

Manual Handling Assessments in Hospitals and the Community

An RCN Guide



Royal College
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Regulations require both hospital and community trusts to carry out manual handling assessments. But when you work in a large organisation, dealing with a variety of situations, where do you start? How do you avoid assessments becoming a useless paper exercise? How much should be done in writing and what forms should be used?

This Royal College of Nursing guide aims to give practical advice on these topics. It is aimed at all those with responsibility for staff's back care. This includes everyone from senior managers to moving and handling co-ordinators, back care advisers, occupational health departments and health and safety advisers. The guide does not attempt to cover assessment of any specific manual handling situation, nor does it describe the regulations. You should consult other sources for more guidance on these aspects (see references).

Why do risk assessments?

◆ The regulations require it

The Manual Handling Operations Regulations 1992 require risk assessments to be carried out if the employer cannot avoid the need for a manual handling action which involves a risk of injury. Once assessments are made, the employer must take appropriate steps to reduce the risk of injury to the lowest level reasonably practicable. 'Reasonably practicable' means reducing the risk until the cost of any further precautions – in time, trouble or money – would far outweigh the benefits.

◆ It's a logical method for reducing accidents and ill-health

If you are planning to start a major training programme or are about to buy some handling equipment you will probably already have an idea of what is required. But is your picture accurate? Are your efforts really going where they are needed? Risk assessments will enable you to make your decisions on the basis of informed judgement. They will help you identify what the main risks are, and where the main needs exist in your particular organisation.

◆ Assessments increase awareness

Both managers and staff need to be involved in obtaining risk assessments for their areas. This will make everyone more aware of situations where extra vigilance is required. The exercise will also highlight the individual's responsibility to do everything within their power to make their workplace safer. In many hospitals the introduction of risk assessments has improved knowledge and awareness of safety issues and prompted a tightening-up of handling policies among staff.

◆ For use when something goes wrong

In cases of accident or criticism from inspectors, written assessments will demonstrate that a safe system of work is in operation. If the system is not yet perfect, well-kept records will show that you do have plans and have budgeted for improvements. If an accident has happened, it may mean that your assessment was faulty and should be revised, but at least it will help to show that you acted according to your best judgement at the time.

What is a risk assessment?

Firstly, assessing risk means being aware of the problem areas. It then helps determine how concerned you need to be about the problem. For instance, does it place many staff at risk? Is the problem met frequently or rarely? Is it likely to cause a major injury, or could it be one of the many tasks where each time it is carried out it contributes to cumulative strain? But a risk assessment is useless unless it leads to action on reducing risks. This could be an immediate decision to change a simple work practice, or it could be the basis for budgeting over several years to purchase a large number of handling aids.

Policies and procedures

If you have written policies and procedures which explain how a task is to be done safely, this may remove the need for a written assessment of each individual task. A separate assessment would only be needed if the procedure did not control the risk sufficiently. If that is the case you need to justify the present system and make a note of plans for the future.

Should risk assessments be done by numbers?

Some risk assessments are carried out using numerical techniques, where various risk factors are given scores which are then multiplied to produce an overall risk score. Risks can then be ranked to determine priorities. The system seems objective and some argue it is justifiable to ignore any risks under a certain score. But the technique has major limitations.

Part of the problem with a formula is that it is inflexible and only takes accounts of specific risk factors. But an experienced assessor can use judgement to look at the picture as a whole, taking a wide range of factors into account. For this reason numerical assessments are not recommended.

How much should be written down?

The guidance to the regulations states that

'in general, the significant findings of the assessment should be recorded and the record kept, readily accessible, as long as it remains relevant.'

However, the assessment need not be recorded if:

'it could very easily be repeated and explained at any time because it is simple and obvious.'

or

'the manual handling operations are quite straightforward, of low risk, are going to last only a very short time, and the time taken to record them would be disproportionate.'

Staff should record relevant information in care plans but it is also important for senior management to record their plans, if only through the minutes of meetings or copies of correspondence. This should meet the requirements of the regulations as well as provide useful evidence in the event of a civil court case. Patient care plans should be used to provide information and instructions on patient handling but they should also be supported by written policies or procedures where appropriate. For instance a handling policy or procedure might determine in which cases hoists or lateral transfer aids must be used.

Do bear in mind that written records are useless if they do not reflect reality. And a written procedure or instructions in a patient care-plan are valueless unless they are enforced.

There are three levels of assessments. These are:

◆ Patient-based level

There is nothing new in doing an assessment, at least mentally, at patient level. This should be further developed so that the patient care-plan contains clear information on the patient's movement abilities and needs. The design of the care

plan may need to be changed or, if more space is needed, an extra page may be added. The plan should include instructions on handling aids, techniques and the number of nurses to be used for various moves. In the community, this is the main assessment and should include an evaluation of the environment and of the handling aids required.

In hospital these assessments can be trimmed down to be more relevant to particular types of wards. This enables nurses to tick or circle some items, for instance the type of handling aids used for various tasks. If a ward nearly always uses the same method for particular tasks, for instance, if nearly all patients are placed in the bath with a bathing hoist, then wards could record this in a general procedure. This removes the need to write it in each care plan.

◆ Department or ward level

This is an assessment of the general situation usually found in the ward or department. It cannot easily be done in the community, because every patient's home is different. An assessment at ward level only needs to be done occasionally. It can be reviewed annually, and amended whenever there are changes in the ward. This assessment should include a whole range of information from space in bathrooms and availability of handling aids to training of staff. An example of a form for such an assessment is included in this guide. Other areas, such as theatres or clinics, should also carry out departmental assessments.

◆ Top level

Whenever senior management considers the requirements of the organisation as a whole, this is implicitly based on some kind of risk assessment. Decisions on training, uniforms, budgets for works or new handling aids, should all be based on a proper evaluation of risks. Much of the necessary information will be provided by departmental assessments (or for the community, a survey will need to be done to evaluate general needs). Management may not need to record risk assessment, but it is advisable to have a written plan for reducing risk, with justifications.

Introducing a risk assessment policy

There are many ways of carrying out risk assessment and every organisation needs to devise its own system according to its personnel resources and management structure. The main stages in the process are:

◆ Appoint an assessment co-ordinator

Senior management should be familiar with the main issues surrounding assessments but a specific person should be appointed to co-ordinate the introduction of assessments. A back care adviser or similar is an ideal person for the job.

Otherwise consider someone with an occupational health or health and safety remit. It may be necessary to second someone with an interest in the subject – a nurse, physiotherapist or occupational therapist. The task of co-ordinating assessments may require several months of full-time work. The co-ordinator should have received training in handling assessments.

◆ Choose the assessors

In the case of the community this will be the community sisters/charge nurses. In hospitals two different approaches have both worked well, though each has advantages and disadvantages. The first method is to have ward managers do the assessment for their own areas (after some training). The second method is to put together a small team of assessors who will then go round the wards carrying out assessments with the ward managers. This team could be made up of nurses, physiotherapists, occupational therapists and works officers, all allocated time for their own training needs and for carrying out assessments.

If ward managers do their own assessments:

This encourages them to take more responsibility for the practices in their area and to take time to involve their staff in the assessment process. Letting people 'own' the process means more follow-up and better implementation. Training is crucial as unless awareness among ward managers is high, they may not appreciate all the risks and may miss possible improvements. They may also see the task as a burden that they do not feel competent enough to do.

If there is a small assessment team:

The advantage is that ward managers receive a lot of support from a well-informed team, who may prompt them to think about risks in a new way. The drawback is the possibility that ward staff do not feel sufficiently involved and do not take ownership of the process. This method also requires considerable time to be allocated to members of the assessment team.

◆ Planning and preparation

The nursing director or the assessment co-ordinator should already have a rough idea of where the main problems are. It is useful, before embarking on the risk assessment exercise, to put together an outline plan of action and likely costs for issues such as staff training, handling methods, handling aids and uniforms. Otherwise an opportunity is wasted to put important policy messages across during training, for example when handling aids should be used or which manual handling techniques are condemned.

Another reason for having a rough plan is that it helps convince assessors and ward managers that senior management are committed to putting resources into improvements.

It is also important to consult any accident or sickness statistics available for your organisation. This is usually not the time to start trying to compile new statistics as it could seriously delay the risk assessments process. Leave that for later to help you monitor the effectiveness of new measures. At this stage, the finance and works managers should be warned of likely outcomes of the risk assessments.

Assessment co-ordinators should produce an assessment method and form and these should be tested out in a few areas before being printed, as a badly designed form may waste a lot of time.

Remember:

- ◆ Avoid confusing wording or layout
- ◆ Don't forget the overall view. An individual lift may seem quite safe, but it may be one of many frequently repeated tasks which cause cumulative strain
- ◆ The form must encourage people to think for themselves. Numerical risk assessments tend to hinder this as does asking people to decide at every single step whether a risk is high, medium or low
- ◆ Don't overload people with questions that are irrelevant for their particular area
- ◆ The form must include a section for the measures required to reduce the risk.
- ◆ Assess "TILE" (task, individual, load and environment)

◆ Training assessors

If ward managers are doing their own assessments, or if you work in the community, the assessment co-ordinator will need to set up a training programme. If assessors already have good awareness of handling issues, for example if they already have had practical moving and handling training, then a two-hour training session may be sufficient. This could be a large general lecture, but small groups are preferable so that assessors can ask questions. Assessors should be offered support from the co-ordinator if they need it.

Where there is a small team of assessors that will visit wards, the assessment co-ordinator should offer thorough training plus practical experience followed by feedback. This could take several days. The team will be seen as a group of experts, so their training should be thorough enough to enable them to deal with the full range of situations they may encounter. It is important that when the team arrives on ward, the ward manager understands what the visit is about and is motivated to seek improvements. For this reason, some training or information for ward managers will also be necessary before assessments begin.

Issues training should cover:

- ◆ Risk factors and assessing risk
- ◆ Manual handling regulations

- ◆ Current local policies
- ◆ Practical ways to reduce risk
- ◆ How to fill in the assessment form
- ◆ Need to involve local staff
- ◆ Where to get further help
- ◆ A demonstration of handling aids.

◆ Carrying out ward assessments

In a hospital setting

Assessors should carry out assessments in the wards. Local staff, including physiotherapists and occupational therapists and any union safety representatives, should be involved in the assessment. Consultation will help ensure that all the risks are covered, that the best solutions are devised, and that staff have the motivation to follow better practices. There may be a need to consult a works officer, for instance if changes are needed in bathrooms. If the assessor identifies a need for a hoist, a trial should be organised. Ward managers should implement any measures which are within their authority and inform their senior manager of any other needs. Although this should be done in writing, it is also important at this stage to have a feedback session attended by ward managers, their senior manager and the assessment co-ordinator. This is the time for senior managers to discuss any needs identified by the ward managers, to solve some of the more straightforward problems, and for the co-ordinator to advise and to check that assessments were properly carried out.

Once ward managers have implemented what they can, it is up to those at the next level above them, for instance, clinical nurse managers, to take any further action and to advise the nursing director of anything which they cannot implement. At this stage the issue of how changes will be financed may rear its head so the manager must have a clear understanding of risks and priorities. The assessment co-ordinator should assist in gauging these.

Once the nursing director is advised of needs and costs, a plan of action must be drawn up, or the initial plan revised. The general manager and the finance manager should be brought in now. Ward managers should receive feedback on the plans and the progress of the requests they put in.

In a community setting

The sister carrying out the assessment should have received training. Management can minimise the amount of local assessment required by producing generic assessments wherever possible. A generic assessment also serves as a guide for a sister assessing a particular manoeuvre in a patient's home.

Possible areas for generic assessments include:

- ◆ bed to chair/commode/toilet transfers
- ◆ patients who have a history of falls
- ◆ bathing
- ◆ floor coverings (hoists on carpets/slippy bathroom floors)
- ◆ difficulties in using hoists, carpets, lack of space
- ◆ in/out of car
- ◆ babies in high-sided cots
- ◆ Handling supplies (packages/boxes) at a health centre.

◆ Monitoring and reviewing progress

Ward based assessments should be reviewed about once a year or when there are changes to the working environments such as new equipment or building works, in consultation with staff. It may be possible to update forms without having to re-write them. Once again there should be a meeting with the senior manager and with the assessment co-ordinator to discuss progress, results and any new needs. The nursing director should assess the effectiveness of the previous year's action and amend plans, policies and budgets accordingly.

Monitoring can be done by analysing statistics, by watching people work in a sample of wards or patients' homes, or by examining a sample of patient care-plans. The co-ordinator can judge any improvement in awareness through discussions with staff and managers, and they may also learn a lot about what actually happens in practice from physiotherapists or occupational therapists. Some hospitals have 'link nurses' or 'resource persons' in each directorate who promote good handling practices locally. Regular feedback from them is also a good way of monitoring.

An example of a generic assessment in the community

Task

Caring for patients in low (divan) beds and on double beds

Including:

- ◆ clinical procedures carried out on a patient in bed
- ◆ turning in bed
- ◆ moving up or down the bed
- ◆ sitting patient to lying and vice-versa
- ◆ bed-bathing
- ◆ getting patient in/out of bed.

Main risks

- ◆ prolonged stooped postures when attending to patient
- ◆ awkward posture when moving patient in bed
- ◆ awkward posture when attending to a patient in a double bed.

At risk: nurses, carers, family, physiotherapists, chiroprapist etc.

Control measures

The level of risk depends on the patient and the environment and should be assessed locally. For medium to high risks, all or some of the following measures should be used:

- ◆ place knee(s) on bed or floor to reduce stooping when attending to a patient
- ◆ provide adjustable single hospital bed
- ◆ provide a hoist or sliding board for transfers to/from bed
- ◆ provide a fabric sliding aid or a hoist for moves up/down in bed
- ◆ provide a fabric sliding aid for turning in bed
- ◆ provide a one-way sliding aid to stop patients sliding down in bed
- ◆ temporarily keep the patient in bed until equipment is available
- ◆ provide extra staff
- ◆ provide low stool for carers and staff.

Assessments are likely to result in recommendations to move or furniture or introduce handling equipment. This will need to be discussed with patients and their family. If any resistance is encountered, nurse managers should assist in negotiations for a safe system at work. Otherwise management may have to consider withdrawal of service.

Checklist for assessing risks

The load

- ☒ Heavy, bulky or unwieldy?
- ☒ Asymmetrical?
- ☒ Unstable or could move suddenly?
- ☒ Texture/temperature/sharp corners?
- ☒ Difficult to grasp?

Posture and movement

- ☒ Holding loads away from the body?
- ☒ Twisting and/or stooping?
- ☒ Reaching upwards?
- ☒ Large vertical movement (e.g. floor to overhead)?
- ☒ Long carrying, pushing, pulling distances?
- ☒ Awkward posture, hand/limb position, grip?
- ☒ Fatiguing, strenuous?
- ☒ Restrictions on posture from clothing/uniform?

Duration, frequency and job design

- ☒ How long, how often?
- ☒ Fixed, static work?
- ☒ Repetitive? Forced pace?
- ☒ Sufficient rest or recovery time?
- ☒ Are there other tasks the worker does which may load him/her further?
- ☒ Is the task always done by the same worker/is there job rotation?

The working environment

- ☒ Enough room to move freely in a good posture?
- ☒ Provision for alternative working positions/seats?
- ☒ Machinery/workbench at a convenient height?
- ☒ Is the floor slippery/uneven/littered?
- ☒ Lighting adequate?
- ☒ Too hot, too cold, draughty?

The worker

- ☒ Is unusual strength or height required?
- ☒ Any danger to those with a health problem? To those who regularly get back pain?
- ☒ Any danger to pregnant women?
- ☒ Any reports of pain/problems with this task? Is sickness absence high?
- ☒ Is training required?
- ☒ Worker's attitude to safe handling/working with others?
- ☒ Does worker suffer from stress/poor job satisfaction?

The organisation

- ☒ Are procedures enforced/followed?
- ☒ Suitable handling equipment provided/maintained?
- ☒ Involvement of management?
- ☒ Is there appropriate communication with other departments whose action may affect the load on the worker?

You need not try to reply to every question in the checklist just note areas of concern. Consider not only heavy manual handling tasks but also tasks which may strain the body in other ways (e.g. causing small but cumulative damage). Identify any high risks as they will require your attention first.

Checklist for controlling the risk

The load

- ☒ Can mechanical equipment take some of the strain (eg. hoists, trolleys)?
- ☒ Can the weight be reduced (e.g. by negotiating for smaller containers)?
- ☒ Could handles, wheels or castors help to reduce the load?
- ☒ Can the task be automated or mechanised?
- ☒ Can the load be team-handled instead of by one person?

Posture and movement

- ☒ Could equipment be better designed for easier use?
- ☒ Could adjustable equipment and furniture reduce awkward movements or posture?
- ☒ Can loads be carried for shorter distances? (This may mean changing the workplace layout)
- ☒ Can heavy items be stored at convenient heights – not too high or too low?

Duration, frequency and job design

- ☒ Can rest breaks or less tiring spells of work be introduced around the task?
- ☒ Can the job be re-designed to minimise fixed postures? To provide more variety?
- ☒ Can the task be shared/rotated between staff

The working environment

- ☒ Could ramps be installed so that trolleys, hoists, wheelchairs etc. can be easily moved?
- ☒ Can heights or work surfaces be harmonised to reduce lifting from one to the other?

The worker

- ☒ Can worker's technique/movement be improved?
- ☒ Can training be given to change workers' attitude/perception of risk?
- ☒ Should the workers who are prone to back ache etc. be prevented from doing this task?

The organisation

- ☒ Should there be written procedures?
- ☒ Is there a need for more management reinforcement/supervision?
- ☒ Is there a need for consultation with other departments (e.g. supplies dept)?
- ☒ Can consultation with management/maintenance/designers facilitate changes?
- ☒ Can there be more consultation with workers on measures to reduce risk?

To assess whether your control measures are sufficient, use the legal concept of reducing risk 'to the lowest level reasonably practicable'. This means reducing the risk until the cost of any further precautions (in time money or trouble) would be out of all proportion to the risk.

Ensure that whenever possible, risks are combated at source. Try to adapt work to the individual, especially the workplace design, the choice of equipment and when selecting working methods.

For each of the main risks you have identified, make a note of control measures presently in place and any you will consider introducing in the future. Decide which possible new measures would be effective and 'reasonably practicable'.

Decide on priorities, then write an action plan with target and review dates. Once new measures are in place, revise your risk assessment to see if risks are now sufficiently controlled.

The risk assessment form

If some questions cannot easily be answered by a yes or no, note your comments, if necessary attaching an extra page to the form. You should record suggested measures to further reduce risk. This should include any measures which go beyond your budget or authority so that a decision can be taken at a higher level. You may decide, while filling in the form, that you need to change some of your work practices. To be successful this may need a step-by-step approach, including trials and consultation. To allow time for this, make a note of your plan of action and update the form when practices have changed.

Some example risk assessment forms are included here for guidance:

Example risk assessment forms

Task or group of tasks/activity/hazard

Main risks/areas of concern + level of risk + persons at risk (see checklist)

Existing control measures (see checklist)

Further control measures to be considered

Department/location

Approved by

(name of senior manager)

Date						
Signature						

(user a new box each time form is reviewed)

Administration details

Ward: or clinic, area, surgery, etc		Hospital: or health centre	
Assessment Team Ward manager (name) (signature) Others		For example: ✓ Moving and handling coordinator ✓ Health and safety adviser ✓ Other nursing staff ✓ Safety representatives	
Ward details Speciality: Typical age range of patient: Typical number of patients on a typical shift: Male <input type="checkbox"/> Female <input type="checkbox"/> Mixed <input type="checkbox"/>			
Handling aids List handling aids used or available in your ward, whether your own or regularly borrowed			
Name of handling aid	How many	Is it based in your ward?	If not, where is it borrowed from? In good working condition, any attachments in place? Suitable? (if not, why?)
If you use a hoist: has it had a safety check and maintenance in the last 12 months? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If other handling aids could further reduce risk, or if there is a need for maintenance, give details:			

Examples of handling aids:

- ✓ Monkey pole
- ✓ Patient hand blocks
- ✓ Rigid sliding aids/boards
- ✓ Sheet/cushion sliding aids
- ✓ Rope ladder
- ✓ Turning disk
- ✓ Transfer belt
- ✓ Blue sling
- ✓ Hoist (sling lifter)
- ✓ Hoist (stand aid)
- ✓ Hoist (bath seat)

Bathing

What type of bath or shower are in the ward	How many	Suitable? (if not, why)	For example:
			✓ Ordinary bath
			✓ Parker bath
			✓ Variable height bath
			✓ Ordinary shower
			✓ Shower cabinet
			✓ Shower trolley

System of work: List methods used for patients of various degrees of dependency. Which methods are most frequently used; which used only occasionally?	✓ If patients are LIFTED into the bath, seek a safer alternative

Are there any manual handling problems with assisting patients in or out of the bath or shower?	For example: ✓ Enough room to move freely in a good posture? ✓ Enough room to use a hoist? ✓ Stooping, twisting? ✓ Lifting? ✓ Convenient grab rails etc? ✓ Floor slippery? ✓ Type of patient?

Additional measures to consider to reduce risk	For example: ✓ Use a hoist, shower trolley, bathing stretcher ✓ Wheel patients into the shower ✓ Cut out casing around bath to improve hoist access ✓ Install or move grab rails ✓ Take most dependent patients to other ward with better bathroom ✓ Re-schedule bathing to spread out the workload ✓ Install a different type of bath ✓ Move bath away from wall ✓ Remove partition walls ✓ Change floor covering

From the above possible measures, list all requirements in the summary form at end

Toileting

<p>System of work: List methods used for patients of various degrees of dependency. Which methods are most frequently used; which are used only occasionally?</p>	<p>✓ If a patient's whole weight is being lifted, seek a safer alternative</p>
<p>Are there any manual handling problems with assisting patients?</p>	<p>For example:</p> <ul style="list-style-type: none"> ✓ Enough room to move freely in good posture? ✓ Enough room to use a hoist? ✓ Stooping, twisting? ✓ Lifting? ✓ Convenient grab rails etc? ✓ Commodes adequate? ✓ Floor slippery? ✓ Type of patient
<p>Additional measures to consider to reduce risk</p>	<p>For example:</p> <ul style="list-style-type: none"> ✓ Use a hoist (standing hoist, sling lifter) ✓ Wheel commode over WC ✓ Move WC or partition wall for more space ✓ Widen doorway ✓ Install or move grab rails ✓ Get door to open outwards ✓ Change floor covering

From the above possible measures, list all requirements in the summary form at end

Seats, wheelchairs and commodes

System of work: List methods used for patients of various degrees of dependency. Which methods are most frequently used; which are used only occasionally?	✓ If a patient's whole weight is being lifted, seek a safer alternative
Sit to stand/stand to sit – repositioning in seat – etc	
Are there any manual handling problems with assisting patients?	For example:
	✓ Seats too low/too deep ✓ Arms get in the way ✓ Hoist cannot get close ✓ Brakes or wheels defective ✓ Not enough wheelchairs ✓ Floor slippery? ✓ Type of patient
Additional measures to consider to reduce risk	For example:
	✓ Use a hoist (standing hoist, sling lifter) ✓ Use a sliding board ✓ Use a turning disk ✓ Sit patient on one-way sliding aid ✓ Sit or kneel by patient rather than stoop ✓ Change type of seats used ✓ Get door to open outwards ✓ Label defective items for maintenance

From the above possible measures, list all requirements in the summary form at end

Bed and trolley moves

<p>System of work: List methods used for patients of various degrees of dependency. Which methods are most frequently used; which are used only occasionally?</p>	<p>✓ If a patient's whole weight is being lifted, seek a safer alternative</p>
<p>Moving up/down the bed – Move on/off bed pan – Transfer bed to seat – Transfer bed to trolley</p>	
<p>Are there any manual handling problems with assisting patients?</p>	<p>For example:</p>
<p>Moving up/down the bed – Move on/off bed pan – Transfer bed to seat – Transfer bed to trolley – Attending to patients on beds, trolleys or examination couches – Bed bathing</p>	<ul style="list-style-type: none"> ✓ Enough room to move freely in good posture? ✓ Enough room to use a hoist? ✓ Furniture around bed easy to move? ✓ Stooping, twisting? ✓ Lifting? ✓ Mechanism for height adjustment of cotside/headrest adequate ✓ Brakes and wheels in good working order?
<p>Additional measures to consider to reduce risk</p>	<p>For example:</p>
	<ul style="list-style-type: none"> ✓ Get height adjustable beds/couches ✓ Put only the most independent patients in fixed height beds ✓ Use a Spenco mattress ✓ Label defective items for maintenance ✓ Use handling aids ✓ Hoist ✓ Sliding/transfer aid ✓ Monkey pole ✓ Rope ladder ✓ Patient hand blocks

From the above possible measures, list all requirements in the summary form at end

Transfer from floor level

<p>Are falls to the floor frequent? Are patients frequently at floor level?</p> <p>List methods used and precautions taken to reduce risk associated with the falling patient and the fallen patient</p>	<p>For example:</p> <ul style="list-style-type: none"> ✓ Limit chances of patient falling ✓ Check that nurses know technique for dealing with falling patient ✓ Use a hoist for fallen patient

Other areas of concern

<p>Describe other problem areas, handling patients or objects (you need not include handling tasks which are unlikely to create a significant risk of injury).</p>		<p>For example:</p> <ul style="list-style-type: none"> ✓ Uniform/footwear adequate? ✓ Remaining in awkward postures ✓ Supporting patients' limbs ✓ Handling laundry ✓ Handling food containers ✓ Heavy/awkward objects placed too high, too low, too far ✓ Carrying equipment ✓ Difficulties with other departments/services ✓ Fitness/skill/number of staff
<p>Describe any problem areas</p>	<p>Describe present system of work, or additional measures to consider for the future</p>	

Management checklist

The following are reminders to managers of systems that should be in place.

Training

The RCN has produced *Safer staff, better care: RCN manual handling training guidance and competencies*, publication code 001 975. You can obtain a copy by calling RCN Direct on 0845 772 6100 and quoting the publication code, or by downloading a copy from the RCN website at www.rcn.org.uk

☐ Yes ☐ No Comments:

☐ Yes ☐ No Comments:

☐ Yes ☐ No Comments:

Reporting accidents or pain

- ◆ An incident/accident report form is completed when a member of staff reports an onset of pain in the back or limbs or has an accident
- ◆ After an incident form is completed, Occupational Health is notified by phone at the earliest opportunity (daytime hours)
- ◆ Staff are advised to consult the Occupational Health Unit if they have a problem with their back or limbs

☐ Yes ☐ No Comments:

☐ Yes ☐ No Comments:

☐ Yes ☐ No Comments:

☐ Yes ☐ No Comments:

☐ Yes ☐ No Comments:

Safe system of work

- ◆ An initial assessment of each patient's mobility/handling requirements is made during their admission procedure, and updated whenever changes are needed
- ◆ Handling methods, staff numbers and equipment to be used are specified in the patient care plan
- ◆ Nurses in charge have been made aware of their duty to ensure, so far as is reasonably practicable, that methods specified in the patient care plan are used, recommended moving and handling practices are used, defective equipment is put out of action

☐ Yes ☐ No Comments:

☐ Yes ☐ No Comments:

☐ Yes ☐ No Comments:

Action for the Ward Manager

- ◆ By the time you have completed this form, you should have initiated some risk-reducing measures which are within your authority.
- ◆ Some measures will go beyond your budget or authority. List and justify these using the summary sheet following this form. Copy this to your senior manager. It is important to justify any requests as decisions must be made on the basis of risk or benefit versus cost.
- ◆ You should review and update this form at least once a year, or whenever there is a change to record.
- ◆ Keep this form in the ward as a written record of your manual handling risk assessment.

Summary of needs and action plan

The following changes will be introduced in the ward's work practices (with target dates).
The following equipment, work etc is needed.

Remember to justify any needs on the basis of risk levels, cost, and benefits that would be gained. For example:

- ✓ Why is the change needed?
- ✓ How would it improve the present situation?
- ✓ How many staff/patients would it help?
- ✓ How frequently would it be used?
- ✓ Would it bring other benefits (eg independence to patients, quality of care)?
- ✓ Have you consulted anyone on the technical feasibility? Had a trial?
- ✓ Have you already intended or written to request this?

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The sample forms in this guide can be freely reproduced.

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