Essex County Council

Manual Handling People with Dignity Protocol
Essex County Council
October 2022
(updated December 2023)

Protocol overall aim

The aim of this protocol is to outline the commitment of Adult Social Care (ASC) and other relevant staff within Essex County Council (ECC) in supporting the safer handling of people in Essex. ECC supports a strengths-based approach to manual handling people with dignity.

People or person refers to the adults we support.

1.0 Context:

1.1 The Manual Handling People with Dignity Protocol provides guidance for ASC and other relevant staff (*refer to 2.2 for clarity*) working within ECC in relation to the moving of people. This does not replace existing Essex County Council Policy regarding manual handling.

1.2 This protocol seeks to ensure that obligations are met under the relevant manual handling legislation as well as guidance for all staff regarding implementation of this document.

1.3 This protocol and guidance have been written with the acknowledgement that it functions alongside other relevant legislation including:

- **The Care Act (2014)**
- **The Health and Safety at Work Act 1974**
- **The Management of the Health and Safety At Work Regulations 1999**
- **Manual Handling Operations Regulation 1992 (as amended 2002)**
- **Provision and Use of Work Equipment Regulation 1998 (PUWER)**
- **Lifting Operations and Lifting Equipment Regulation 1998 (LOLER)**
- **Personal Protective Equipment at Work Regulation 1992**
- **The Workplace (Health, Safety and Welfare) Regulations 1992**
- **The Equality Act 2010**
- **Human Rights Act 1998**
- **Mental Capacity Act 2014**
- **Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013**
- **Case law**

1.4 This protocol and guidance encourage the culture of enablement and focus on a strength-based approach to ensure the adults function is maximised and their dignity maintained.

2.0 Definitions:

2.1 "**Adult Social Care (ASC) Occupational Therapists"**	This term refers to qualified occupational therapists working for ECC in ASC that have a role in transferring and manual handling of people in a practice setting.
2.2 "**Other relevant staff"**	This term refers to other members of staff working within or for ASC who are involved with supporting adults – including **community support workers, social workers, social care managers, carers in commissioned* care services who are permanent, bank** or **agency staff. Students** and **volunteers** are also included in this term. ***including domiciliary care, residential care, nursing care, or carers employed via direct payments.**

It is acknowledged that some formal care services will often have their own manual handling of people protocols and policies. Our expectation is that formal care services either adopt or align their protocols/policies to the ECC Manual Handling of People with Dignity Protocol.

2.3 "**Informal carer"**	An informal carer includes **any person**, such as a family member, friend, or neighbour, who is giving regular, ongoing assistance to another person without payment for the care given.

It is acknowledged that **informal carers** are not employed via Essex County Council therefore they are not subject to the same legislation as employees and commissioned care services.

The Care Act 2014 highlights the need to support informal carers. Our approach within this protocol is to support **informal carers** to safely handle adults with dignity and to relieve them, as much as possible, of the burden that manual handling can present.

2.4"**Competent handler"**	This term refers to staff with sufficient manual handling training to enable them to complete a manual handling of people risk assessment and manage any identified risks for the adults.
2.5 **"Manual Handling operations"**	is defined as any transporting or supporting of a load (including the lifting, putting down, pushing, pulling, carrying or moving thereof) by hand or by bodily force. *Manual Handling Operations Regulation (1992) as amended.*
2.6 **"Load"**	is defined as a separate movable object. This can be a person, animal or inanimate object - such as furniture, tools or machines. For the purpose of this policy, the 'load' will refer specifically to the **person** being moved.
2.7 **"Ergonomics"**	Is the interaction between people and their environment which takes account of the activity, the equipment and furniture used within that activity, and how well this matches the capabilities and limitations of the people who undertake that work.
2.8 **"A Hazard"**	is anything that has the potential to cause harm.
2.9 **"A Risk"**	is the likelihood of harm occurring taking into account the severity of the harm.
2.10 **"A Risk assessment"**	is simply a careful examination of what, in your work, could cause harm to people, so that you can weigh up whether you have taken enough precautions or should do more to prevent harm. Workers and others have a right to be protected from harm caused by a failure to take reasonable control measures.

2.10 **"Reasonably practicable"**	is a balance between the level of risk and what reasonable measures the employer can take to reduce this taking into account, time, cost, staffing, equipment etc.
2.11 **"An Adult"**	refers to the person being moved, and the term used is in accordance with the service area and the Care Act 2014.
2.12 **"Strengths-based approach"**	As a requirement of the Care Act 2014, a strengths-based approach is encouraged to consider the person's own strengths and capabilities. When referencing a strengths-based approach to manual handling activities involving the Adult, this translates to the Adult being functionally assessed to optimise their occupational performance and ensure their requirements for support reflect the needs that they present with. Support requirements may additionally be referred to as 'single' or 'double handed care'. (i) Single handed - packages where a single carer supports the adult. (ii) Double handed – packages where two carers support the adult.
2.13 "banked cases"	a case where there is ongoing care and support needs' being part or fully funded by ASC but the 'cared for' individual does not currently have any active intervention by a social care team.

3.0 Background:

3.1 ECC ASC's department has operated within government legislation, (*listed in 1.3*), when applying manual handling guidance to practice. With an ever-changing dynamic adult social care service, commissioned care provider workforce and the community it serves, it has necessitated local protocol and guidance to be produced which aids service developments and guides practice to ensure adults receive a service optimising their dignity.

4.0 Introduction:

4.1 This protocol has been developed to ensure dignity is maintained in the manual handling of people within ASC practice and community *(commissioned and informal care)* practice in Essex. As supported within the Care Act 2014, a strengths-based approach is considered best practice to ensure the Adults occupational performance within manual handling activities is optimised.

5.0 Responsibilities:

5.1 ECC ASC management accepts its responsibilities under the Manual Handling Operations Regulations (1992), all relevant legislation and associated guidance to minimise the risk of injury to all relevant staff, adults, and others from manual handling of people.

5.2 ECC ASC is committed to treating people with dignity and respect in accordance with the Human Rights Act 1998 and the Equality Act 2010.

5.3 This Protocol applies to all manual handling of people operations undertaken by ASC occupational therapists and other relevant staff on behalf of ECC and applies to all practice-based areas.

5.4 This Protocol applies to all **ASC occupational therapists** and **other relevant staff** *(including community support workers, social workers, social care managers, carers in commissioned* care services)* involved with handling people, including permanent, bank, via direct payments and agency staff and to **students and volunteers**.
*** including domiciliary care, residential care, nursing care, or carers employed via direct payments**

5.5 **ASC occupational therapists** and **other relevant staff** (*community support workers, social workers, social care managers, carers in commissioned* care services, students and volunteers)* have a duty to corporate with their employers and abide this protocol. They have a responsibility to take reasonable care of their own health and safety in relation to manual handling of people.
*** including domiciliary care, residential care, nursing care, or carers employed via direct payments**

5.6 This protocol has been developed to ensure that the management of manual handling of people across ECC ASC is flexible and appropriate to location and is continually developed to ensure best practice possible.

5.7 The recommendations in this protocol are subject to regulatory changes and amendments as far as is reasonably practicable.

5.8 All new manual handling of people tasks must begin with a risk assessment completed by a competent handler.

5.9 All risk assessment documentation must be recorded on the social care recording system or relevant care recording system (where an external organisation is commissioned by ECC) and reviewed on a regular basis including following any changes.

5.10 Reporting of accidents and near misses: According to Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013 found at *https://www.hse.gov.uk/riddor/* "RIDDOR puts duties on employers, the self-employed and people in control of work premises (the Responsible Person) to report certain serious workplace accidents, occupational diseases and specified dangerous occurrences (near misses)." The employee must ensure they report

any accident or near miss in relation to manual handling of people via their internal organisational process/system.

It is recommended that intelligence gained from these reports can aid future practice and further training needs.

5.12 Compliance with this protocol is mandatory for all ECC ASC senior leaders, managers, occupational therapists, and other relevant staff as detailed within *2.2*.

6.0 Safer Handling practice to support manual handling people with dignity

6.1 Blanket Policies/Protocols

6.11 Mandelstam (2023) advises in section one of 'the guide to the handling of people: person centred practice' (7th addition) that '*a blanket policy might not only preclude the lawful assessment and meeting the need under welfare legislation, but might also, and separately, constitute an unlawful 'fettering of discretion'.* The (Royal) College of Occupational Therapists (2005) state that *'Blanket manual handling policies preclude the taking account of individual need and circumstances and the courts have also objected to them in the context of community care*'.

ECC have ensured this is reflected within contractual arrangements with care providers (*see Appendix B for details*). Care providers often report that it is in their policy to hoist with two people. **There is no legislation that stipulates this requirement**.

CQCs new strategy for the changing world of health and social care pushes for equality of care, blanket policies create inequality.

6.2 Best practice

6.21 An individualised approach to all people handling is considered best practice and as such, no 'blanket policies/protocols' should be followed by ASC occupational therapists or other relevant staff when handling people.

6.22 Where ASC occupational therapists are assessing and recommending a handling approach for the person this should always be the least restrictive and maintain a strengths-based focus ensuring optimisation of the Adult's functional abilities.

6.23 Where appropriate during an intervention of an active case, ASC occupational therapists should be considering enablement and physical activity in the first instance to improve an Adult's strength and further optimise their functional level. It is recommended that as part of this intervention period, regular reviews will be conducted to ensure changes can be made to the handling plan in line with any improvements in the Adult's functional ability.

6.3 Risk assessment & adversity

6.31 Robust manual handling risk assessments must be completed by a competent handler for all situations where a person requires people handling. Manual handling risk assessments must identify risks surrounding the task, individual (handler), load, environment and equipment (TILEE). They must seek to avoid the task if possible or, where reasonably practicable, reduce the risks identified. Further information regarding the completion of a TILEE risk assessment can be found in appendix A.

6.32 Where risk adverse recommendations are implemented via ASC staff or other partner organisations, **ASC occupational therapists** will seek to support relevant staff to improve their knowledge and skills to reduce the likelihood of this practice continuing as it is recognised that risk adverse care prescription may not maximise the Adult's functional ability or confidence and can reduce capacity of care providers.

6.4 Safeguarding and manual handling

6.41 The definition of safeguarding under the Care Act (2014) is in relation to the abuse or neglect of people who have care & support needs. With specific regard to manual handling of people, safeguarding usually focuses on the domains of physical abuse as a result of unsafe techniques (e.g., physically pulling or dragging someone) or neglect (e.g., preventing someone from receiving the support they need).

6.42 Best practice underpinning safeguarding recognises that collaboration is key to achieving the best outcomes, and this collaboration is needed both inside the organisation (between different teams & functions) and outside (with providers & partners) as referenced in *14.12 Care Act 2014: Care and Support statutory guidance (updated 2022)*.

6.43 Increasing awareness of safer handling procedures needs to be a collective responsibility in which the content of focus can be influenced from intelligence taken from common themes where safeguarding concerns have arisen. *Further details are detailed within 7.0.*

6.44 Where there is an informal carer supporting the Adult; The role of the occupational therapist is to provide demonstration, guidance, and support to enable the informal carer to have the confidence to support the Adult without adding undue risk.

6.45 If the informal carer chooses not to follow the occupational therapist's guidance, consideration must be given to safeguarding, mental capacity, and a best interest assessment. The occupational therapist must fully explain the risks to the adult and informal carer from not following guidance and provide a copy of the completed manual handling risk assessment to confirm awareness. The occupational therapist may choose to advise the adult and informal carer, if formal care was ever required manual handling practices would need safe manual handling people with dignity guidance.

Practice examples provided on *page 8*, explore this further. Each case refers to an Adult and their spouse undertaking unsafe manual handling practices within their own home. The first case example refers to an Adult who has capacity to understand the risks involved with

unsafe manual handling practices, this scenario was deemed to be a “unwise decision” but not a safeguarding concern. The second case example refers to an Adult deemed to lack capacity to consent to the risks involved, this scenario is deemed to be a “safeguarding concern”.

Case examples from Practice

Case example 1: deemed to be an unwise decision

Mrs A lives with her spouse. An occupational therapy assessment was requested due to the difficulties reported with managing chair transfers. It was observed Mrs A was supported to stand by her spouse using the contentious bear-hug lifting technique.

The Occupational Therapist identified equipment solutions that could reduce the risks observed and support Mrs A to be transferred safely. Mrs A and her spouse declined these as it would mean altering furniture and the layout of their lounge.

The Occupational Therapist discussed the risks involved with the current method of chair transfer, ensuring appropriate information was provided to enable Mrs A and her spouse to make an informed decision. A copy of the risk assessment was provided.

Mrs A and her spouse declined all occupational therapy recommendations. Mrs A and her spouse were deemed to have capacity to make this decision at the time. The Occupational Therapist discussed contingency arrangements for Mrs A and her spouse to consider. The occupational therapy involvement was ended.

Case example 2: deemed to be a safeguarding concern

Mrs B lives with her spouse. An occupational therapy assessment was requested due to the difficulties reported with managing bed transfers. It was observed Mrs B was supported to stand by her spouse using the contentious bear-hug lifting technique.

The Occupational Therapist discussed the risks involved with the current method of bed transfer and identified equipment solutions that could reduce the risks observed and support Mrs B to be transferred safely. Mrs B’s spouse declined these. A copy of the risk assessment was provided to Mrs B’s spouse.

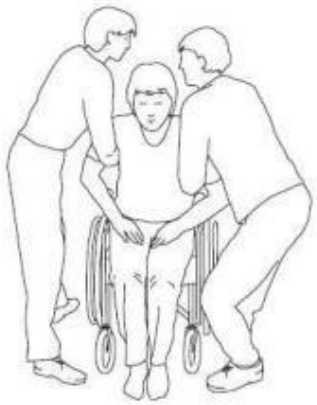
As Mrs B’s capacity to make this specific decision was questionable and a Mental Capacity Act assessment was completed, and Mrs B was deemed unable to make an informed decision regarding how she was supported to transfer out of bed. A safeguarding investigation was completed alongside the occupational therapy intervention due to potential of neglect or abuse of Mrs B.

Once all information was gathered the safeguarding investigation was deemed not substantiated. A best interest’s decision was made, and, in this instance, it was deemed that Mrs B could continue to be supported by her spouse in this contentious method of transfer. However, a contingency care package was commissioned, and equipment to reduce the risks involved with transfers were provided (hoist and slings). Other risk reducing solutions were implemented, such as the spouse carrying a mobile phone on them to enable a quick emergency response if required.

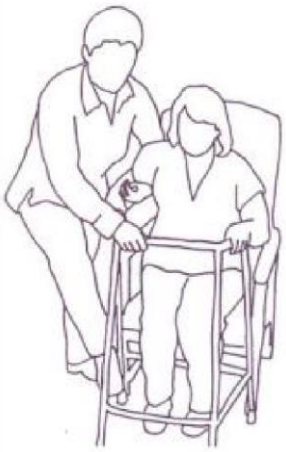
6.5 Techniques considered controversial or contentious

6.51 There are several techniques that are now considered unsafe or contentious. ECC consider these techniques to be unacceptable practice in manual handling of people with dignity. They include the following:

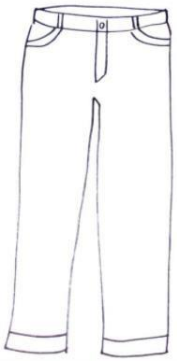
Drag lift



Use of walking frame to assist sit to stand

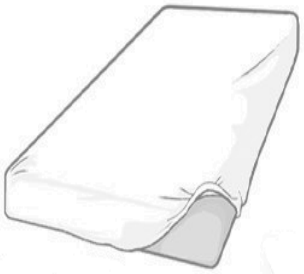


Using clothing to assist sit to stand



Bear Hug

Using bedding/clothing to move people in bed



Australian/shoulder lift

Hammock, cradle, or top/tail lift

Drag lifting on the bed

6.52 ASC occupational therapists and other relevant staff must abide by safe practice protocols and seek to challenge where these techniques have been observed in community practice in Essex.

6.53 Where a controversial or contentious technique is deemed necessary in a 'specific circumstance' by competent handlers, these should be agreed as a result of a robust manual handling risk assessment process with manager/senior/supervisor oversight; ensuring risk reduction as far as reasonably practicable and clear determination that no other possible technique would be suitable in the 'specific circumstance'.

7.0 Manual Handling Training

7.1 Manual handling Training content

7.11 Manual handling training is the integral thread between the manual handling policy/ protocol (which is based on legislative compliance), safer systems of work, improved care and rehabilitation and underpins balanced decision making (*Rose, 2011, p.73 National Back Exchange (NBE) Standards in Manual Handling Training Guidelines 2010)*

7.12 The content of manual handling training, as detailed within the *NBE Standards in Manual Handling Training Guidelines 2010* should include 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 **(TILE or TILEE)**
- **T**asks - including the unexpected/unpredictable
- **I**ndividual Handler – limits/considerations
- **L**oads – both inanimate and human
- **E**nvironment and the importance of good housekeeping and maintenance
- (**E**) Equipment – consideration of equipment in use in relation to the specific task
- Importance of an ergonomics approach – the fit between the environment/ equipment and the person
- Local policies, and reporting of injuries
- Principles of normal human movement and promotion of client independence – this includes enablement approaches
- 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 Manual Handling training for Adult Social Care staff

7.21 It is mandatory for all ASC staff (excluding experienced OT's) to complete the safer handling awareness course. ASC OT staff are expected to maintain their manual handling training knowledge via attendance at a formal practical training session at least every 2 years, as a minimum. Details of the courses available can be found via my Learning or within ESCA monthly bulletins. ASC staff are recommended to seek clarification of the requirements for manual handling training via their line manager.

7.3 Training expectation for external other relevant staff

7.31 The expectation of commissioned care services (**including domiciliary care, residential care, nursing care, or carers employed via direct payments**) is attendance and completion of regular manual handling training in line with the contract for the adult group or sector they work within. 'Refresher training in health and social care for people handlers should be an annual requirement' Ruszala et al (2010). Training must consist of a **practical session along with relevant theory** as per contractual obligations.

- *Live at Home contract: Section 16. Staff Training, part e) Manual handling training is a requirement for all Staff whose role includes moving and handling processes. This must be updated every year and must be carried out by a qualified manual handling trainer through face-to-face training. This shall include observations of staff practice to ensure competence to undertake manual handling tasks safely and appropriately. (refer to Appendix B for further detail)*

- *IRN 2019 Framework: Mandatory Training Standards The key knowledge for health and social care workers defined as training deemed essential for the safe and efficient functioning of an organisation, and /or the safety and wellbeing of individual members of staff. Therefore, for the purposes of assessing quality in this area, the following subjects are considered essential for all staff working within a care setting and should be refreshed as stated to ensure changes in practice and regulations is up to date and competency is assessed and addressed when required.*
  Practical Manual Handling within six weeks of employment - refresh annually

7.31 Virtual (and in some instances classroom) safer handling awareness sessions are available from ECC for any care provider via the Quality Innovation Team (quality.innovation@essex.gov.uk). Providers are strongly recommended to attend these sessions in addition to their mandatory manual handling of people training.

7.4 Informal carers and people handling training

7.41 Where an informal carer has been identified as a key handler for an Adult it is recommended, they attend a people handling course to support them to continue in this role and reduce the risk of injury to them or the Adult. The ASC occupational therapist or other (internal) relevant staff member may need to arrange this via a carers support offer.

7.42 When a change in manual handling equipment/technique has been provided/recommended (by an ASC occupational therapist/ worker) to an Adult cared for by an informal carer then a specific manual handling plan should be written and provided as guidance. The handling plan can include pictures to aid understanding.

7.5 Equipment and training:

7.51 It is recommended that any additions to the manual handling equipment catalogue, where specific knowledge is required to operate the equipment safely, should come with training to ASC occupational therapists and (if applicable) other relevant staff (as outlined in *2.2*). It is considered best practice that communications are sent to all relevant stakeholders of any significant changes to the catalogue which will enable knowledge and skills of new equipment to be developed therefore reducing the risk of injury through unsafe usage.

8.0 Manual handling equipment catalogue

8.1 A variety of equipment solutions to support the safe manual handling of people are contained within the equipment catalogue which is available for ASC occupational therapy staff and approved workers to access. As per compliance with the Care Act 2014, equipment is provided to Adults free of charge to support their needs – ensuring it maximises the adult's strengths and maintains their dignity. The management and provision of this equipment forms part of a wider contractual agreement between stakeholders in Essex.

8.2 It is considered best practice to review the equipment used to support manual handling of people on a regular basis as part of the requirements for annual review under the Care Act 2014. Equipment needs to be reviewed to ensure the items continue to support the strengths-based people handling with dignity approach within ECC.

8.3 The Operational Review Meeting (ORM) board or community equipment store specialists have responsibility to ensure reviews of the catalogue of equipment commissioned are scheduled as deemed necessary and form part of the wider equipment agenda.

8.4 New additions should be introduced as per written in 7.5.

8.5 Medicines Healthcare Regulatory Agency (MHRA) provide alerts and safety information regarding incidents with 'medical devices' (which includes equipment used for manual handling). It is recommended that the individual organisation/ management and/or occupational therapist register to receive this information to ensure practice remains current and to reduce the likelihood of the incident reoccurring.

8.6 All ASC occupational therapists have a duty to ensure if they learn of any alternative manual handling equipment solutions which may aid practice is communicated to the ECC representative of ORM for consideration.

9.0 Prevention and Management of falls

9.1 Falls are commonly defined as "*an event which results in a person coming to rest inadvertently on the ground or floor or other lower level*" (World Health Organization, 2021).

9.2 A risk assessment must take place for anyone who is deemed at risk of falls and appropriate measures to be actioned to reduce this risk as far as reasonably practicable. This may be incorporated within the Adults assessment or manual handling risk assessment. The relevant professional (ASC Occupational Therapist, other relevant staff or other professionals) who are involved with the Adult at the time the risks were identified has the responsibility of completing these risk assessments.

9.3 Risk management information should be made available for all interested parties supporting that Adult. Reviews are recommended if the Adults' presentation changes.

9.4 ASC occupational therapists and other relevant staff should consider the risk to themselves, and the individual concerned if they are close to a falling person. Recommendation is that assistance can be provided once the person has come to rest 'on the ground or lower level'. The assistance provided may vary depending on the circumstances, some of which are outlined below:

9.41 Where the ASC occupational therapist or other relevant staff member is on their own, they should assess the situation, taking into account the benefit of getting help versus the risk of leaving the Adult unattended, and then implement the appropriate action. Should the ASC occupational therapist or other relevant staff member leave the Adult to seek help, once help has been sourced, they must return to the Adult and stay with them until help arrives.

9.42 If an Adult has fallen and are injured, they should not be moved unless they are in serious and imminent danger, e.g., from fire, explosion, drowning, collapsing structure, or road traffic accident. They should be made comfortable and where appropriate, the ambulance service called.

9.43 If an Adult has fallen and are deemed to be uninjured, they can be moved with appropriate equipment or instruction as per the relevant staff members manual handling training outlines or as per the Adult's falls risk assessment/handling plan directs. If the relevant staff member has nor the training or equipment then the Adult should not be moved unless they are in serious and imminent danger, e.g., from fire, explosion, drowning, collapsing structure, or road traffic accident. They should be made comfortable, and the most appropriate local responder service called.

9.44 Adults must not be manually handled when they are having a seizure unless they are in serious and imminent danger, e.g., from asphyxiation, fire, explosion, drowning, collapsing structure, road traffic accident etc.

9.45 Responding to falls within care home settings:

a) Further information around responding to falls can be found within the NHS post falls protocol developed for residential care within Hampshire County Council - https://www.nhs.uk/NHSEngland/keogh-review/Documents/quickguides/background-docs/4-Hampshire%20falls%20protocol.pdf

b) There is an algorithm tool developed for care homes to support with determination of the most appropriate response, it's called ISTUMBLE and is accessible at https://www.westsuffolkccg.nhs.uk/wp-content/uploads/2018/06/I-STUMBLE.pdf. It was originally developed by the West Midlands Ambulance Service.

c) The following YouTube video was developed by Norfolk and Waveney CCG to support care homes with assessing and managing an uninjured faller using the ISTUMBLE algorithm - https://www.youtube.com/watch?v=0mYRy0dEPpA

Appendix A

Completion of risk assessments and handling plans:

Guidance for completion of risk assessments
Risk assessments are an integral part of the manual handling assessment process. There are two types of risk assessment in relation to manual handling, generic, and individual risk assessments. A generic manual handling risk assessment would be undertaken by organisations/managers to determine the requirements of manual handling equipment for their employees to reduce the associated risks in relation to their workplace. An individual manual handling risk assessment focuses on the risks involved with the specific Adult in relation to specific activities they undertake. Individual risk assessments form part of the care planning process, assisting in the identification of the Adults needs in relation to reducing the manual handling risks where reasonably practicable to do so. At the commencement of an individual risk assessment, it is important to capture an accurate measurement of the Adults height and weight. The reason for this is two-fold; to ensure the Adults weight is within the safe working load (SWL) of any equipment provision, and secondly, to provide a base line measurement, as weight can change which in turn often impacts on activities and equipment utilised. The exact time and date are equally as important as Adults abilities can vary depending on time and day, and in some cases, from week to week/month to month. ECC ASC recommends individual risk assessments follow a TILEE (task, individual (handler, load, environment, equipment) process of risk determination. Once the identification of risks has been made these need to be logged and actioned in a risk management plan which completes the risk assessment form. What conducting individual risk assessment using the **TILEE** process, it is important to remember that recording needs to be proportionate to the assessment, only record aspects pertinent and avoid commenting on all if it's not pertinent to the Adult/assessment:

Task – List all tasks covered using this technique/equipment i.e. Bed to chair, chair to wheelchair	**Comment on does the task**: ◦ involve stooping or twisting. holding ◦ the load away from the body ◦ repetitive handling ◦ reaching above the head or to the floor, ◦ or considerable carrying distance ◦ excessive pushing or pulling; precise positioning

	◦ Insufficient rest or recovery periods ◦ risk of sudden movement, frequent or prolonged posture or physical effort; or handling with another person etc?
Individual (handler) – this is the handler/carer.	**Consider:** ◦ Does the handler have the skills, competencies, and physical capability to undertake the task? ◦ This may refer to the handler's age, gender, health status, if pregnant, experience, knowledge, and training ◦ Require special information or training
Load – this is the client/adult or resident. **IMPORTANT** – you **must** record the Adult's height and weight at the time of your assessment as this is crucial information and acts as a baseline for future assessments	**Considerations:** ◦ Body shape: including distribution of weight, e.g., amputation oedematous legs ◦ Pain ◦ Sensory loss ◦ Muscle tone/contractures ◦ Skin condition/ integrity i.e., pressure sores ◦ Standing balance, sitting balance, head control, hemiplegia e.g., weakness in right arm ◦ Ability to weight bear in standing, ability to walk ◦ Predictability – is the person always the same or are they different at different times of day ◦ Motivation and behaviour (level of cooperation, aggression, anxiety) ◦ Day and night variation ◦ Language and communication ◦ Cognitive ability ◦ Any attachments, catheter, PEG, prosthesis ◦ Continence ◦ Cultural needs in relation to the handling ◦ Falls – does the person have a history of falls
Environment –	**Comment on:** ◦ Any space constraints? ◦ Type of flooring - uneven, slippery, unstable, variations in height (is the handler expected to work on different levels or negotiate steps?) ◦ Design/layout of the room ◦ The main purpose of the room ◦ Furniture height ◦ Temperature – extremes ◦ Lighting

	◦ Is the transfer taking place indoors or outdoors?
Equipment	**Comment on** ◦ The type and size (where relevant) of the equipment in use ◦ The appropriateness of the equipment in use

Level of risk: Consider using the severity of harm v's the likelihood/probability to help determine the level of risk.

		Likelihood/probability				
		Very likely	Likely	Possible	unlikely	Highly unlikely
Severity of harm	Fatality	Extreme	High	High	High	Medium
	Major injury	High	High	High	Medium	Medium
	Minor Injury	High	Medium	Medium	Medium	Medium
	First Aid	Medium	Medium	Medium	Low	Low
	Negligible	Medium	Low	Low	Low	Low

Planned actions to mitigate or reduce the risks identified:

All risks identified within the TILEE assessment process must be actioned to reduce or mitigate the risk, where reasonably practicable to do so. All actions need to be dated with details/comments as to who does what/when. This ensures the actions are addressed as well as it provides a clear audit trail.

An example risk management action plan is detailed on *page 18.*

Risk management plan example:						
Date added	**Action required**	**Date actioned**	**Worker signature**	**Date reviewed**	**Comments**	**Worker signature**
01/01/23	Mr Jones requires use of a smaller sling (due to his recent weight loss)	01/01/23	E.Xample	07/01/23	Small Invacare universal sling is being used successfully	E.Xample
01/01/23	Change of routine, Mr Jones now requires pad changes to be completed on his bed	01/01/23	E.Xample	02/01/23	Change of routine implemented in care plan, and is working well to meet Mr Jones' needs	E.Xample

Guidance for completion of handling plans:

A handling plan details the techniques, equipment and method used to support the safe and dignified handling of an Adult. Handling plans should be in place for any Adult requiring manual handling support with transfers in order to safeguard the Adult, and the carer (informal or formal) involved. If equipment is required to support handling the person, the handling plans must be written in accordance with manufacturer's guidelines for using the associated equipment.

A handling plan is created following implementation of actions as a result of a robust manual handling risk assessment. Handling plans must be recorded for all tasks which have **changed** as a result of the actions from the risk assessment.

Consideration to include pictures and images of how it should look when handling an Adult with certain equipment or methods, can aid interpretation of handling plans.

Handling plans should be readily available to those who support the Adult with the tasks outlined. Consider recommendation of handling plans being kept close to where the Adult is being supported, to enable carers involved to reference the requirements to reduce the risk of injury through miss-guided practice.

A quick reference handling plan template could be an example of how to ensure the pertinent information is to hand for the handlers to reduce the risk of injury to all parties involved.

This is a template of a quick reference handling plan which was produced for residential homes in Essex that can be used or adapted for use – available at https://www.essexproviderhub.org/quality/quality-innovation-team/prosper/prospertoolkits/

Handling plan example:

The following details should be recorded in the individual handling plan.

Remember - Clear and Concise instructions are key

Task Involved				
Number of people required				
Equipment Used if using a hoist; detail type, sling type and size and hoist-sling fastening arrangements	**Type**	i.e. Birdie 175, Pallas stand aid, rotastand solo, rotunda		
	Sling type and size	i.e medium silverlea fastfit deluxe		
	hoist-sling attachment	**Top:**	**Bottom:**	**Middle:**
Equipment Storage and additional instructions i.e hoist to be left on charge (hoists are trickle charge)				
Method/technique Content may be different for formal carers and informal carers due to previous manual handling experience				
Variability in function throughout the day Include tangible information of when to use a certain method and at what point/time to use a different method				
Review requirements how frequently? provide tangible information				

APPENDIX B

Schedule 1 Live at Home Service Specification

7.20 Manual Handling

7.20.1 Manual handling must be undertaken in accordance with relevant legislation and guidance. 'Blanket policies' will not be accepted to determine the use of equipment, number of carers required or for any other decision. Following an Adult's assessment, including a robust manual handling risk assessment, a balanced approach will be taken and an informed, professional judgement will be made every time.

7.20.2 All referrals for an Adult that involve manual handling and/or the use of hoists where an Occupational Therapist or Physiotherapist has recently assessed for and provided a manual handling plan on techniques to be used must be adhered to in the first instance. If there is any dispute regarding the plan it is the responsibility of the Service Provider to complete a risk assessment identifying the specific elements of the task in question that are causing a risk to either an Adult, Staff or both and request a reassessment. The Service Provider will cooperate with the assessment and provide an appropriately qualified and competent member of Staff to attend any demonstrations in order for information to be cascaded to the relevant members of Staff.

7.20.3 At all times the Service Provider must ensure Staff operate to practices in line with all relevant legislation including (but not limited to):

(a) Human Rights Act 1998.
(b) Manual Handling Operations Regulations 1992; amended 2002.
(c) Case Law.
(d) Health and Safety Executive (2002).
(e) Lifting Operations and Lifting Equipment Regulations (LOLER) (1998).
(f) Provision of Use of Work Equipment Regulations (PUWER) (1998).

7.20.4 If the Service Provider identifies that an Adult requires an assessment from an Occupational Therapist or Physiotherapist to support the delivery of the Service or to achieve an Adults Outcomes identified in their Care and Support Plan they must complete and submit a Referral for Occupational Therapy Form as detailed in Appendix 3 (Referral for Occupational Therapy Form).

7.21 Adult Risk Assessments

7.21.1 All areas of risk to an Adult shall be appropriately risk assessed and any decisions made in relation to the identification of an Adult's care and support needs and any resources (Staff, Equipment, Care Technology, etc.) required to meet an Adult's outcomes will be based on a comprehensive risk assessment of the Adult, rather than generic moving and handling policies regarding the number of Staff required for specific tasks.

7.21.2 Risk assessments must be conducted by appropriately trained competent staff and meet standards agreed by the Council. These standards may change from time to time as operational requirements dictate. All manual handling risk assessments must feature the TILE components (Time, Individual, Load, Environment).

7.21.3 The Adult and their Carer (if appropriate) must be actively involved with the risk assessment process and consulted regarding any decisions made.

7.21.4 Any instruction or demonstration offered in use of specific Equipment/techniques for an Adult shall be the responsibility of the Service Provider to cascade to Staff as appropriate and to ensure competence of Staff in using Equipment and undertaking tasks as required. Where a manual handling plan has been provided by an Occupational Therapist, Staff must adhere to the instruction within this to support an Adult.

7.21.5 The Service Provider shall proactively identify and alert social care practitioners of further opportunities for enablement, but also highlight any concerns regarding deterioration in the Adults abilities which may indicate a further Occupational Therapist assessment is required.

7.21.6 A risk assessment shall be completed of the home environment and property access to ensure a safe workplace for care staff with clear actions to be taken by the Service Provider, Adult or their representative to mitigate risks identified.

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