

MOVING AND HANDLING POLICY FOR STAFF WHO ASSIST DISABLED CHILDREN AND YOUNG PEOPLE

OBJECTIVES

To ensure staff assist disabled children and young people in a way that promotes independence while reducing the risk of accident or injury to a minimum.

LEGISLATION

- Health and Safety at Work Act 1974
- Manual Handling Operations Regulations 1992
- Human Rights Act 1998
- Management of Health and Safety at Work Regulations 1999
- Lifting Operations and Lifting Equipment Regulations (LOLER) 1998
- Provisional Use of Work Equipment Regulations (PUWER) 1998
- Mental Capacity Act 2005

IN ORDER TO SUPPORT MOVING AND HANDLING PRACTICE, THIS POLICY SHOULD BE READ IN CONJUNCTION WITH FOLLOWING THE PROCEDURES DISCUSSED AND DEMONSTRATED DURING MOVING AND HANDLING TRAINING.

KEY POINTS

1. All staff for whom moving and handling is an integral part of their work must receive moving and handling training as soon as possible following appointment. Until they have undertaken training, they must not move or transfer children or young people unless working with other trained staff and **must not** operate any equipment.
2. The term 'manually' assisting children to move or transfer covers any care related activity which involves a person providing any physical assistance to a child or young person who is attempting to move, stand, sit, transfer, reposition or mobilise. Children and young people's services accept that in some circumstances manual handling is necessary and in all but emergency/life threatening situations, all moving and handling activity must be risk assessed and any recommendations or guidance provided must be balanced, meet the requirements of evidence based practice, and comply with current Health and Safety Legislation.
3. The needs of children and young people requiring assistance must be recognised, and staff must respond appropriately showing empathy, respecting dignity, treating each person as an individual.

4. The child or young person needs to be involved during all stages of an assessment and assistance, and given as much control as possible within the boundaries of safe practice.
5. It is the responsibility of the Chief Officers as the de facto employer to ensure that risk assessments are carried out. The responsibility can be delegated down to local Managers and their senior staff. Overall responsibility remains with the Chief Officer who must ensure that those with devolved responsibility keep him/her fully informed regarding health and safety matters.
6. Managers of residential establishments and day care services providing care for disabled children and young people have a duty to ensure that assessments for all reasonably foreseeable risks are carried out. This duty can be delegated by the Manager to senior workers who have had appropriate training in moving and handling risk assessment.
7. All moving and handling activities must be risk assessed by an appropriate person and incorporated into the individual child's care plan or programme. (*see Appendix 1*)

Unless an activity is stated to be 'therapeutic', in other words has clinical significance for the child or young person, the activity will be deemed to be a 'care' task. The assessment can be delegated to appropriately trained senior workers. Any moving and handling deemed or stated to be 'therapeutic' and have clinical significance for the child or young person, should be risk assessed by an appropriate, qualified Health Professional. All risk assessments must be reviewed at regular intervals; the length of time between the original risk assessment and the first review is at the discretion of the risk assessor. All staff carrying out moving and handling tasks have a duty to record any significant changes affecting the child or young person's abilities or any procedures causing difficulties and to ask for a review earlier than the recommended date.

8. Any activity which has been identified as 'therapeutic' or 'rehabilitation' and/or to be of clinical significance for the child or young person, has to be risk assessed by an appropriately qualified Health Professional. The assessment must be documented by the qualified professional. If the Department's Moving and Handling training course does not meet the therapeutic handling requirements identified by the Health Professional, then it is the responsibility of that professional to provide specific training that will enable staff to comply with the assessment.
9. Where difficult or complex issues are identified, for example, special equipment is needed, the assessor should request a more detailed assessment or advice from a recognised moving and handling Link Advisor/Occupational Therapist and/or Health and Safety Advisor within the department.
10. Managers must ensure that all staff involved in assisting children and young people to move, undertake training in moving and handling techniques and the use of hoists and equipment. Managers must ensure that any senior worker who has been delegated the responsibility to carry

out risk assessments has received appropriate training to carry out risk assessments.

Staff are responsible for taking reasonable care of their own health and safety and that of others who may be affected by the staff member's actions or omissions. It is also their responsibility to ensure that they are capable of complying with any guidance provided in the risk assessment and that they bring to the attention of their Line Manager any deficiencies (e.g. lack of training, equipment, or personal physical difficulties) which prevents them from complying with the guidance. In practice this means:

- Raising concerns about perceived risk
- Co-operating with Managers and supervisors on health and safety matters
- Assisting the moving and handling advisor to assess risk
- Reading and complying with the risk assessment*
- Complying with the policy relating to moving and handling disabled children and young people.

11. It is the responsibility of every person using any moving and handling equipment to have undertaken training in it's use and to be familiar with it before use. Further, it is the responsibility of every person using hoists, slings, or other piece of moving and handling equipment to inform their Line Manager if;

- They feel there is a need for further training, information or practice
- They are not physically fit to undertake hoisting activities safely
- There are any accidents, near misses or incidents occurring whilst hoisting.
- They are concerned the equipment is not fit for purpose.

*Risk assessments relating to disabled children and young people using services should be easily accessible by staff.

STEPS

STEPS

1. Risk Assessment

1. Risk assessment

1.1 There are several triggers to an initial assessment of risk:

- When a child/young person is first admitted to an establishment.
- When there are any changes to a child's health or wellbeing which may affect their ability to mobilise with assistance or independently.
- Prior to a review.

1.2 An initial assessment of risk involves the Manager/Supervisor observing the child's ability to:

- Reposition whilst seated/lying
- Attempt to stand from sitting
- Attempt to weight bear
- Attempt to mobilise
- Attempt to sit from standing.

1.3 If any identified difficulties can be managed or resolved with minimum intervention, these should be identified on the child's care plan. For example, 'has some mobility difficulties, but can move around independently with adult support'

1.4 If simple solutions are not appropriate and a child or young person requires a more detailed moving and handling assessment, this should be completed by an appropriate trained individual and documented.

ACTION

Manager/
Trained staff/
Moving &
Handling Advisor

Manager/
Trained staff/
M&H Advisor

Manager/
Trained staff/
Link Worker

Manager/
Trained staff/
M&H Advisor/
Occupational Therapist

APPENDIX 1

Moving & Handling Risk Assessment

| | | | | | | | | |
|-------------------------------|---------|-------|------------------------------------|--------|-------|---|---------|-------|
| Clients Name:- | | | Clients Date of Birth:- | | | Clients address:- | | |
| Clients Height:- | | | Clients Build:- | | | Clients Weight:- | | |
| Tall | Average | Short | Large | Medium | Small | <16kg | 16-25kg | >25kg |
| | | | | | | | | |
| Can client Co-operate? | | | Can the client weight bear? | | | Which of activities need to be assessed? | | |
| | | | | | | | | |

**Moving & Handling Risk Assessment
Task Guidance**

NB;- Any recommendation to use specific items of equipment should only be made by a qualified health professional or trained M&H link adviser

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|--|
| 1. Repositioning on a bed:- |
| 2. Repositioning in a chair:- |
| 3. Assist to stand & transfer:- |
| 4. Assist to mobilise:- |
| 5. Assist with hygiene:-. |

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|-------------------------------------|
| 6. Assist with toileting:- |
| 7. Assist with stairs:- |
| 8. Access to the community:- |

Additional information relating to the assessment:

| Description of Task >>>>>> | Does the task involve:- stooping, twisting, lifting, lowering, pulling, pushing, unpredictable movement from the client, long carrying distances? | Is there a risk presented by the clients:- Weight, size, medical condition, behaviour, clothing, etc? | Do any of the following environmental factors contribute to risk when assisting the client:- Available space, floor surface, lighting, uneven surfaces, type of furniture? | Would risk be increased for staff who are: pregnant, have a medical or musculo-skeletal condition, wear protective clothing? |
|---|---|---|--|--|
| 1.Repositioning on a bed | | | | |
| 2.Repositioning on a chair | | | | |
| 3.Assist to stand & transfer | | | | |
| 4.Assist to mobilise | | | | |
| 5.Assist with hygiene | | | | |
| 6.Assist with toileting | | | | |
| 7.Assist with stairs | | | | |

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|-----------------------------|--|--|--|--|
| | | | | |
| 8. Access to the community. | | | | |

Name of Assessor:

Job Title:

Date of Assessment:

Assessor's workplace and telephone details:

Signed:

Date:

Review Date: