

Manual Handling People with Dignity Protocol

Adult Social Care

Report title:		Manual Handling People with Dignity Protocol	
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Date Issued:	Version:	Summary of Changes	Author
October 2022	1	New protocol	Caroline Robinson
December 2023	2	Updated equipment provider information	Caroline Robinson
January 2026	3	Updated terminology in all sections	Caroline Robinson
Next Review			
January 2028			

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Foreword: Values and Practice Message – Inclusive Essex

At Essex County Council (ECC), we believe that every interaction is an opportunity to uphold dignity, strengthen independence, and honour what matters most to the person. Manual handling is no exception. Within Adult Social Care (ASC) how we support someone to move—whether that is a small steadying action or a complex transfer—reflects our values, our professionalism, and our shared commitment to Inclusive Essex.

This protocol places choice, control and individuality at the heart of manual handling. It challenges the idea that risk can only be managed through restriction, and instead embraces a balanced, strengths-based approach, where people are supported to do as much as they can safely, for as long as they can. We recognise that every person brings their own abilities, routines, beliefs, identity and lived experience—and these should shape how we plan and deliver support.

A person's home, care setting, or supported environment should be a place where they feel heard, respected and involved. That is why this protocol rejects blanket rules and champions personalised decision-making. It calls upon us to work in genuine partnership with people, families, and our colleagues across care and health, ensuring that any manual handling plan is co-produced, proportionate and sustainable.

Our approach is grounded in national legislation and best practice, but also in humanity. Safe practice will always remain essential—but safety must sit alongside dignity, autonomy and wellbeing, not overshadow them. We support people not only to remain safe in the present, but to maintain the skills, confidence and independence that sustain quality of life in the long term.

This values-led protocol is intended as more than a set of instructions. It is a call to professional curiosity, a reminder to pause and ask: What matters to this person? What is the least restrictive way we can support them? Are we enabling independence or unintentionally removing it? How do we ensure this approach is safe today, and sustainable tomorrow?

By working in this way, we honour our responsibility to the people of Essex, our partners and our workforce. We acknowledge carers—both formal and informal—as essential contributors to safe, dignified support, and we commit to equipping them with the knowledge, confidence and guidance they need.

Thank you for your continued dedication to compassionate, values-driven practice. Your commitment ensures that every person we support experiences manual handling not as a task done to them, but as an act of partnership, dignity and respect.

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&

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1.0 Overall aim and context

1.1 The aim of this protocol is to outline the commitment of ASC and other relevant staff within or working with ECC to the safe, dignified and person-centred handling of people in Essex. ECC supports a strengths-based, Inclusive Essex approach to manual handling that promotes choice, control and what matters to the person.

1.2 This protocol provides guidance for ASC and other relevant staff working within or with ECC in relation to the manual handling of people. It does not replace ECC corporate policy regarding manual handling but should be used alongside it in practice.

1.3 This protocol aims to ensure ECC and its partners meet obligations under manual handling legislation and associated guidance and that staff understand how to apply this in practice.

1.4 The protocol sits alongside and does not override the following legislation and guidance:

- **The Care Act (2014)**
- **Health and Social Care Act (2022)**
- **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**

1.5 This protocol encourages a culture of enablement and proportionality, focused on maximising a person's function and dignity.

2.0 Definitions

2.1 “ Adult Social Care (ASC) Occupational Therapists ”	Qualified and registered occupational therapists working for ECC in ASC who have a role in assessing, advising on and supporting safe manual handling of people.
2.2 “ Other relevant staff ”	Other members of staff working within or for ECC who are involved with supporting people. This includes community support workers, social workers, social care managers, carers in commissioned care services (including domiciliary, residential and nursing employed permanently, via bank/agency or via direct payment), students and volunteers.
Expectation: Formal care services should adopt or align their protocols/policies to the ECC Manual Handling of People with Dignity Protocol.	
2.3 “ Informal carer ”	<p>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.</p> <p>Informal carers are not employed via Essex County Council therefore are not subject to the same legislation as employees and commissioned care services. The Care Act 2014 highlights the duties to support informal carers; this protocol aims to support them to safely handle a person with dignity and to relieve them, as far as possible, of the burden that manual handling can present.</p>
2.4 “ Competent handler ”	Staff with sufficient manual handling training to complete a manual handling risk assessment and manage any identified risks for the person.
2.5 “ Manual Handling operations ”	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 ”	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 ”	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 ”	Anything that has the potential to cause harm.
2.9 “ A Risk ”	The likelihood of harm occurring taking into account the severity of the harm.
2.10 “ A Risk assessment ”	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 ”	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 “ Strengths-based approach ”	A requirement of the Care Act 2014, this approach considers the person’s strengths, capabilities and support networks. For manual handling this means enabling the person to be as involved as is safe and appropriate—physically and/or cognitively—rather than defaulting to doing everything for them.

3.0 Background

3.1 ECC ASC has operated within government legislation (*listed in 1.4*), when applying manual handling guidance. In a changing adult social care environment—with evolving needs, commissioned services and community expectations—it is necessary to have local protocols that support person-centred, sustainable practice and ensure people receive services that optimise dignity and independence.

4.0 Introduction

4.1 This protocol has been developed to ensure dignity is maintained in manual handling across ASC practice and in community (commissioned and informal) care. A strengths-based approach, supported by the Care Act 2014, is considered best practice to ensure the person's functional abilities are optimised during manual handling activities.

5.0 Responsibilities

5.1 ECC ASC leadership team or the relevant person(s) within commissioned care services accepts responsibilities under the Manual Handling Operations Regulations (1992) and all relevant legislation/ associated guidance to minimise the risk of injury from manual handling people for all relevant staff, people being supported, and others.

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

5.3 This protocol applies to all manual handling of people operations in all practice-based areas undertaken by **ASC occupational therapists** and **other relevant staff** (*as defined in 2.2*)

5.4 **ASC occupational therapists** and **other relevant staff** (*as defined in 2.2*) have a duty to cooperate with their employers and comply with this protocol. They have a responsibility to take reasonable care of their own health and safety in relation to manual.

5.5 The management of manual handling must be flexible and appropriate to the location and be continually developed to ensure best possible practice.

5.6 Recommendations in this protocol are subject to regulatory changes and amendments, as far as is reasonably practicable.

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

5.8 All risk assessment documentation must be recorded on the relevant care recording system (including those used by commissioned care services) and reviewed at least

annually or following any significant change in the person's level of need if this happens before the annual review.

5.9 Accidents and near misses must be reported via internal organisational processes and, where applicable, under RIDDOR 2013. Learning from these events should inform future practice and training.

5.10 Compliance with this protocol is mandatory for ASC leadership, managers, occupational therapists and other relevant staff (*as defined in 2.2*).

6.0 Safer Handling practice to support manual handling people with dignity

6.1 Blanket Policies/Protocols

6.11 Blanket policies (for example, "two carers for all hoist transfers") **do not** support person-centred, strengths-based care and may limit choice and control. Instead, **legislation stipulates** handling decisions **must be** based on individual assessment, professional judgement and a robust risk assessment process.

Supporting guidance: CQCs strategy for the '*changing world of health and social care*' pushes for equality of care which blanket policies do not offer.

The Handling of People 7, Simpson (2023, p.29) suggests blanket policies follow a '*predetermined*' path that '*guide decision makers towards a specific outcome*' meaning that instead of assessing the person holistically, the outcome has already been defined in the policy. Mandelstam (2023, p.11) advises 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*'.

6.2 Best practice in manual handling includes:

6.21 An individualised approach to all people handling with **no blanket** protocols.

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 person'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 a person's strength and further optimise their functional level. It is recommended that as part of this intervention period, reviews will be conducted to ensure changes can be made to the handling plan in line with any improvements in the person's functional ability.

6.24 All occupational therapists and other relevant staff completing the manual handling activity should be suitability clothed to enable their body to move effectively and as required for the activity. The handler's feet must not be exposed (toes, heels, upper foot must be covered by shoes leaving ankles exposed to enable movement). Consideration should be given to ensure both the person being handled and the handler's dignity are maintained during the handling activity.

6.3 Risk assessment and 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 other factors (TILE0). They must seek to avoid the task if possible or, where reasonably practicable, reduce the risks identified. Further information regarding the completion of a TILE0 risk assessment can be found in the Appendix.

6.32 Where risk adverse recommendations are in place, **ASC occupational therapists** will seek to support relevant staff to improve their knowledge and skills so that risk is managed proportionately, and the person's functional ability is not unnecessarily limited.

6.4 Safeguarding and manual handling

6.41 Defined within the Care Act (2014), safeguarding is the abuse or neglect of people who have care and support needs. Within manual handling of people, safeguarding concerns may arise where unsafe techniques (e.g., physically pulling or dragging someone) or neglectful practices (e.g., preventing someone from receiving the support they need) cause, or risk, harm.

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 and functions) and outside (with providers and partners) as referenced in *14.12 Care Act 2014: Care and Support statutory guidance (updated 2022)*.

6.43 Increasing awareness of safer handling procedures requires a collective response from ASC occupational therapists and all relevant staff (*as defined in 2.2*). Opportunities to increase awareness are detailed within Section 7.0.

6.44 Where an informal carer is supporting the person; 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 person without adding undue risk.

6.45 If the informal carer chooses not to follow the occupational therapist's guidance, firstly consideration must be given to safeguarding concerns, whether the Mental Capacity Act applies requiring assessment.

The occupational therapist must:

- Provide a copy relevant completed manual handling risk assessment to confirm awareness
- Fully explain the risks to the person and informal carer from not following guidance
- Discuss (if deemed appropriate) that if formal care was ever required, manual handling practices would need to follow the manual handling people with dignity protocol guidance.

The practice examples below explore this further. Each case refers to a person and their spouse (informal carer) undertaking unsafe manual handling practices within their own home.

Case example 1: This person was deemed to have capacity to understand the risks involved with unsafe manual handling practices. This scenario was deemed to be a “unwise decision” as defined within the Mental Capacity Act but did not meet the safeguarding threshold.

An occupational therapy assessment was requested for Mrs A due to the difficulties reported with managing chair transfers. Observation revealed Mrs A was supported to stand by her spouse using a (contentious) bear-hug lifting technique. The Occupational Therapist completed a **manual handling risk assessment** and 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 their 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. Before conclusion of the involvement, the Occupational Therapist discussed contingency arrangements for Mrs A and her spouse to consider.

Case example 2: This person was assessed not to have the Mental Capacity to make the decision regarding their manual handling support, and a best interest decision was made. This scenario met the threshold for safeguarding.

An occupational therapy assessment was requested for Mrs B due to the difficulties reported with managing bed transfers. Observation revealed Mrs B was supported to stand by her spouse using a (contentious) bear-hug lifting technique. The Occupational Therapist completed a **risk assessment** and discussed the risks involved with the current method of bed transfer. The Occupational Therapist identified equipment solutions that could reduce the risks observed and support Mrs B to be transferred safely and explored these with Mrs B’s spouse who declined them. 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, therefore a **Mental Capacity Act assessment** was completed.–Mrs B was deemed unable to make an informed decision regarding how she was supported to transfer out of bed. Alongside a **safeguarding** investigation was completed, due to potential of neglect or abuse of Mrs B. However, once all information was gathered the safeguarding investigation was deemed not substantiated. **A best interests decision**, following the Mental Capacity Act assessment, concluded that Mrs B could continue to be supported by her spouse using this contentious transfer method. This was based largely on information from Mrs B’s daughter, who described her parents’ very close relationship and the potential harm that disrupting this arrangement could cause. A contingency care package was put in place, and equipment (such as a hoist and slings) was provided should this need to be implemented. Additional measures, including the spouse carrying a mobile phone for rapid emergency contact, were also implemented.

6.5 Techniques considered controversial or contentious

6.5.1 Several techniques are now considered unsafe or contentious including the following:

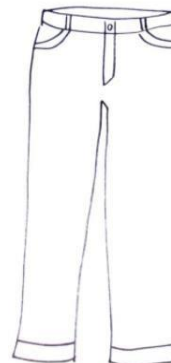
Drag lift



Use of walking frame to assist sit to stand



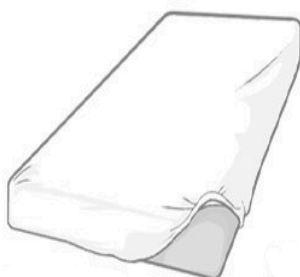
Using clothing to assist sit to stand



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 These contentious techniques are not acceptable practice within ECC and commissioned care services (*as defined in 2.2*). These should not be used except in specific, rare circumstances where:

- a robust risk assessment shows no safer alternative,
- there is senior/managerial oversight, and
- the situation is closely monitored and reviewed.

6.53 **Zero-Compromise Area** - dignity and safety must not be sacrificed for speed or convenience. ASC occupational therapists and other relevant staff must seek to challenge where these techniques have been observed in community practice in Essex.

7.0 Manual Handling Training

7.1 Manual handling Training content

7.11 An eLearning programme cannot replace face-to-face training. Manual handling is a practical skill and must be supported with demonstration, supervised practice, and evaluation of individual performance to allow identification of further action where required. Demonstrations alone are not sufficient (*Ruszala et al., 2010*).

7.12 Skills for Care (2024) have published a training guide in relation to statutory and mandatory training for adult social care employers. The following is listed as expected content of training in relation to animate and inanimate manual handling:

- How to move and handle equipment and objects safely
- Legislation, guidelines, policies and procedures and protocols
- Anatomy and physiology
- Risk management
- Moving and positioning people safely and with dignity
- Using equipment if required
- What can and can't be carried out within own responsibilities and when to seek advice

Training can be accredited and the accredited body delivering will set content.

7.2 Manual Handling training for Adult Social Care staff

7.21 It is mandatory for all ASC staff to complete the safeguarding people handling course. ASC occupational therapy staff must maintain their knowledge through formal practical training at least every two years, as a minimum, and follow local learning requirements.

7.3 Training expectation for external other relevant staff

7.31 Commissioned care services (including domiciliary care, residential care, nursing care, or carers employed via direct payments) must meet training requirements set out in their contracts (e.g. Live at Home, IRN 2025), including face-to-face practical training, annual refreshers and competence checks.

- **Live at Home contract 2025:**

Section 7.8: Manual handling

Manual handling people with dignity must be undertaken in accordance with relevant legislation and guidance, including the ECC manual handling people with Dignity Protocol located on ECC's Provider Hub ([Provider Hub/Manual Handling Practice](#)). Blanket policies' (such as 'two carers for all hoist transfers') will not be accepted to determine the use of equipment, number of carers required or for any other decision as they do not promote a personalised approach to care. 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.

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 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 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.

At all times the Provider must ensure Staff operate to practices in line with all relevant legislation

...Section 9: Personnel and Staff

9.5 The Provider shall ensure that the Staff engaged with the delivery of the Services shall be properly and suitably and adequately qualified, competent, skilled, honest, instructed, trained, experienced and supervised and shall at all times exercise due care in the execution of their duties ...

- **IRN 2025 Agreement:**

Mandatory Training Standards

The key knowledge for health and social care workers is 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. 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.

Refresher training must be completed earlier than stated below if it has been highlighted that any Staff members require retraining.

Practical Manual Handling training – to be completed within six weeks of employment. This must be refreshed 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. Competency records must be retained by the Service Provider.

7.32 Virtual (and in some instances face-to-face) 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 is a key handler for a person , they should be supported to attend suitable manual handling to support them to continue in this role and reduce the risk of injury to them or the person they care for. The ASC occupational therapist or ECC relevant staff member may need to arrange this via a carers assessment.

7.42 When a change in manual handling equipment/technique has been provided/recommended (by an ASC occupational therapist/ worker) to a person 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 defined 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 people free of charge to support their assessed needs - ensuring it maximises the person'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 Board (ORB) 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 communicate knowledge of any new or alternative manual handling equipment solutions which may aid practice with the clinical lead for equipment for their consideration. All ASC occupational therapists have a duty not to arrange independent equipment training for themselves or their colleagues/peers which may contradict or confuse the overall equipment strategy.

9.0 Prevention and Management of falls

9.1 “A fall is defined as an event which causes a person to, unintentionally, rest on the ground or lower level, and is not a result of a major intrinsic event (such as a stroke) or overwhelming hazard” (Gov.uk, 2022).

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 person’s care assessment or manual handling risk assessment. The relevant professional (ASC occupational therapist, other relevant staff or other professionals) who are involved with the person 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 person. Reviews are recommended if the person’s presentation changes.

9.4 ASC occupational therapists and other relevant staff should consider the risk to themselves, and the person if they are close to a falling person. Unless specific training has been provided to manage a close contact falling person, occupational therapists and other relevant staff should only provide assistance once the person has come to rest ‘on the ground or lower level’, ensuring any hazards are removed before attending to the person. 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 person unattended, and then implement the appropriate action. Should the ASC occupational therapist or other relevant staff member leave the person to seek help, once help has been sourced, they must return to the person and stay with them until help arrives.

9.42 If a person has fallen, it is suggested a post-falls decision support tool (i.e. I-Stumble) is used to determine if they are injured. The I-Stumble tool can be accessed via the link contained in 9.5.

9.43 If the person is assessed using I-Stumble and is deemed to be **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 local falls/responder service or ambulance service called.

9.44 If the person is assessed using I-Stumble and is 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 person's falls risk assessment/handling plan directs. If the relevant staff member has nor the training or equipment then the person 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 falls/responder service called.

9.45 People 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.

9.5 I-Stumble – post falls decision support tool:

I-Stumble was developed by the West Midlands Ambulance Service as a post-falls assessment tool for non-clinical staff to assess a person for injury following a fall. This is a free tool and can be downloaded onto any smart device via visiting the Apple Store or Google Play Store and search 'ISTUMBLE'.

A leaflet version of the tool is accessible via this link: <https://www.winnicare.uk/wp-content/uploads/2024/07/Winnicare-ISTUMBLE-Leaflet.pdf>

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

Guidance for completion of risk assessments

Risk assessments are an integral part of the manual handling assessment process and legislated within the Manual Handling Operation Regulations (MHOR) 1992 (as amended).

The following information has been taken from Chapter 4 of the Handling of People 7, by Back Care (Fray, 2023, p.59, 69 & 70): The Health and Safety Executive (HSE) indicates that, in the health and social care sectors, person handling risk assessments undertaken in compliance with the MHOR may be generic (activity/task based) or person specific (p.59)...

- Generic (activity/task specific) risk assessments: Across health and social care facilities such as a hospital ward, care home, day centre, special education establishment, etc, there may be moving and handling tasks that are similar and could potentially be addressed by carrying out a generic (activity/task specific) risk assessment and developing an activity/task specific standard operating procedure (SOP), which can save considerable time and paperwork on a day-to-day basis (p.60)....
- Person-specific/bespoke moving and handling risk assessments: For any person who needs assistance with movement, or to be moved (except in relation to generic risk assessments as outlined above), a person-specific moving and handling risk assessment must be carried out and an appropriate person-centred handling plan devised, recorded and implemented (p.70).

At the commencement of a person-specific risk assessment, it is important to capture an accurate measurement of the person's height and weight. The reason for this is two-fold; to ensure the person's 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 person's abilities can vary depending on time and day, and in some cases, from week to week/month to month.

ECC ASC recommends person-specific risk assessments follow a TILEO (task, individual (handler, load, environment, other factors) 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.

When conducting individual risk assessments using the **TILEO** 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 person/assessment:

<p>Task - List all tasks covered using this technique/equipment i.e. Bed to chair, chair to wheelchair</p>	<ul style="list-style-type: none"> ○ 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?
<p>Individual (handler) - this is the handler/carer.</p>	<p>Consider:</p> <ul style="list-style-type: none"> ○ 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
<p>Load - this is the person being moved.</p> <p>IMPORTANT - you must record the person's height and weight at the time of your assessment as this is crucial information and acts as a baseline for future assessments</p>	<p>Considerations:</p> <ul style="list-style-type: none"> ○ 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
<p>Environment -</p>	<p>Comment on:</p> <ul style="list-style-type: none"> ○ 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

	<ul style="list-style-type: none"> Is the transfer taking place indoors or outdoors? Are there any animals or young children in the environment which could pose a risk?
Other factors	<p>Comment on</p> <ul style="list-style-type: none"> Equipment: The type, appropriateness and size (where relevant) of the equipment in use Cultural considerations Anything else relevant that hasn't already be explicitly identified

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 TILEO assessment process must have a corresponding action 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 providing a clear audit trail.

An example risk management action plan is detailed on *page 19*.

Risk assessments should be updated periodically or when there is a significant change in the person's need.

Risk management plan example:

Date added	Action required	Date actioned	Worker signature	Date reviewed	Comments	Worker signature
01/01/26	Mr Jones requires use of a smaller sling (due to his recent weight loss)	01/01/26	E.Xample	07/01/26	Small Invacare universal sling is being used successfully	E.Xample
01/01/26	Change of routine, Mr Jones now requires pad changes to be completed on his bed	01/01/26	E.Xample	02/01/26	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 a person.
- Consideration to include pictures and images of how it should look when handling a person with certain equipment or methods, can aid interpretation.
- Should be in place for any person requiring manual handling support with transfers in order to safeguard the person, and the carer (informal or formal) involved.
- Must be written in accordance with manufacturer's guidelines for using the associated equipment deemed required.
- Is created following implementation of actions as a result of a robust manual handling risk assessment.
- Must be recorded for all tasks which have **changed** as a result of the actions from the risk assessment.
- Should be readily available to those who support the person with the tasks outlined and kept close to where the person is being supported, to enable carers involved to reference the requirements to reduce the risk of injury through miss-guided practice.

Inclusive Essex Reflection Prompts:

- Does this handling approach help the person to stay as independent as possible for as long as possible?
- How does this promote the person's choice and control?
- Have I checked what matters most to them right now?
- Does this plan clearly show how we've listened to the person?
- Does it build on their abilities?
- Am I enabling them to do what they can, not just doing for them?
- Is this the least restrictive and most sustainable option?
- Are we using the workforce and equipment in a way that can be sustained?
- Are we helping people maintain independence and reduce avoidable long-term care needs?
- Are we supporting informal carers so they can continue safely?

A quick reference handling plan template is available within the prosper toolkits page on the provider hub (<https://www.essexproviderhub.org/quality/quality-innovation-team/prosper/prospertoolkits/>). It was originally produced to support good practice in residential homes is one example of how to ensure the pertinent information is to hand for the handlers to reduce the risk of injury to all parties involved. Pertinent information for handling plans taken from this template is included within the example of page 20.

Pertinent information for manual handling plan: Clear and Concise instructions are key

Task Involved	<i>i.e. Moving person from their bed to their armchair</i>		
Number of people required	<i>i.e 1 or 2 people</i>		
Equipment Used if using a hoist; detail type, sling type and size and hoist-sling fastening arrangements	Type	<i>i.e. Mackworth 180kg mobile hoist, Rotastand solo, Sara Stedy</i>	
	Sling type and size(if applicable)	<i>i.e. Glove diamond deluxe size 8</i>	
	hoist-sling attachment	Top: <i>i.e. green</i>	Bottom: <i>i.e. orange</i>
Equipment Storage and additional instructions i.e hoist to be left on charge (hoists are trickle charge)	<i>i.e. stored in hallway outside persons bedroom</i>		
Method/technique Content may be different for formal carers and informal carers due to previous manual handling experience	<i>What is the pertinent method or technique for that person? Recording needs to be concise and (unless informal carer) does not need to explicitly list all steps required if these would be considered standard practice within basic level manual handling training</i>		
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	<i>If the person requires different methods due to functional variability, if predictable, detail when these will be completed - morning, lunchtime etc. If unpredictable, detail how many times a particular method is tried before moving to an alternative</i>		
Review requirements how frequently? provide tangible information	<i>i.e. Review within 12 months of handling plan or if the persons functional ability significantly changes</i>		

References

1. Care Act (2014). Accessible at: <https://www.legislation.gov.uk/ukpga/2014/23/contents> accessed on 02.12.25
2. Care Act (2014), Care and Support statutory guidance (currently under review following the Health and Social Care Act 2022). Accessible at: <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutoryguidance#safeguarding-1> accessed on 02.12.25
3. Care Quality Commission (2021), A new strategy for the changing world of health and social care (our strategy from 2021). Accessible at: https://www.cqc.org.uk/sites/default/files/Our_strategy_from_2021.pdf accessed on 02.12.23
4. Health and Safety Executive (2013), Manual Handling Operations Regulations (1992) as amended. Accessible at: <https://www.hse.gov.uk/pubns/books/123.htm> accessed on 02.12.25
5. Health and Safety Executive (2013), Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR). Accessible at: <https://www.hse.gov.uk/riddor/> accessed on 07.01.22
6. Health and Social Care Act (2022). Accessible at: <https://www.legislation.gov.uk/ukpga/2022/31/contents> accessed on 02.12.25
7. Gov. UK (2022), Falls: applying All our Health. Accessible at <https://www.gov.uk/government/publications/falls-applying-all-our-health/falls-applying-all-our-health> accessed on 02.12.25
8. Leicester City Council (2017), Manual handling for People Handlers. Accessible at: <https://www.leicester.gov.uk/media/uoqbf2ip/manual-handling-for-people-handlers-booklet.pdf> accessed on 04.03.22
9. Mandelstam, M., (2023), section one: Manual handling: using the law to support and defend professional good practice, The Guide to the Handling of People: Person Centred Practice (7th addition), p.11.
11. Norfolk and Waveney ICS, I Stumble Training video for care homes. Accessible at: <https://www.youtube.com/watch?v=0mYRy0dEPpA> accessed on 02.12.25
14. Ruszala, S, Hall, J & Alexander, P (2010), Standards in manual handling, 3rd edition, National Back Exchange.
15. Simpson, P. (2023), section two: Developing good practice in moving and handling: a person-centred approach, The guide to the Handling of People: Person Centred Practice (7th addition), p.29.
16. Skills for Care (2024), Statutory and mandatory training guide for adult social care employers. Accessible at: <https://www.skillsforcare.org.uk/resources/documents/Developing-your-workforce/Guide-to-developing-your-staff/Statutory-and-mandatory-training-guide-August-2024.pdf> accessed on 04.12.25
17. York Carers Centre (2013), The Drag Lift. Accessible at: <https://www.yorkcarerscentre.co.uk/wpcontent/uploads/2014/06/The-Drag-Lift.pdf> accessed on 04.03.22
18. Winn Care, Introducing the new ISTUMBLE Information Dashboard. Accessible at: <https://www.winncare.uk/wp-content/uploads/2024/07/Winncare-ISTUMBLE-Leaflet.pdf> accessed on 05.11.25