on the employer to ensure that work equipment is so constructed or adapted as to be suitable for the purpose for which it is to be used. The Lifting operations and lifting equipment regulations (LOLER) 1998 imposed further detailed duties on the employer and this was to ensure the strength and stability of lifting equipment to ensure that a person will not be crushed, trapped, struck or fall from it.

Statutory requirement places a duty on employers to identify all moving and handling operations, which put people at risk of injury and either, eliminate or reduce the risk to an acceptable minimum. This is achieved by identifying the hazards associated with the task or equipment by putting control measures in place to reduce the risk of harm, recording those risks, and putting systems in place to monitor and review practice. The staff have a duty of care to record any defaults on the equipment and to report it to the appropriate person. The employer has a responsibility to ensure there are safe practices and risk assessments undertaken and reviewed regularly or when circumstances change.

Ref: HSE [www.gov.uk](http://www.gov.uk)

## 5. Roles and responsibilities

Managers have a responsibility to staff as outlined in the Moving and Handling Policy

### **Moving and Handling (including person moving and handling) Policy**

Ref: Cornwall Council intranet, Health Safety and Wellbeing, Policies and Guidance, Manual Handling  
<http://cornwallcouncilintranet.cc.cornwallonline.net/default.aspx?page=5117>

### **Moving and handling Trust Policy**

<http://www.cornwallfoundationtrust.nhs.uk/DocumentsLibrary/CornwallFoundationTrust/Policies/SafetyAndRisk/HealthAndSafety/HS00509.pdf>

When necessary, disabled children and young people should be assessed for moving and handling to ensure their needs are met.

All staff have different roles and responsibilities in ensuring the safety and welfare of disabled children and young people in relation to moving and handling. People need to be aware of training in terms of their own safe practice and continuing professional development.

## 6. Standards and practice

### 6.1 Risk assessment

Line managers (or those in an equivalent role) are responsible for ensuring that moving and handling risk assessments are completed (Appendix 4). These will identify the steps needed to reduce the risk of injury, the need for staff training and the need for equipment. Moving and handling advisors may provide support in carrying out the risk assessments for their area.

- 6.1.2 A competent member of staff, in liaison with the key worker, will carry out manual handling risk assessments for individual clients as appropriate. Staff from other disciplines e.g. physiotherapists and occupational therapists may also need to participate in the assessment process.
- 6.1.3 Assessments for children and young people's moving and handling activities are recorded either in case file, electronically scanned into Mosiac (Council) or Rio (CFT). (Appendix 5).
- 6.1.4 All risks associated with non-client and client moving and handling activities must be recorded on the template for risk assessments (Appendix 4). The action plan will be included in the assessment and include appropriate target dates for completion (Appendix 5). The assessment and action plan will be monitored in accordance with Cornwall Council's and CFT policy.
- 6.1.5 All generic risk assessments will be reviewed every 12 months by managers and or key workers. If there is an incident/accident which occurs within the 12 month period this will need to be reviewed straight away, to prevent further accidents or incidents recurring. Any learning from these incidents will be shared in staff teams.
- 6.1.6 The completion of the risk assessment form and completing the training needs analysis should highlight training needs for staff, and identify the exact level of training required.

## 7. Equipment

- 7.1 Where a need for equipment is identified, advice should be sought from the moving and handling advisor or therapist and appropriate equipment purchased. Consideration must be given to the inspection, servicing and regular maintenance of equipment, and requirements of other specialist areas including medical devices and infection control. **All inspections should be documented.**
- 7.2 All equipment must be regularly cleansed in accordance with the manufacturers guidance and/or the CELS (Community Equipment Loan Store) decontamination policy and guidelines.  
**Medical Devices Decontamination and Single Use Policy**  
<http://www.cornwallfoundationtrust.nhs.uk/DocumentsLibrary/CornwallFoundationTrust/Policies/SafetyAndRisk/InfectionControl/IC01314Validation.pdf>
- 7.3 All electrical equipment should be charged as per the manufacturer's guidance.
- 7.4 Hoists should be checked following the LOLER (Lifting Operations and Lifting Equipment Regulations 1998) guidelines and must not be used if there is no service record or the service is not in date.
- 7.5 Slings - all slings should be LOLER tested every 6 months and a daily inspection should be carried out and documented that the sling is safe to use. **Any slings which are damaged must not be used and the provider/prescriber contacted.**

## 8. Training

All areas should have access to a moving and handling advisor who can offer assessments and advice (Appendix 8).

- 8.1 Role of the moving and handling advisor - will be to give advice related to moving and handling with regard to risk assessments, practice, equipment and advice to managers and staff. Each advisor will have undertaken a moving and handling trainers course and ideally have a yearly update and will then be able cascade the training to others in their work place, using a standard powerpoint presentation or as a risk assessment dictates.
- 8.2 Carers who are identified to work with children with moving and handling plans will be trained to carry out moving and handling operations and will be expected to undertake yearly updates.

### 8.3 Training matrix (Appendix 6)

This is a matrix detailing the training requirements for staff and the type of training they need in relation to moving and handling.

## 9. Dress code

For your personal safety and to comply with health and safety requirements it is necessary to think about appropriate clothing to wear in the workplace.

- 9.1 Sensible closed in footwear. Shoes must cover the whole foot when working in the kitchen (covered shoes are recommended at all times). It may be necessary to bring appropriate footwear to partake in activities with the young people i.e. to go to the woods, beach etc.
- 9.2 Piercings need to be covered or discreet. **No long earrings should be worn.**
- 9.3 No chains, protruding belt buckles, watches or rings with stones in. All of these items could potentially injure a young person should you be required to use supportive physical intervention strategies or while supporting with personal care. All jewellery (watches included) is worn at the individuals own risk, and they will be held responsible for any injury incurred.
- 9.4 Low cut tops, mini skirts, revealing clothes or inappropriate forms of dress to wear in the presence of young people/adolescents. You should be aware of how much flesh is exposed in different situations - e.g. bending down. Trousers should not be so low slung that underwear is showing. Long shorts can be worn in the summer. Be aware of slogans on t-shirts which may be offensive.
- 9.5 Fingernails should be cut short to prevent injury to our young people. No nail varnish when working in the kitchen.
- 9.6 Hair should be tied back to avoid personal injury.
- 9.7 Wear clothing that is comfortable, washable and not too expensive. Cornwall Council will not reimburse staff for damage to designer clothing/accessories.
- 9.8 Do not wear scarves if you are undertaking moving and handling tasks
- 9.9. Strong perfumes, deodorants etc. may trigger incidents with with young people who have sensory difficulties.

Moving and handling guidance for young people

9.10 No hats to be worn, young people need to see your face.

9.11 Lanyards need to have a quick release buckle or should not be worn

If there are any medical reasons or religious/cultural reasons that this code can not be met please speak to the manager.

## 10. Transport

### **Transporting and transferring Service users**

<http://www.cornwallfoundationtrust.nhs.uk/DocumentsLibrary/CornwallFoundationTrust/Policies/SafetyAndRisk/HealthAndSafety/RM0032008.pdf>

### **Transporting: Guidelines for Paediatric Home Care Staff**

<http://www.cornwallfoundationtrust.nhs.uk/DocumentsLibrary/CornwallFoundationTrust/Policies/Clinical/ClinicalGuidelines/PCS00711Validation.pdf>

For advice and guidance on moving and handling children and young people in school transport, please refer to the Passenger Transport Unit at Cornwall Council.

## 11. Hoist guidelines

The hoisting guidelines in Appendix 11 have been developed by Yorkshire Back Exchange, in conjunction with the Health & Safety Executive. The aim of the guidelines is to ensure safe working practises of hoisting in all service areas. A suitable and sufficient written risk assessment and moving and handling plan must have been completed in accordance with the Moving and Handling Operations Regulations 1992 and an up to date handling/hoisting plan must be in place. The moving and handling plan will be written by a competent person whether it is the moving and handling key worker, occupational therapist or health professional.

## 12. Near misses, accidents and RIDDOR

Currently accidents (including RIDDOR reportable accidents) are reported through the accident online reporting system see link below.

Definition of Riddor - reporting of illnesses, diseases and dangerous occurances. [www.hse.gov.uk](http://www.hse.gov.uk)

### **Council:**

Near misses/accidents should be reported to line manager. Appendix 9

<http://cornwallcouncilintranet.cc.cornwallonline.net/default.aspx?page=5078>

### **Trust:**

### **Policy and Procedure for the Reporting and Management of Accidents, Incidents and Near Misses**

<http://www.cornwallfoundationtrust.nhs.uk/DocumentsLibrary/CornwallFoundationTrust/Policies/Corporate/Governance/GOV01514Validation.pdf>

# Appendix 1. National Back Exchange

These are the training standards which Cornwall Council and Cornwall Partnership Foundation NHS Trust are using:

## Vision

Excellence in all aspects of moving and handling.

## Aims

To develop and promote standards for moving and handling of people and loads across all sectors in line with evolving research evidence

To promote the exchange and dissemination of information and ideas on moving and handling

To promote the application in practice of evidence, skills and information from relevant areas of science

To market the positive benefits of evidence based best practice to stakeholders, employers and other relevant bodies

To maintain a structure for the provision of information and support for members

To contribute to a systems management approach to health, safety and wellbeing.

# National Back Exchange standards in manual handling

## Training guidelines

### 1. Introduction

The need for training standards in manual handling has long been recognised. Members of the National Executive of National Back Exchange often receive enquiries from Social Services, NHS Trusts and Back Care Advisors themselves as to the existence of such standards. This document has been revised to enable those responsible for training to achieve an acknowledged and consistent standard. The legal requirements for training have been identified along with guidance from other authoritative sources, such as:

- The Health and Safety Executive
- The Royal College of Nursing
- The Chartered Society of Physiotherapy
- The College of Occupational Therapists
- Client specific guidance, such as from the Royal College of Midwives
- Inter-Professional guidance from Essential Back Up 2 and the Inter-Professional

### Curriculum/curriculum framework for Back Care Advisors

- The Welsh Manual Handling Passport Scheme
- Care Quality Commission

### 2. The need for standards

- To ensure compliance with the law
- To reduce the risks from bad practice for clients and carers
- To provide protection for employers
- To meet requirements of best practice

- To meet the trainer's own professional requirements (if relevant)
- To promote national consistency
- To help obtain national recognition for the role of the Back Care Advisor

### 3. The legal and professional requirements for training

3.1 Health and Safety at Work etc Act 1974 part 1, section 2-(2)c requires employers to provide

1. Information
2. Instruction
3. Training
4. Supervision

3.2 Management of Health and Safety at Work Regulations 1999(Regulation 13(2) and (3) require employers to provide health and safety training:

1. On recruitment
2. When risks change
3. To be repeated periodically as appropriate
4. To be adapted to take account of any changes required
5. To take place during working hours

3.3 Manual Handling Operations Regulations (as amended) 1992, (Regulations 4(1) (b) (i) (ii) (iii), Regulation 5) do not specify training, but this is implicit in some of its requirements. Employees should be given information on:

1. Task, load, environment, and individual capability
2. Recognition of risk
3. Safe working systems
4. Use of equipment

3.4 The Inter-Professional Curriculum Framework for Back Care Advisors aims to promote best practice in load/client handling in health and social care organisations. It identifies the need for standards of competence for Back Care Advisors, including previous qualifications. These have been addressed in

the Criteria for Registered Members, and in Standards for Manual Handling (2010).

- 3.5 Guidance from the Royal College of Nursing, the College of Occupational Therapy, the Welsh Manual Handling Passport Scheme, the Chartered Society of Physiotherapy, The Care Standards Act 2002 and the Health and Safety Executive recommends that update training in client handling is required at least on an annual basis.

The above authoritative sources give the legal and professional requirements for training in manual handling, and these have been analysed for common themes and then condensed into the following.

#### 4. Pre-training requisites

- There must be a training needs analysis to identify what is required. This may be informed by a health and safety audit process
- Adequate policies must be in place to promote best practice and staff health
- There must be management commitment and support for the training strategy and service delivery
- There must be allocation of sufficient resources by management to develop, implement and deliver the service

#### 5. Training - planning and recording

- Training must be specific to group needs, and be job specific according to level required
- Length of training must be consistent with the need to encourage and develop a change in knowledge, attitude and skills. Demonstrations alone are not sufficient, but staff must be allowed time to practise and acquire practical skills under close supervision.
- Feedback must be provided to management on attendance and ability of staff to participate successfully, and on any ongoing training needs identified.
- A strategy for recall and update training at the appropriate frequency must be in place.

- Full records of training must be kept, including:
  1. Name/signature of trainer and trainees
  2. Date/place of training
  3. Duration
  4. Content
  5. Handouts (if any)
  6. Full/incomplete participation
  7. Refusal/inability to attend
  8. Manual handling equipment/aids used during training

#### 6. Training delivery

- Training should start with management and must include staff at all levels
- It must include risk assessment/management as appropriate
- Manual handling risk assessors must be trained to carry out and record suitable assessments for all appropriate manual handling of clients and inanimate loads
- All staff must be able to recognise and report potentially hazardous situations
- All staff must understand their own responsibility to report any physical problems, including pregnancy and musculo-skeletal problems (past or current) which may affect their ability to take part in training
- Practical training in client handling must be safe and sufficiently supervised. Many authoritative sources consider a trainer/trainee ratio of 1/8 to be suitable.
- Management must be informed if staff are not able to achieve a reasonable level of competence by the end of the training
- An ergonomics approach to safer handling must be integral to the session
- A suitably sized and equipped venue should be used. This is usually better, at first, away from the workplace, to avoid interruptions.
- Following these sessions, more informal training may be required onsite, as a problem solving approach may be required.

## **7. The standard elements of Induction in client handling training should include:**

### 7.1 The following topics

- Spinal mechanics and function
- Importance of back care and posture, risk factors for back pain
- Current relevant legislation/professional guidelines, where relevant
- Assessment of risks
  - Of tasks (including the unexpected/unpredictable)
  - Loads - both inanimate and human
  - Environment and the importance of good housekeeping and maintenance
  - Limits of individual capability (clients and staff)
- Local policies, and reporting of injuries
- Importance of an ergonomics approach
- Principles of normal human movement and promotion of client independence
- Safe management of inanimate loads
- Handling strategies for clients with impaired mobility
- Dealing with unpredictable occurrences
- Use of equipment, as required
- Problem solving

7.2 Duration of update training and content must be determined beforehand with management and a problem solving format utilised.

7.3 Sufficient follow-up by management must ensure safe supervision and monitoring of handling practice. This may be supported by key workers who are competent practitioners and able to support staff who have received training.

These guidelines were revised by the Professional Affairs Committee at the Request of the National Executive of National Back Exchange.

Further guidance on person specification, performance criteria and educational requirements for all aspects of manual handling practice can be found in Standards in Manual Handling (2010).

Copies of Standards in Manual Handling (3rd edition) are available from National Back Exchange at £10.00 (plus postage and packing) using the following link:

**<http://www.nationalbackexchange.org/index.php/shop/shop-online.html>**

## Appendix 2. Competencies for staff

### Staff are expected to:

- Use any system of work provided by the organisation
- Wear appropriate clothing and footwear
- Attend training and utilise safer handling principles and skills in the workplace
- Do not use practices deemed as unsafe
- Refer to risk assessments and moving and handling plans
- Assess their own personal safety before undertaking handling activities
- Employ core principles of safer handling relating to posture and stability depending on individual capability
- Check equipment
- Use clear instructions and inform the young person what is happening
- Report ill health, medical conditions or injury
- Report incidents, accidents
- Report problems to their Line Manager

### Competencies which will be checked in a practical session in the training sessions on the following:

- Walking with equipment
- Transfer between floor and low seat
- Helping child on handlers lap to stand
- Floor to/from buggy, corner or low seat
- Manual lift of small child to low chair/stool
- Assisting child into stander from bed/chair
- Supported sitting
- Sit to stand using turn table or turn aid
- Using inflatable raiser cushion to/from floor
- Helping standing child change a pad
- Helping a standing child use a urine bottle
- Helping a child in a chair to use a bottle
- Toilet transfer with a portable step
- Rolling a child
- Hoisting bed, chair, toilet, bath, changing table, commode
- Hoisting child to/from floor
- Hoisting child into prone standing frame
- Transfer onto minibus - child who can stand
- Non-weight bearing wheelchair user onto bus
- Handling belts

# Manual handling training

## Health questionnaire

Name:

Job Role:

Training Venue:

Trainer:

During the training course you will be required to participate in client and/or object handling techniques. You will also carry out a number of practical exercises. In order for the trainer to train you safely and provide guidance pertinent to you personally they need to know about any pre-existing condition which you may have. The information given will be treated in confidence.

If you knowingly give incorrect information the Trust/Council can bear no responsibility for any resultant pain or injury.

You are required therefore to place a tick in the box adjacent to any factor which could affect the way in which your training is provided and sign below.

1. I suffer from back, neck or shoulder pain or injury Yes  No
2. I am receiving treatment for a condition which may affect my ability to engage in physical activity without pain or injury Yes  No
3. I am pregnant Yes  No
4. I have given birth in the last six months Yes  No
5. I am breast feeding Yes  No
6. None of the above applies Yes  No

Signature:

Date:

If you have answered 'yes' to any of the questions 1-5 the trainer may seek further information from you in confidence. You may be advised that you cannot proceed with training if necessary advice will be sought from the Occupational Health Department.

**Should you suffer any discomfort or injury during the training you must report this to the Trainer immediately.**

# Moving and handling

## Core practical assessment form

Cornwall Partnership   
NHS Foundation Trust



### Module A - Legislation and Risk Assessment

Date and signature when E-learning was completed:		Date:		Sig:
	Discussed	Demo.	Practised	Comments
<ul style="list-style-type: none"> <li>• Injuries</li> <li>• Avoiding musculo-skeletal injuries</li> <li>• Legislation</li> <li>• Ergonomics and risk assessment</li> <li>• Principles of safer handling</li> <li>• Team handling</li> <li>• Communication</li> </ul>				

### Module B - Inanimate Handling

	Discussed	Demo.	Practised	Comments
<ul style="list-style-type: none"> <li>• Principles of safer handling of inanimate loads</li> <li>• Safer handling inanimate load risk assessment</li> <li>• Identifying how principles of safer handling can</li> <li>• be applied to larger/awkward loads</li> <li>• The importance of good posture and application of</li> <li>• ergonomic principles in the workplace, including whilst driving</li> <li>• Lifting a load from the</li> <li>• floor or low level</li> <li>• Appropriate position</li> <li>• whilst sitting at desk</li> </ul>				

### Module C - Sitting/Standing and Walking

	Discussed	Demo.	Practised	Comments
<ul style="list-style-type: none"> <li>• Sitting to standing from chair.</li> <li>• Sitting to standing from edge of bed</li> <li>• Sit to stand using Sara steady/Molift.</li> <li>• Assisted walking</li> <li>• Raising the fallen patient Using inflatable raiser cushion to / from floor</li> </ul>				

### Module D - Hoisting

	Discussed	Demo.	Practised	Comments
<ul style="list-style-type: none"> <li>• Principles of hoist use, and the types of hoists available</li> <li>• Type, selection and use of slings</li> <li>• Main points of LOLER 1998</li> <li>• Unsafe practise</li> <li>• Type, selection and use of sling</li> <li>• Sling checks</li> <li>• Hoisting to and from floor</li> <li>• Hoisting from bed</li> <li>• to chair</li> <li>• Hoisting from chair</li> <li>• to bed</li> <li>• Hoisting from floor</li> <li>• Use of stand-aid</li> <li>• Transfer using standing sling</li> <li>• Transfer using Transport Sling</li> </ul>				

### Module E - Positioning

	Discussed	Demo.	Practised	Comments
<ul style="list-style-type: none"> <li>• Fitting and removing tubular sheets.</li> <li>• Sliding the supine patient up/down the bed</li> <li>• Fitting a sling with client in bed</li> <li>• Turning of patient.</li> <li>• Use of pat slide.</li> </ul>				





## Appendix 3. Definitions

**Injury:** Refers to damage to any part of the body if it is caused by the external properties of the load. E.g.size, shape, weight, sharp corners etc.

**Moving and handling:** The legal definition of this in terms of the Moving and handling Operations Regulations 1992 (MHOR), is “any transporting or supporting of a load (including the lifting, putting down, pushing, pulling, carrying or moving thereof) by hand or by bodily force”.

**Minimal lifting:** Clients are no longer to be lifted manually unless there is no safe alternative as in exceptional or life threatening circumstances.

**Load:** Includes any person, patient or client, who requires physical assistance with movement or any piece of equipment that is moved.

**Reasonably Practicable:** The level of risk is balanced against any potential resource input that is required to remove or reduce the risk.

**Risk Assessment:** This may be generic completed for an area or department or, individual completed as an assessment of any moving and handling risks in providing care or therapy for a client

**Ergonomics:** Designing the task, workplace and equipment to fit the individual and reduce the risk of strain and injuries.

**Provision and Use of Work Equipment Regulations (PUWER 1998), HSE:** Guidance stating that all equipment provided and used in the course of your employment should be checked prior to its first use and on a regular basis. The regularity will depend on the device or piece of equipment being used.

**Lifting Operations and Lifting Equipment Regulations (LOLER 1998), HSE:** Guidance stating that all equipment used for lifting a person whether a hoist, and any material sling used, or lifts in buildings must be checked by an appropriately qualified person/engineer every 6 months.

**Competent:** A person who has undertaken training in moving and handling and successfully passed the tasks and is deemed as a competent person.

Ref: National Back Exchange

# Appendix 4. Risk assessment

**The risk assessments shall take into account the following: (ELITE)**

**Environment**

- Sufficient space
- Obstacles
- Obvious hazards
- Floor surfaces
- Lighting
- Temperature

**Load**

- Weight
- Size
- Shape
- Stability
- Difficulty to grasp
- Position

**Individual**

- Own level of fitness
- Own level of skill
- Own height
- Own confidence
- Previous training
- Injury

**Task**

- Transfer
- Lift
- Move
- Any bending or stooping
- Any stretching
- Any reaching

**Equipment**

- Is the equipment safe to use
- LOLER tested and in date
- Does the user know how to use it

## 4a Risk assessment matrix

Risk Assessment

Likelihood score

What is the likelihood of the risk occurring?

Likelihood score	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost certain
Frequency How often might it / does happen	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen recur possible frequently

**Table 3**

Risk scoring = Consequence x Likelihood (C x L)

	Likelihood				
Consequence					
	1	2	3	4	5
	Rare	Unlikely	Possible	Likely	Almost certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

Risk score

1 - 3	Low
4 - 6	Moderate
8 - 12	High
15 - 25	Extreme

Table 2: Risk Probability (P) The likelihood of the hazard causing harm. Category	Example - for guidance only	Score
<b>Very unlikely / rare</b>	Good control measures are in place. Controls do not rely on a person using them (i.e. personal compliance with safety rules). Controls are very unlikely to break down. People are very rarely in this area or very rarely engage in this activity.	<b>1</b>
<b>Unlikely</b>	Reasonable control measures are in place but they do rely on a person using them (some room for human error). Controls unlikely to breakdown. People are not often in this area / do not often engage in this activity / this situation is unlikely	<b>2</b>
<b>Possible</b>	Inadequate controls are in place, or likely to breakdown if not maintained. Controls rely on personal compliance. People are sometimes in this area or sometimes engage in this activity / this situation sometimes arises	<b>3</b>
<b>Likely</b>	Poor controls in place. Heavy reliance on personal compliance (lots of room for human error). People are often in this area / engage in this activity on a regular basis / this situation often arises.	<b>4</b>
<b>Almost certain</b>	No controls in place, exposure to the hazard is expected to occur in most circumstances.	<b>5</b>

Table 1: Risk Severity (S) The severity or consequences of any resulting injury or ill-health. Category	Example - for guidance only	Score
<b>Insignificant</b>	None or only insignificant injuries, health effects, damage or disruption to work.	<b>1</b>
<b>Minor</b>	Minor injuries or health effects - cuts, bruises, mild skin irritation, mild aches and pains - requiring first aid only. Minor property damage or disruption to work.	<b>2</b>
<b>Moderate</b>	More serious injuries or ill-health requiring time off work or a hospital visit, e.g. burns, sprains, strains and short-term musculoskeletal disorders, cuts requiring stitches, back injuries, fractures to fingers or toes. More serious property damage or disruption. Short-term stress-related absence.	<b>3</b>
<b>Major</b>	Broken limbs, amputations, long-term health problems or absence resulting from work . Acute illness requiring medical treatment. Loss of consciousness, serious electric shock, loss of sight. Major property damage, major disruption to work.	<b>4</b>
<b>Fatal / Catastrophic</b>	Injury or ill-health which leads to death either at the time or soon after the incident, or eventually, as in the case of certain occupational diseases, such as asbestos-related cancers. Catastrophic business losses.	<b>5</b>

Taken from Cornwall Council Risk Assessment Corporate Guidance.

# Appendix 5. Moving and handling risk assessment forms

Guidance sheet for completing the Risk Moving and Handling Plan

Instructions for the front sheet of the moving and handling assessment form on pg 24:

**Child ability** (from National Back Exchange, Manual handling of children)

- 1 - Total assistance performs less than 25% of the task
- 2 - Maximal assistance performs 25% - 49% of the task
- 3 - Moderate assistance, performs 50% - 74% of the task
- 4 - Minimal assistance, performs 75% or more of the task
- 5 - Supervision (cuing , coaxing, prompting of the task)
- 6 - Modified independence (extra time, devices)
- 7 - Complete independence (timely and safely)

**Child Size**

- A - Babies and very small children 0 - 2 years estimated 3 - 10 kgs (6 - 22lbs)
- B - Pre school 2 - 4 years estimated 11 - 20kgs (24 - 44 lbs, 2 - 3 stones)
- C - Young children 4 - 7 years estimated 21 - 25kgs (46 - 55lbs, 3.2 - 3.9 stones)
- D - Older children 7 - 12 years estimated 26 - 35 kgs (57 -77lbs, 4 - 5.5 stones)
- E - Teenagers 13 - 16 years estimated 36 - 40 kgs (79-88lbs, 5.6 - 6.2 stones)
- F - Almost adult 16 - 18 years estimated 41 + kgs (90lbs +, 6.4 stones+)

**Instructions to complete the assessment form:**

- Use the guide (above) to determine the child's size, ability and how many carers are needed.
- All ticked boxes on pages 2, 3 and 4 of the form should be reflected in the moving and handling plan – these are the risks before measures are put in place.
- Using the risk matrix (See Appendix 4, section 4a) work out the risk likelihood and severity
- On the front sheet insert the overall risk before measures are put in place and the overall risk once measures are in place – this is to demonstrate the plan if followed reduces the risk
- Complete the Moving and Handling Plan (See page 28 and 29); completing the risk column on the right with the risk (E,H,M,L) if the control measures are in place for each task.

The Assessment and the Moving and Handling Plan should be easy to read and enable a carer to follow the plan.

**Moving and handling plan:**

The risk column on the right handside is the risk if you undertake the control measure. The actions in the moving and handling plan should correlate with the tick boxes on the front sheet

Moving and handling plans will be scanned into the appropriate systems.

Ref: © National Back Exchange manual handling of children

# Moving and handling risk assessment



**Name:**

**DoB:**

**Address:**

**Assessed Settings:**

- School
- Home
- Short Break Unit
- Other

**Conditions:**

**Assessment date:**

**Review date:**

**Completed by date:**

**Height:**

**Weight:**

**Sensory:**

**Hearing:**

**Vision:**

**Risk Assessment:**

Before Completing Plan:

After Completing Plan:

**Childs Ability:**

1 2 3 4 5 6 7

**Child Size:**

A B C D E F

**Number of Carers:**

1 2 3

**Check box by clicking on the appropriate box:**

**Communication**

- Speech
- Gesture/Signing
- Communication Book
- IT

**Comments**

**Other Factors**

- Pain
- Discomfort
- Muscle Tone H
- High/Low L
- Contractures
- Gastronomy
- Peg/ng tube
- Epilepsy
- Constipation
- Other

**Behaviour**

- Co-operative
- Un co-operative
- Unpredictable
- Challenging
- Anxious

**Understanding**

- Age appropriate Yes  No
- Limited Yes  No

**Risk Assessment if prior to completing moving and handling plan:**

**Check box by clicking on the appropriate box:**

**NA=Not Applicable, E=Extreme, H=High, M=Moderate, L=Low**

<b>Mobility:</b>	<b>NA</b>	<b>E</b>	<b>H</b>	<b>M</b>	<b>L</b>
<b>Standing Ability</b>					
Unable to weight bear reliably	<input type="checkbox"/>				
Needs support	<input type="checkbox"/>				
Needs supervision	<input type="checkbox"/>				
Uses equipment	<input type="checkbox"/>				
<b>Sitting Ability</b>					
Unable to be seated	<input type="checkbox"/>				
Needs support	<input type="checkbox"/>				
Needs supervision	<input type="checkbox"/>				
Sits unaided	<input type="checkbox"/>				
Functional chair	<input type="checkbox"/>				
Wheelchair	<input type="checkbox"/>				
<b>Walking Ability</b>					
Unable to walk	<input type="checkbox"/>				
Needs support	<input type="checkbox"/>				
Needs supervision	<input type="checkbox"/>				
Walking with equipment	<input type="checkbox"/>				
Walking unaided	<input type="checkbox"/>				
Walking with assistance	<input type="checkbox"/>				
<b>Transfers</b>					
In and out of bed	<input type="checkbox"/>				
Help from sitting to standing	<input type="checkbox"/>				
Sit to stand from front	<input type="checkbox"/>				
Stand and turn	<input type="checkbox"/>				
Transfer from chair to chair	<input type="checkbox"/>				
Floor to chair	<input type="checkbox"/>				
Stand to sit	<input type="checkbox"/>				
Floor to buggy/low seat	<input type="checkbox"/>				
Help to stand from carers lap	<input type="checkbox"/>				
Using an inflatable cushion (elk)to stand/sit/floor	<input type="checkbox"/>				
Manual lift from low surface	<input type="checkbox"/>				

**Check box by clicking on the appropriate box:**

**NA=Not Applicable, E=Extreme, H=High, M=Moderate, L=Low**

	<b>NA</b>	<b>E</b>	<b>H</b>	<b>M</b>	<b>L</b>
<b>Personal Care</b>					
Stand and change a pad	<input type="checkbox"/>				
Stand and use a urine bottle	<input type="checkbox"/>				
Child in a chair to use a urine bottle	<input type="checkbox"/>				
Using a portable step to use toilet	<input type="checkbox"/>				
Assist toileting	<input type="checkbox"/>				
Changing nappy/pad lying down	<input type="checkbox"/>				
Bathing	<input type="checkbox"/>				
Washing	<input type="checkbox"/>				
Showering	<input type="checkbox"/>				
<b>Hoisting</b>					
Putting sling in position	<input type="checkbox"/>				
To bed	<input type="checkbox"/>				
To chair	<input type="checkbox"/>				
To bath	<input type="checkbox"/>				
To toilet	<input type="checkbox"/>				
To wheelchair	<input type="checkbox"/>				
<b>Positioning</b>					
Off floor	<input type="checkbox"/>				
Rolling	<input type="checkbox"/>				
<b>Trampoline</b>					
On/off	<input type="checkbox"/>				
<b>Transport</b>					
Small child into car seat	<input type="checkbox"/>				
Transfer child who can stand	<input type="checkbox"/>				
Wheelchair user	<input type="checkbox"/>				
Sideways transfer	<input type="checkbox"/>				
<b>Therapy</b>					
To standing frame	<input type="checkbox"/>				
Onto a ball	<input type="checkbox"/>				
Onto a wedge	<input type="checkbox"/>				
Supported seating on floor	<input type="checkbox"/>				
<b>Swimming</b>					
To pool	<input type="checkbox"/>				
Using hoist	<input type="checkbox"/>				
Using chair	<input type="checkbox"/>				

**Check box by clicking on the appropriate box:**

**NA=Not Applicable, E=Extreme, H=High, M=Moderate, L=Low**

	<b>NA</b>	<b>E</b>	<b>H</b>	<b>M</b>	<b>L</b>
<b>Horse Riding</b>	<input type="checkbox"/>				
<b>Tricycles</b>	<input type="checkbox"/>				

**Check box by clicking on the appropriate box:**

**Parents Agree**      Yes            No     

**Child Agrees**      Yes            No     

**Review date:**

**Worker signed:**

**Title:**

**Parent:**

**Child:**



# Moving and handling plan

**Name:** \_\_\_\_\_ **Today's date:** \_\_\_\_\_ **Assessor(s) shared with other settings** \_\_\_\_\_ **Yes/ No** \_\_\_\_\_

The moving and handling control measures should link to the boxes completed on the risk assessment.

<b>Task</b>	<b>Problem</b>	<b>Setting</b>	<b>Moving and handling plan/control measure to reduce risk</b>	<b>Comments</b>	<b>Risk</b>
-------------	----------------	----------------	--	-----------------	-------------

Mobility					
----------	--	--	--	--	--

Transfers					
-----------	--	--	--	--	--

Sitting					
---------	--	--	--	--	--

Hoisting					
----------	--	--	--	--	--

<b>Task</b>	<b>Problem</b>	<b>Setting</b>	<b>Moving and handling plan/control measure to reduce risk</b>	<b>Comments</b>	<b>Risk</b>
Personal Care					
Positioning					
Trampoline					
Transport					
Therapy					
Swimming					
Horse riding					
Tricycles					
Review date:		Parent:			
Professional:		Child:			

Alison Taylor – Occupational Therapist , Disabled Children and Therapy Service, Cornwall Council

# Moving and handling passport

## Moving and handling passport for disabled children and young people



**This passport is for**

**This is for you to keep and share**

1

### Hoist check list:

- Each hoist will be serviced and have a next service date, therefore the hoist should only be used if in date
- Ensure you know how to use the hoist, if you are unsure please do not use the hoist and contact the provider / prescriber
- Check the battery is working and charged
- Check there are no leaks (if mobile hydraulic hoist)
- The hoist should be checked every six months

### Sling check list:

- Ensure you can read the label
- Ensure the stitching is intact
- Ensure the material is not laddered / broken
- Ensure the sling has the right attachments
- If the sling is damaged please do not use, and report to the provider / prescriber

2

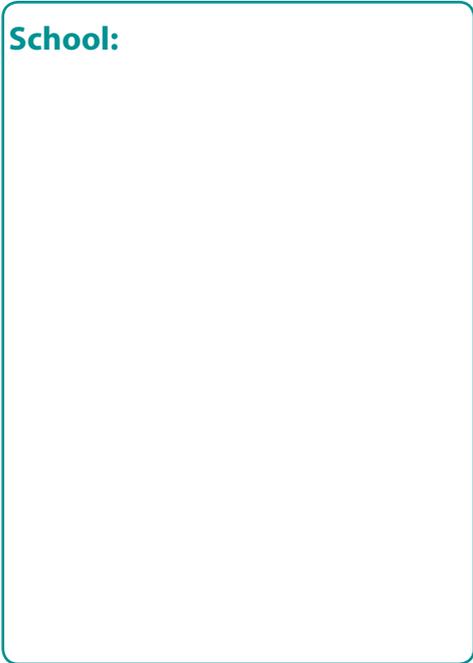
### Moving and handling

#### Home:

3

Moving and handling

**School:**



4

Moving and handling

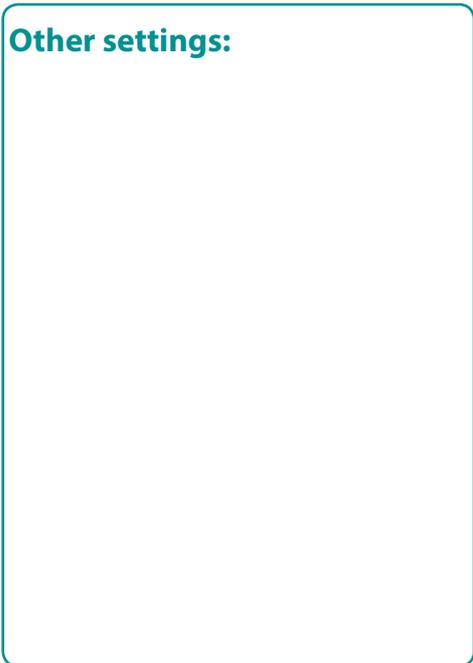
**Transport:**



5

Moving and handling

**Other settings:**



6

**Other things to consider**

(e.g. challenging behaviour, epilepsy, condition specific)



7

### Reviewing this passport

If this passport needs a review please contact

[Redacted]

For more detailed moving and handling of

[Redacted]

please see the moving and handling plan

8

### Top tips for moving and handling

- Maintain the S shape of your spine when you move
- Bend at the knees not your hips
- Keep your back straight
- Ensure Levels of equipment are at the right height
- Stand with feet apart, one in front of the other in the direction you are moving
- Ensure the environment is clear
- Let [Redacted] know what movement you are planning
- If there are two of you, use the words Ready - Steady - Sit/Stand/Walk

9



10

### Contact us

Cornwall Council  
Education Health and Social Care  
Chy Trevall  
Beacon Technology Park  
Dunmere Road  
Bodmin  
PL31 2FR  
Telephone: 01872 327262  
Email: [admin-carew@cornwall.gov.uk](mailto:admin-carew@cornwall.gov.uk)

If you would like this information in another format or language please contact:

Cornwall Council  
County Hall  
Treyew Road  
Truro TR1 3AY  
Telephone: 0300 1234 100  
Email: [enquiries@cornwall.gov.uk](mailto:enquiries@cornwall.gov.uk)  
[www.cornwall.gov.uk](http://www.cornwall.gov.uk)

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41533 09/16 - MHP

## Appendix 6. Training needs matrix

This is an example of which staff need what training:

### Training needs matrix

Staff group	Hazards	Level of risk	Training needs
staff who do not work directly with children and young people	Light weight and infrequent	Low risk (green)	Inanimate moving and handling induction and update
Admin	Handling of inanimate loads	Low risk (green)	Inanimate moving and handling induction and update
Psychologists	Handling of inanimate loads	Low risk (green)	Inanimate moving and handling induction and update
Social Workers	Moving and handling of child/young person	Low risk (green)	Inanimate moving and handling induction and update
Social Workers (handling children)	Moving and handling of child/young person	High risk (red)	Inanimate moving and handling induction and update and handling techniques
Early years e.g. Portage	Moving and handling of child/young person	High risk (red)	Inanimate moving and handling induction and update and handling techniques
Disabled Childrens Support Workers	Moving and handling of child/young person	High risk (red)	Inanimate moving and handling induction and update and handling techniques
Occupational Therapists	Moving and handling of child/young person	High risk (red)	Inanimate moving and handling induction and update and handling techniques
Homecare Service	Moving and handling of child/young person	High risk (red)	Inanimate moving and handling induction and update and handling techniques
Short Break Staff	Moving and handling of child/young person	High risk (red)	Inanimate moving and handling induction and update and handling techniques

## Appendix 7. Training needs records

Training needs records are held in each individual area.

Managers have a record of staff training on ERP.

Moving and Handling Trainers also hold records of those trained.

In short break settings, the residential managers are responsible for ensuring training is recorded and staff have regular updates.

Trust managers to contact work force learning and development.

## Appendix 8. Current moving and handling advisors

Moving and Handling advisors at Cornwall Council and CFT hold a list of moving and handling trainers and each agency has a shared drive with the same information.

Moving and Handling Advisors will have access to training information.

The Trust has a Moving and handling Advisor.

# Appendix 9. Reporting of accidents

## Recording of accidents, near misses and risk register

The following information has been obtained from Cornwall Council policy and guidance on the reporting and investigation of incidents. Please see link at the end of this appendix.

There is a near miss log and reporting system, though not one specific to moving and handling currently to collate trends/training issues within the Council or with agencies who are commissioned by Council or Health.

## How should incidents be investigated

Finding out how and why an incident occurred can provide valuable information to prevent a similar incident in the future.

Managers are expected to carry out preliminary incident investigations. In addition all incidents will be reviewed by a qualified safety professional and, if necessary, a detailed investigation will be carried out.

Where a safety professional carries out an investigation the employee will be given the option to invite a union representative to participate in the process.

If a death, major injury or specified dangerous occurrence occurs - make the area safe but try to preserve the scene of the incident as much as possible until you have contacted Health, Safety and Wellbeing Services - they will advise you of any further action required.

## What about near misses?

If an incident is reported to you where no-one was injured but there was the potential for serious injury you should investigate it as if it was an injury/incident.

An example is not putting loops correctly on the hoist and then trying to lift.

Records of near misses need to be kept locally. This information can be kept electronically or hard copy - **but it must be kept secure.**

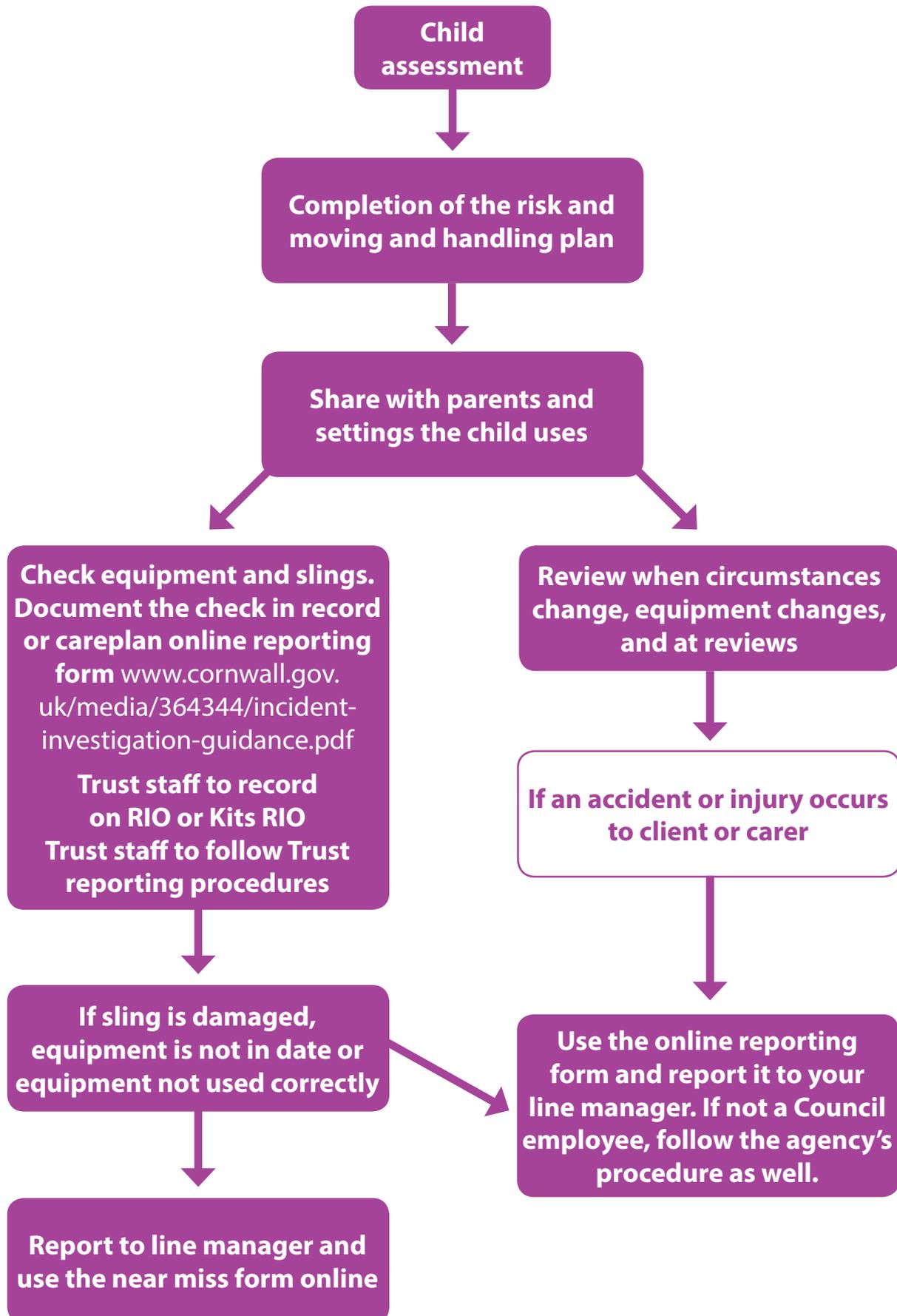
This is the link to the accident/near miss reporting:

(<http://www.cornwall.gov.uk/media/3643444/Incident-investigation-guidance.pdf>)

## Policy and Procedure for the Reporting and Management of Accidents, Incidents and Near Misses

<http://www.cornwallfoundationtrust.nhs.uk/DocumentsLibrary/CornwallFoundationTrust/Policies/Corporate/Governance/GOV01514Validation.pdf>

# Appendix 10. Flow chart for procedures



# Appendix 11. Hoist guidelines

## Read and follow the handling/hoisting plan

The person using the hoist must do an 'on the spot' risk assessment to check there is no significant change from the handling/hoisting plan and do a visual check of all equipment prior to using it.

Prepare environment for hoisting, ensure there is sufficient space to use the hoist safely



**Hoist** - mobile (electric and hydraulic), ceiling track systems, stand aid, bath

### Ensure:

- Safe working load (SWL) of the hoist and is clearly displayed
- The hoist is fully charged and the battery fitted correctly
- There are no obvious signs of damage
- Any leads are connected correctly
- The emergency stop button is set correctly
- There are no fluid leaks
- The lifting tape is intact and not frayed (applies to ceiling track, certain mobile hoists)
- The castors are moving freely i.e. free from carpet fibres/fluff etc. (mobile & standing hoists)
- The base adjustment moves freely (mobile and standing hoists)
- The raise/lowering mechanism works
- LOLER checks are undertaken annually



## Slings

### Ensure:

- It has been assessed for the client and is fit for purpose
- The sling is compatible with the person and the hoist
- All labels are legible and show SWL and unique identifier
- There are no signs of fraying, tears etc.
- All stitching is intact
- The fabric is not worn/wearing
- The velcro (if applicable) is clean and free of fibres/ fluff etc.
- The buckle (if applicable) has no signs of damage etc.
- The loops/clips have no obvious signs of damage, fraying etc.
- The sling is clean
- LOLER checks are in date

## Environment

### Ensure:

- There is sufficient space to use the hoist safely
- The floor is clear of obstacles
- There is sufficient access around and under furniture
- There is a suitable and safe area to store and charge (if applicable) the hoist
- The environment is prepared for the task

If a fault is identified with either the hoist or sling it should be immediately withdrawn from use and follow your reporting procedures.

## General guidance - Good practice

### For all hoisting tasks

- Do not use the hoist/sling unless you have had the necessary training
- Read the handling/hoisting plan and ensure it is current and relevant
- Familiarise yourself with the hoists emergency lowering systems
- All hoisting tasks should be performed with two carers (unless otherwise risk assessed)
- Communicate with all involved in the task at all times
- Ensure safety and comfort of person at all times
- Reassure the person at all times
- Never use the hoist as a threat
- Brakes must not be applied during the hoisting procedure (unless otherwise risk assessed)
- Any concerns regarding the equipment, task, person, environment etc., handlers must contact their manager or follow organisational procedures immediately
- Apply sling first, bring hoist in last
- Double check the sling attachments and the sling and person are in the correct position prior to raising
- Ensure the support surface is ready to receive the person
- Hoist the person just above both support surfaces to obtain sufficient clearance
- Avoid using the hoist to transport over distances, thresholds and different surfaces unless otherwise stated in the risk assessment
- Follow local policies and procedures with regard to care and cleaning of the hoist
- Place hoist on charge when not in use
- Hoists and slings must not be adapted or misused

### Additional guidance for mobile hoists

- Control the descent of the spreader bar and lower to the level of the person's chest or below for sling attachment

### Additional guidance for ceiling track/overhead hoisting systems

- The motor should be directly overhead, ensure the lifting tape is vertical to the lift to avoid wear and tear and/or malfunction
- Elevate the spreader bar to its highest position when not in use
- Return the hoist to its docking station for charging when not in use
- Ensure the tracking is clear of obstructions
- Be familiar with how freely the motor moves on the tracking
- A safe way of transporting and attaching the lifting pod should be developed and followed

### Additional guidance for bath hoists

- Please ensure that all staff are fully trained on that specific bath hoist and with the equipment in the bathrooms i.e. height adjustable baths etc.
- Risk assess the environment, noting wet floors, ventilation and space available. Soaps, oils, talc and other bathing products may make surfaces slippery and affect the use of equipment
- Check the temperature of the water
- Application of lap straps (if risk assessed for use) - Ensure correct fitting of lap strap
- Use identified method of getting person on bath hoist i.e. independently, hoisting
- Do not leave the person unattended
- Ensure two staff are present at all times
- Mobile hoists may also be used for bathing - see mobile hoist guidance



This sling cannot be used as the weight limit and serial number **cannot** be read.



This sling has a hole in the material and the sling **cannot** be used.



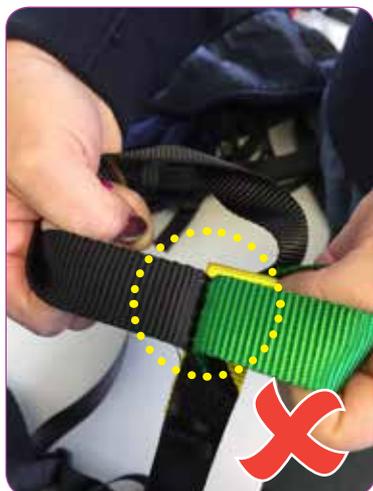
The stitching on the main part of the sling is undone therefore the sling **cannot** be used.



The label has started to fray and therefore the sling **cannot** be used.



The label can be read easily with the size and weight limit clearly visible. This sling **can** be used.

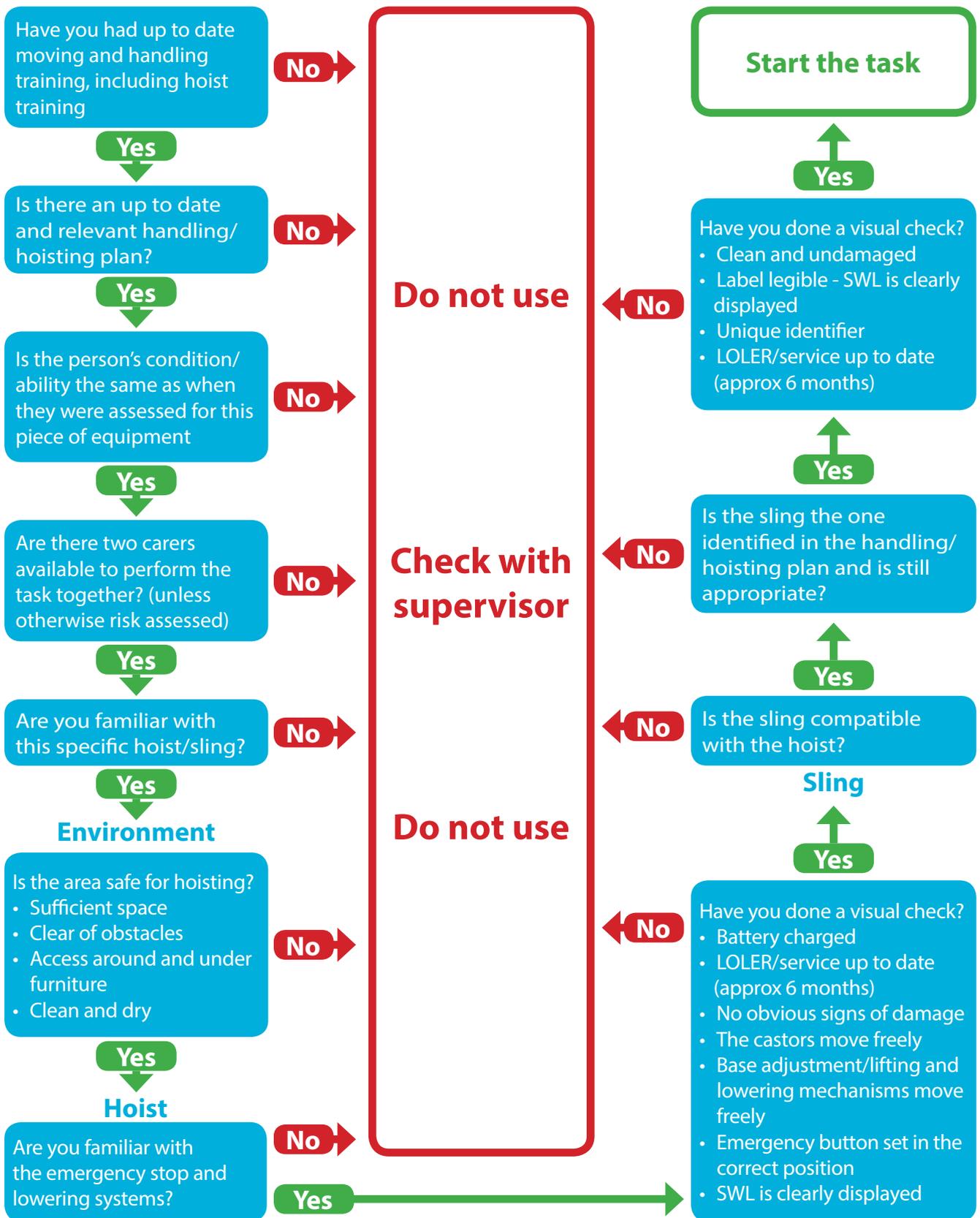


The loops are being pulled taut and are likely to tear the stitching, meaning the sling would not be able to be used

The loops are being held loosely so the stitching can be checked



## Flow chart for using hoists and slings



If you would like this information in another format or language please contact:

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County Hall  
Treyew Road  
Truro TR1 3AY

Telephone: 0300 1234 100  
Email: [comments@cornwall.gov.uk](mailto:comments@cornwall.gov.uk)  
[www.cornwall.gov.uk](http://www.cornwall.gov.uk)



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 eylgylghya rag Kernow