



Family Nursing  
& Home Care

## **Safe Moving & Handling Policy**

**February 2022**

## Document Profile

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### Version control / changes made

Date	Version	Summary of changes made	Author
14.01.22	2.0	Updated to new template and review whilst new policy being developed.	Justine Bell

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## **1. INTRODUCTION**

### **1.1 Rationale**

The Health and Safety at Work (Jersey) Law 1989 requires the employer to provide a working environment that is safe and without risk to health. This includes the provision of safe systems of work, equipment that is safe to use and appropriate training, instruction and supervision.

In order to meet this requirement, Family Nursing & Home Care (FNHC) has adopted the UK Manual Handling Operations Regulations 1992 (as amended 2002) as best practice.

#### **Employers Duties**

These regulations impose duties on the employer, so far as is reasonably practicable the following:

- Avoid the need for employees to undertake any moving & handling operations which involve a risk of being injured.
- Carry out suitable and sufficient risk assessments of all moving & handling activities and review them.
- Take appropriate steps to reduce the risk of injury to the lowest level reasonably practicable and provide information about the load.
- Provide plant and systems of work that are safe and without risk to health.
- To provide information, instruction and training on moving & handling and associated legislation to all personnel to ensure the health and safety of the employees.

#### **Employees Duties**

These regulations also impose duties on the employees, they should:

- Take reasonable care for their own health and safety and that of others who may be affected by their activities.
- Co-operate with employer to enable compliance with health and safety duties.
- Make use of appropriate equipment provided for them, in accordance with the training and instructions they have been given.
- Follow safe systems of work in place for their health and safety.

The organisation recognises and accepts its responsibility as an employer and is committed to providing and maintain a safe healthy workplace and working environment for its entire staff. It seeks to enlist the support of all its employees in meeting its responsibilities.

### **1.2 Scope**

This policy applies to all staff working within FNHC, including those employed on a temporary, agency, and bank basis.

This policy applies to students, staff and volunteers whilst on the premises, or engaged in activity within the community.

This Safe Handling Policy sets out the standards of best practice in relation to both patients and non-patient handling to provide a minimum lifting policy.

### **1.3 Role and Responsibilities**

#### **1.3.1 The Chief Executive Officer:**

The overall responsibility for Health and Safety within FNHC lies with the Chief Executive Officer (CEO). The CEO will ensure that:

- The appropriate structures are in place to enable the organisation to fulfil its legal obligations and responsibilities.
- Adequate funds are allocated for equipment provision to achieve compliance with the Manual Handling Operations Regulations 1992.
- Training for key trainers and all staff is built into training strategy.

#### **1.3.2 Committee, Directors Head/Leads of Service are responsible for:**

Ensuring appropriate structures are in place in their areas to effectively implement this policy. Committing to those financial, managerial, technological and educational resources necessary to adequately control identified risks from moving & handling activities.

#### **1.3.3 The Quality & Governance Department:**

Has overall responsibility to oversee Health and Safety systems within the Organisation, including:

- Provide a Moving & Handling Policy in line with the latest guidelines and evidence, ensuring it is reviewed on a regular basis.
- Ensure staff are aware of and have access to the Moving & Handling Policy.
- Ensure staff adheres to this policy. Persistent breaches of policy should be dealt with by performance or disciplinary procedures.
- Ensure staff wear clothing appropriate for their work outlined in Organisations Uniform Policy.
- Address known problems in the workplace that are contributing to muscular-skeletal disorders for staff.
- Refer staff who have been absent with back problems or other muscular conditions that affect their physical capacity to work, to the Occupational Health Department. Referral should be made for a detailed workplace assessment.
- Distributing safety alerts within the organisation.
- Collate and examine accident/incident reports in relation to moving & handling and equipment events, so that generic risk assessments can be re-evaluated and changes to systems of work can be put into practice to reduce risks.
- Reviewing the quality of investigations relating to moving and handling Incidents, where necessary provide advice to prevent recurrence and share learning across the organisation.
- Escalate risks and health and safety concerns to the Senior Leadership Team and provide reports in line with organisational procedures

- Disseminating safe handling training compliance to managers.
- Designating staff to become key trainers for their areas of work
- Supporting Key Trainers in their training role.
- Providing opportunities for staff to attend Moving & handling training and ensuring staff are released to attend the training.
- Maintain accurate training records for all staff, through the training department.
- Ensure that moving & handling equipment is managed in accordance with operational instructions and guidance.
- Recognise the need for a team approach, made up of key trainers OT / Physio (if possible), to deal with challenging situations in moving & handling and review systems in place to deal with:-
  - Emergency situations, i.e. patients who refuse equipment or change of environment.
  - Investigation of accident incident involved with moving & handling.
  - Bariatrics ( the science of obesity)

#### **1.3.4 Moving & Handling Advisor responsibilities are to:**

- Advising the organisation on any significant changes in legislation and guidance relative to moving & handling.
- Monitor implementation of the Safe Moving & Handling policy.
- Monitor and review the Safe Moving & Handling Policy.
- Supporting, advising and assisting where necessary, managers on moving & handling matters, moving & handling risk assessments and investigations into moving & handling incidents.
- Monitor record keeping for client risk assessment and generic risk assessment to ensure that risk assessment of all hazardous moving & handling operations are carried out and updated, and that the appropriate control measures, and safe systems of work, are put in place to minimise the risks as far as is reasonably practicable.
- Monitor moving & handling and equipment accident/ incident events.
- Manage and address incidences of challenging situations in moving & handling.
- Reviewing the quality of investigations relating to moving and handling Incidents, where necessary provide advice to prevent recurrence and share learning across the organisation.
- Undertake and record a full risk assessment for pregnant staff and for all staff with a known musculoskeletal injury.
- Supporting as required by the Occupational Health Service, staff returning to work following injury or absence.
- Coordinating moving & handling training for all staff within the organisation, instigating annual updates and training of new staff in moving & handling.
- Monitor the provision of Key Trainers training.
- Enlist the help of key trainers to assist with training sessions and participation in generic risk assessments.
- Approve training delivered by key trainers to ensure that the current course content is updated regularly in accordance with current evidence based best practice, from the HSE, National Back Exchange, Royal college of Nursing and Nursing Midwifery Council.
- Meeting with Key trainers regularly to review training status, risk assessments and compliance to this Policy.

- Maintaining their competency to perform their specialist role, to ensure continued professional development (CPD).

### **1.3.5 Key Trainers will:**

- Attend the 5 day key trainers and risk assessor's course run by an Ergonomic and Back Care Advisor prior to taking on responsibility of Key Trainer.
- Maintain their level of competencies in line with National guidance for moving & handling by attending refresher training and keep updated on current changes in the law.
- Make a commitment to support the Governance Team in helping to implement this policy in their area, providing training, guidance and support or advice as appropriate in safe moving & handling to new and existing staff.
- Provide a supportive role reinforcing safe practice in their area and promote general back care in the work place.
- Keep updated with current and new pieces of equipment by maintaining working knowledge and practical skills using various equipment.
- Attend sessions when equipment representatives set up demonstrations and training sessions.
- Be available to teach staff as necessary on any moving and handling issues.
- Maintain accurate records of training and sign off competencies when they are completed and submit to the Education and Development department.
- Undertake generic risk assessments on community activities.
- Ensure client risk assessment and moving & handling care plans are carried out and participate with the undertaking of same.
- Encourage accident and incident reporting concerning any moving and handling events or equipment misuse/fault or breakdown so that likelihood of events occurring and consequences of events can be monitored and reviewed annually.
- Liaise with the Moving and Handling advisor for advice when necessary and assist in investigation of incident events when requested.

### **1.3.6 Managers / Head of Departments and Team Leads are responsible for:**

- Ensuring all staff within their responsibility have access and have read this policy.
- Action any safety alerts within the required time line and communicate these to staff.
- Investigating any moving and handling incidents and implementing actions to prevent reoccurrence, in complex cases may seek guidance from Moving & Handling Advisor.
- Ensuring all relevant moving & handling risk assessments are completed within their area of responsibility, completing action plans, and reviewing and maintaining these risk assessment on a regular basis.
- Ensuring each client requiring assistance with moving and handling has a clear moving & handling care plan available in their records, which is updated and reviewed on a regular basis along with the risk assessment.

- Ensuring that if handling operations have to be carried out in an emergency situation, without the usual equipment, a further risk assessment is completed to manage the increased risk situation and documented via Assure.
- Report any challenging situations in moving & handling to key trainers/Moving & Handling Advisor for further assessment.
- Ensure all staff report all accident/ incidents events concerning moving & handling and use of equipment using the correct documentation so that these can be investigated, to enable changes in systems and procedure to take place if required.
- Ensuring that their staff attend mandatory moving & handling training.
- Ensuring staff do not carry out any moving and handling tasks without first receiving the appropriate training. New members of clinical staff where possible should be supported by a key trainer or a competent member of staff for their local induction until they are deemed competent and safe to carry out tasks without supervision.
- Ensuring staff are aware of and trained and assessed in the use of any lifting equipment in clients homes ensuring instructions are available and specific guidance noted in care plans.
- Appointing and supporting a suitable member of staff as key trainer for moving and handling in their area.
- Ensure key trainers are given sufficient time to carry out moving & handling training so that every member of staff attends an update session at least once a year and specific training on single uses of equipment as necessary.
- Supporting the key trainers in their areas to promote safe handling practice.

#### **1.3.7 All members of Staff will:**

- Take reasonable care for the health and safety of himself and other persons who may be affected by his acts or omissions at work
- Follow safe systems of work provided by employer.
- Attend moving & handling training on commencement of employment and refresher training as identified by training needs analysis.
- Perform moving & handling activities in accordance with guidelines, information, instruction and training provided.
- Not use any equipment unless trained and competent to do so.
- Make full and proper use of equipment provided including all safety attachments.
- Visually inspect all equipment before use, report any defects or faults to their line manager and remove from service.
- Follow the precautions and procedures established for avoiding or minimising the risk of muscular-skeletal injury to themselves created by moving & handling operations.
- Report all Incidents and near misses, including, any hazardous handling, unsafe systems of work or defective equipment used in their line of work, as per FNHC incident reporting procedure.
- Inform their managers of any conditions affecting them personally that may affect their ability to undertake manual-handling operations.
- Follow the organisation policy on clothing and uniforms to maintain safe practice.



## 2. POLICY

The Manual Handling Operations Regulations 1992 (as amended 2002) require employers to:

- **Avoid** the need for hazardous manual handling, 'so far as is reasonably practicable';
- **Assess** the risk of injury from any hazardous manual handling that can't be avoided;
- **Reduce** the risk of injury from hazardous manual handling, 'so far as is reasonably practicable'.

The Regulations should not be considered in isolation and requires employers to make a suitable and sufficient assessment of the risks to the health and safety of their employees while at work.

Policy and practice should not place any restrictions on clients' rights to autonomy, privacy or dignity to comply with The Human Rights Acts of 1998 (UK), however there is a need to balance the approach to ensure;

- Care workers are not required to perform tasks that put them and the clients at unreasonable risk.
- Clients' personal wishes on mobility assistance need to be respected wherever possible.
- Clients' independence and autonomy is supported as fully as possible.

Family Nursing & Home Care is committed to:

- Providing evidence based care to all patients and clients ensuring they are treated with dignity and respect.
- Striking the right balance between the needs of the clients and the needs of the care worker.
- Establishing arrangements based on suitable and sufficient risk assessments, to ensure progressive improvements in controls over the risks created by moving & handling e.g. by promoting the use of mechanical aids and handling equipment.
- Providing all employees with information, training and guidance to ensure staff take care of their own safety and that of others

## 3. PROCEDURE

### 3.1 Risk Assessment

Where risks have been identified from hazardous moving & handling in the workplace that cannot be avoided, a moving & handling risk assessment must be carried out. A risk assessment is no more than a careful examination of what, in the workplace, could cause harm to people, so that it can be weighed up whether enough precautions have been taken or if more should be done to prevent harm.

Written manual and people handling risk assessments must be based on a realistic reflection of practice and conducted where the activity is occurring.

The process of undertaking risk assessment can be described in five steps.

1. Identify the hazards
2. Decide who might be harmed
3. Evaluate the risk and decide whether existing precautions are adequate or more should be done
4. Record your significant findings
5. Regularly review risk assessments

When carrying out the risk assessment take into account the acronym **T.I.L.E.E.O.** which summaries the risk factors:

**Task** - Refers to the activity this is being carried out. Factors such as repetition of the task, body postures and physical exertion are considered. Does the task need to be done?

**Individual Capability** – The capability of the individual carrying out the task is considered and includes health and fitness level, experience, training and competency.

**Load** – Important factors for consideration include (non-exhaustively) the size, weight, shape and physical properties of the load. If the load is a person, relevant consideration includes his or her ability to assist, comprehend and communicate, his or her medical history and any attachments to the person, e.g. drips, etc.

**Environment** – This is the place where the activity will occur. Consider factors such as confines of space, furniture, floor levels, temperature, and restrictions on movement from Personal Protective Equipment (PPE).

**Equipment** - Considerations about equipment that may need to be used. Is the device the correct type for the job, is it well maintained, do employees need training?

**Other Factors** - Staffing levels (including day/ night variations); availability of handling equipment; training in equipment use; supervision of handling activities; appropriate clothing and footwear; previous manual / people handling incidents.

### **Who should carry out the assessment?**

Whoever does the risk assessment must:

- be competent to do so
- Involve workers /clients / patients in the process
- Understand when specialist help might be needed.

### 3.1.1 Generic Risk assessment

- The generic risk assessment assesses activities/ tasks that community staff are undertake as part of their job. This takes into consideration types of equipment, environment, clients and general systems of work available to staff who work for Family Nursing & Home Care. Most importantly its looks at the systems that are in place to minimise risks and ways that an organisation can progress in further reducing any risks identified.
- The assessment should be kept in folders accessible to all staff and be updated yearly or earlier if there are any significant changes that affect the level of risk to staff or patients.
- The generic risk assessment must be carried out on the designated form and Level of risk scored on probability of event occurring against level of consequence. The score produced gives a level of risk that the situation presents that would assist to justify certain actions to be taken.
- Analysis of accident/incident reports will produce results of types of risks in moving & handling and equipment use and monitor the likelihood of occurrence and consequences of the events, which will assist when scoring risk on generic risk assessments.

### 3.1.2 Moving & Handling People Risk Assessment (Appendix 2) (Child & Family Assessment under development)

This is a specific assessment of an individual client, which identifies risks and from which a moving & handling care plan can be written in negotiation with the client. This must be updated when the patient's condition changes to alter the level of moving & handling required.

### 3.1.3 Community Mobility Assessment Tool (CMAT) – (Appendix 3)

This tool was developed and validated in 2014 by a team of nurses and therapists to enable nurse to assess mobility levels for hospitalized patients at the bedside (Boynton et al 2014). This was due to limited availability of assessment tools and a growing need for nurses to assess patients on a regular basis outside of allied health professional assessments.

CMAT takes about 2 minutes to complete, is performed by nurses and care staff during each visit, to assess mobility.

The tool defines four levels of mobility. Each level has a physical task aimed at assessing a patient's strength, coordination, balance, tolerance, and ability to follow directions. When patients can perform the task, they advance to the next level; if they can't, they stay at the current level.

Whilst this tool was developed with the hospitalised patient in mind, it has more recently been developed and used within community settings. In addition to assessing mobility at the time of visit it can also track any progress or changes and identify

patterns of mobility. It can support care with patients with variable mobility or who are identified as either deteriorating or being rehabilitated to track changes.

### **3.1.4 Risk assessment of Pregnant Workers**

Pregnancy has significant implications for the risk of injury of an employee who is involved with moving and handling of objects or clients. When an employee informs her manager that she is pregnant *an assessment should be made on the risks presented to her by her job.*

On returning to work after maternity leave the risk assessment should be reviewed.

Advice on carrying out these risk assessments is available from the Risk management Advisory Service and OHS.

### **3.1.5 Health Assessment**

- Those persons being considered for employment in areas where there is a substantial element of lifting e.g. nursing and who have a history of back problems, will be required to undergo a pre-employment health assessment to identify those persons for whom moving & handling tasks would present a particular risk.
- Initial assessments of an individual's capability may not remain valid throughout an individual's period of employment. These assessments should be updated to take into account of, for example ill health pregnancy, the natural ageing process or significant job change.
- The frequency of the assessments will vary according to need. Any person suffering any illness or injury likely to affect their moving & handling capabilities must be assessed prior to recommencing work by the Moving and handling Advisor. This assessment to be arranged by the line manager

## **3.2 Training**

### **3.2.1 Training Records**

A certificate of attendance is to include name, date, time of attendance, and content. Training information is to be recorded on a data base

Training Records must include

- Names and signatures of trainers and trainees.
- Date, place and duration of training.
- Content.
- Handouts of training information must be provided to participants.
- Full or part participation and extent of participation if not full
- Refusal to attend or participate for any reason.
- Equipment used.

### **3.2.3 Moving & Handling Training Health Questionnaire (Appendix 4)**

Prior to every Moving & handling training session, participants will be required to complete a health questionnaire. In order for the trainer to provide safe guidance pertinent to individuals they need to know about any pre-existing condition or current condition which may prevent individuals from participating. The information given will be securely stored and treated in confidence. If an issue arises from any responses that requires further support/advice/guidance from the trainer or another party e.g. Occupational Health, the trainer will discuss this with the individual first.

## **3.3 Contingency Plans for Plus Size patients**

**3.3.1** Managers should ensure that there are contingency plans in the directorate to cope with obese patients. This should include the provision of suitable moving and handling equipment to ensure the safety of patients and staff.

**3.3.2** If a patient exceeds the weight for which existing equipment is suitable then appropriate equipment must be sourced and advice sought from the Moving and Handling Advisor.

## **3.4 Equipment**

In many cases moving & handling operations require equipment to achieve an acceptable level of risk. FNHC does not provide equipment for patient use but staff may have to use equipment in an individual's home that will have been funded by the family or another source and will either be rented or owned by the family. In this case, users and team leads have to ensure that:

- Equipment is appropriate for its intended purpose, and that it is up to date with the range of equipment available for use in the community.
- Its design is to avoid or reduce the need for moving & handling or reduce the risk of injury to the patient/client or staff.
- The FNHC Moving and Handling risk assessment has been completed and logged in care record.
- Staff do not use the equipment unless they are up to date with their Moving & Handling training.
- Staff are trained in the use of the specific equipment in the home and have read and understood the care plan.
- Staff carry out any hoist and sling checks as per guidelines (Appendix 5) if using hoisting equipment.
- Equipment can only be used if it is serviced and maintained to meet manufacturer's standards. Exceptional circumstances may be considered and discussed with Moving & Handling Advisor.
- Where appropriate equipment conforms to the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) and the Provision and Use of Work Equipment Regulations 1998 (PUWER).

For equipment owned or leased by FNHC for training purposes or risk reduction e.g. kneeling stools. The equipment should be:

- Used for its intended purpose.
- Cleaned and maintained according to manufacturer's instructions.
- Serviced and maintained conforming to the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) and the Provision and Use of Work Equipment Regulations 1998 (PUWER).

#### 4. CONSULTATION PROCESS

Name	Title	Date
Fiona Le Ber	Continence Nurse and Moving & Handling Key Trainer	14.01.22

#### 5. IMPLEMENTATION PLAN

A summary of how the document will be implemented with time frame

Action	Responsible Person	Planned timeline
Email to all staff	Secretary/Administration Assistant (Quality and Governance Team)	Within two weeks following ratification
Policy to be placed on organisation's Procedural Document Library	Secretary/Administration Assistant (Quality and Governance Team)	Within two weeks following ratification

#### 6. MONITORING COMPLIANCE

How the effectiveness in practice will be monitored

## 7. EQUALITY IMPACT STATEMENT

Family Nursing & Home Care is committed to ensuring that, as far as is reasonably practicable, the way services are provided to the public and the way staff are treated reflects their individual needs and does not discriminate against individuals or groups on any grounds.

This policy document forms part of a commitment to create a positive culture of respect for all individuals including staff, patients, their families and carers as well as community partners. The intention is to identify, remove or minimise discriminatory practice in the areas of race, disability, gender, sexual orientation, age and 'religion, belief, faith and spirituality' as well as to promote positive practice and value the diversity of all individuals and communities.

The Family Nursing & Home Care values underpin everything done in the name of the organisation. They are manifest in the behaviours employees display. The organisation is committed to promoting a culture founded on these values.

### **Always:**

- ✓ Putting patients first
- ✓ Keeping people safe
- ✓ Have courage and commitment to do the right thing
- ✓ Be accountable, take responsibility and own your actions
- ✓ Listen actively
- ✓ Check for understanding when you communicate
- ✓ Be respectful and treat people with dignity
- ✓ Work as a team

This policy should be read and implemented with the Organisational Values in mind at all times.

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- ✓ Check for understanding when you communicate
- ✓ Be respectful and treat people with dignity
- ✓ Work as a team

This policy should be read and implemented with the Organisational Values in mind at all times.

## 8. GLOSSARY OF TERMS

None

## 9. REFERENCES

Use Harvard convention <https://www.ukessays.com/referencing/harvard/>

Boynton, T., Kelly, L., Amber Perez, L.P.N. and Miller, M., 2014. Banner mobility assessment tool for nurses: instrument validation. *Am J SPHM*, 4(3), pp.86-92.

Boynton, T., Kumpar, D. and VanGilder, C., 2020. The bedside mobility assessment tool 2.0. *American Nurse Journal*, 15(7), p.15.



## 10. APPENDIX

### Appendix 1: Equality Impact Screening Tool











To be completed and attached to any publication document when submitted for approval and ratification.

Stage 1 - Screening			
Title of Procedural Document: Safe Moving & Handling Policy			
Date of Assessment	14.05.2020 reviewed	Responsible Department	Governance
Name of person completing assessment	Justine Bell	Job Title	Education Lead
<b>Does the policy/function affect one group less or more favourably than another on the basis of :</b>			
	<b>Yes/No</b>	<b>Comments</b>	
• Age	No		
• Disability Learning disability; physical disability; sensory impairment and/or mental health problems e.g. dementia	Yes	Some physical conditions may prevent staff from undertaking moving and handling duties.	
• Ethnic Origin (including gypsies and travelers)	No		
• Gender reassignment	No		
• Pregnancy or Maternity	Yes	Risk assessments will need to be undertaken to assess workload and to assess if any harm can be caused to the individual.	
• Race	No		
• Sex	No		
• Religion and Belief	No		
• Sexual Orientation	No		
<b>If the answer to all of the above questions is NO, the EIA is complete. If YES, a full impact assessment is required: go on to stage 2, page 2</b>			
Stage 2 – Full Impact Assessment			

<b>What is the impact</b>	<b>Level of Impact</b>	<b>Mitigating Actions</b> (what needs to be done to minimise / remove the impact)	<b>Responsible Officer</b>
When undertaking moving and handling duties, consideration of physical conditions, such as musculoskeletal injuries and pregnancy need to be risk assessed to reduce the risk of injury to the individual.		A risk assessment of the individual.	
<b>Monitoring of Actions</b>			
The monitoring of actions to mitigate any impact will be undertaken at the appropriate level			

## Appendix 2: Moving & Handling People Risk Assessment





Name	Address			DOB	
Is the <b>service user</b> able to mobilise independently?	<input type="checkbox"/> <b>Yes</b> If <b>yes</b> please date and sign below	<input type="checkbox"/> <b>No</b>	Is the service user considered at risk of developing pressure ulcers?	<input type="checkbox"/> <b>Yes</b> If <b>yes</b> please complete aSSSKINg tool.	<input type="checkbox"/> <b>No</b>
Date:			Signature		
If no please proceed with the assessment below					
<b>Height</b>	Actual	Estimated	Client reported		
<b>Weight</b> Specialist equipment may be required if the service users weight exceeds the safe working load of any equipment. Please detail.	Actual	Estimated	Client reported		
<b>Medication</b> Is medication relevant to moving and handling e.g. sedation, pain, and antispasmodic?	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	Details		
<b>History of falls</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	If <b>yes</b> please complete falls risk assessment		
<b>Communication</b> Hearing, vision, communication, comprehension, understanding, confusion, brain/mind impairment, language	Please detail				
<b>Working Environment</b> Space, furniture, work heights, flooring, ramps, lighting, steps/stairs, access and egress.	Please detail				
<b>Handling Constraints</b> Pain, skin vulnerability, wounds, attachments, involuntary movements, oedema, muscle/bones/limbs/feet, behaviour, anxiety, seizures. Non-compliance	Please detail				
<b>Movement Ability</b> Consider what the person can do for themselves and any risks associated with e.g. standing, walking, sitting, balance, head control, limb strength/movement	Please detail				
<b>Other considerations</b> Day/night variation, cultural considerations	Please detail				
<b>Is assistance required to mobilise?</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	If <b>yes</b> how many carers are required		











<b>Are mobility aids currently used?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If <b>yes</b> please detail
<b>List of equipment provided by whom and funding arrangements</b>	Please detail		
<b>Does the client need a review of handling aids?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If <b>yes</b> please detail
<b>Personal/family preferences/needs?</b>	Please detail		
<b>Is further assistance required to complete this assessment?</b> Physiotherapist, OT, M&H advisor, Tissue Viability Nurse, Team Lead	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If <b>yes</b> please detail
<b>Other Care Agency Involvement</b> Please detail name of care provider and visits		<b>Has this assessment been shared with a care provider?</b> Please detail	
<b>Overall Mobility Classification</b>  <b>A</b>  <b>B</b>  <b>C</b>  <b>D</b>  <b>E</b>			Please tick most appropriate, if variable tick all required and detail.
	<b>A</b> Ambulatory, but may use a walking stick for support Independent, can clean and dress oneself. Usually no risk of dynamic or static overload to carer. Stimulation of functional mobility is very important		
	<b>B</b> Can support oneself to some degree and uses walking frame or similar. Dependant on carer in some situations. Usually no risk of dynamic overload to carer. A risk of static overload to carer can occur if not using proper equipment. Stimulation of functional mobility is very important		
	<b>C</b> Is able to partially weight bear on at least one leg. Often sits in a wheelchair and has some trunk stability. Dependant on carer in many situations. A risk of dynamic and static overload to carer when not using proper aids. Stimulation of functional mobility is very important		
	<b>D</b> Cannot stand and is not able to weight bear. Is able to sit if well supported. Dependant on carer in most situations. A high risk of dynamic and static overload to carer when not using proper equipment. Stimulation of functional participation is very important		
	<b>E</b> Might be almost completely bedridden, can sit out only in a special chair. Always dependent on carer. A high risk of dynamic and static overload to carer when not using proper equipment. Stimulation of functional participation is not a primary goal		

<b>People handling Risk level</b>	<b>High <input type="checkbox"/></b> Completely dependent, unpredictable, minimum of two carers and equipment	<b>Medium <input type="checkbox"/></b> Requires some assistance, usually one carer and equipment	<b>Low <input type="checkbox"/></b> Requires no hands on assistance, may require verbal guidance / equipment
<b>Carers ability/experience</b> Consider health problems/injury, pregnancy. Also consider additional training requirements or time constraints.	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	If <b>yes</b> please detail

## Appendix 3: Community Mobility Assessment Tool (CMAT)

### Community Mobility Assessment Tool (CMAT) - Monitoring Form

Name:										DOB:										Start Date:												
Address:															End Date:																	
	Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Time of call																															
<b>Level 1</b> 	AM																															
	Lunch																															
	Tea																															
	Night																															
<b>Level 2</b> 	AM																															
	Lunch																															
	Tea																															
	Night																															
<b>Level 3</b> 	AM																															
	Lunch																															
	Tea																															
	Night																															
<b>Level 4</b> 	AM																															
	Lunch																															
	Tea																															
	Night																															
Summary/Notes																																

Key Code			
<b>Mobility level 1</b>  <b>Dependent person</b> This person is unable to move or transfer self. Non-weight bearing. Unable to stand. Requires nursing in bed or personal care on the bed.	<b>Mobility level 2</b>  <b>Moderately dependent person</b> This person can come to a sitting position but cannot stand or transfer. Some support in sitting.	<b>Mobility level 3</b>  <b>Minimal assistance required.</b> This person can weigh bear and may require support to hold or maintain the standing position.	<b>Mobility level 4</b>  <b>Independent person</b> This person can move and transfer. Verbal prompting or provision of the walking aid or supervision is all that is required
			
Hoist and supportive sling Wendylett sheets Multi-glove	Active hoist and Thorax sling With seated support or without	Return and belt or similar	Walking frame/stick
 	 		



#### Assessment Level 1

##### Sit and shake

1. From a semi-recline seated position, ask the person to sit up and rotate to a sitting position at the side of the bed (bed rail and Back rest can be used to assist).
2. Ask the person to reach out and shake your hand, making sure they cross the mid-line.



**Pass:** The person is able to rotate to the seated position, maintain sitting balance and demonstrate core strength. Balance is maintained while reaching across mid-line.

**Proceed to Assessment Level 2**

**Fail:** The person is unable to perform tasks

The person is



= Hoist

#### Assessment Level 2

##### Stretch and point

1. From a seated position where the feet are flat on the floor, so the knees are no higher than the hips.
2. Ask the person to stretch one leg and straighten the knee.
3. Bend the ankle flex and point the toes.
4. Repeat with the other leg if possible.



**Pass:** The person is able to demonstrate appropriate quad strength on intended weight bearing.

**Proceed to Assessment Level 3**

**Fail:** The person is unable to perform tasks

The person is



= Mini Lift with thoracic sling or thoracic sling with support

#### Assessment Level 3

##### Stand

1. Ask the person to push up from the chair/bed and raise their buttocks for at least 5 seconds. (may repeat once)
2. The person to proceed to the standing position and hold for at least 5 seconds. (The persons walking aid may be used in standing)



**Pass:** The person is able to demonstrate standing ability/strength for at least 5 seconds.

**Proceed to Assessment Level 4**

**Fail:** The person is unable to demonstrate and maintain standing ability, if needed use a walking aid such as a frame.

The person is



= Return + Belt or similar

#### Assessment Level 4

##### Walk

1. Ask the person to march on the spot.
2. Ask the person to step forward and return foot.

Walking frames/sticks/crutches can be used to support



**Pass:** The person is able to demonstrate balance whilst shifting their weight. They demonstrate the ability to take a step.

They demonstrate the ability to walk. Verbal prompting or provision of the walking aid or supervision is all that is required.

Mobile with or without usual walking aid.












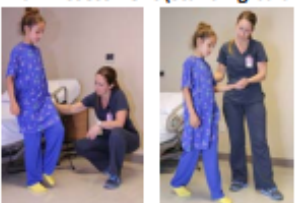


**Mobility Level 4 - Independent**

**Fail:** The person is unable to perform the tasks, even with the assistance of a frame/stick/crutch.

The person is





Pediatric Bedside Mobility Assessment Tool (BMAT) for Nurses		
ASSESSMENT	TEST	INTERVENTIONS
<b>Safety Screen Assessment:</b> <b>M:</b> Myocardial <b>O:</b> Oxygenation <b>V:</b> Vasoactive <b>E:</b> Engaged <b>S:</b> Special Considerations	<b>FAIL</b>   <b>PASS</b> 	<b>Strict Bedrest</b> <ul style="list-style-type: none"> <li>Initiate falls bundle, if indicated</li> <li>Use equipment for repositioning in bed</li> <li>ROM exercises, minimum 5 repetitions</li> </ul> Continue with Sit and Shake Assessment
<b>Sit and Shake Assessment (trunk strength and seated balance)</b>  <b>Instructions:</b> <ol style="list-style-type: none"> <li>From a semi-reclined position, ask patient to sit upright and rotate to a seated position at the side of the bed.</li> <li>Ask patient to reach across midline to shake your hand.</li> </ol>	<b>FAIL</b>   <b>PASS</b> 	<b>Mobility Level 1 – Bedfast/Dependent</b> <ul style="list-style-type: none"> <li>Initiate falls bundle, if indicated</li> <li>ICU: consider PT/OT consult for RASS score -2 to +2</li> <li>Use equipment for repositioning in bed</li> <li>Use chair position in bed or sit in chair for meals and/or ADLs</li> <li>Use equipment for transfers OOB</li> <li>Initiate Level 1 ROM exercises*</li> </ul> Continue to Stretch and Point Assessment
<b>Stretch and Point Assessment (lower extremity strength and stability)</b>  <b>Instructions:</b> <ol style="list-style-type: none"> <li>Ask patient to extend leg forward until it is straight at the knee.</li> <li>Ask the patient to point and flex foot/toes. Repeat with other leg if appropriate.</li> </ol>	<b>FAIL</b>   <b>PASS</b> 	<b>Mobility Level 2 – Chairfast</b> <ul style="list-style-type: none"> <li>Initiate falls bundle</li> <li>Use equipment for repositioning in bed</li> <li>Sit on edge of the bed or chair for meals and/or ADLs</li> <li>Use equipment for transfers OOB</li> <li>Initiate Level 2 ROM exercises*</li> </ul> Continue to Stand Assessment
<b>Stand Assessment (lower extremity strength for standing)</b>  <b>Instructions:</b> <ol style="list-style-type: none"> <li>Ask your patient to elevate off the bed or chair using an assistive device if needed.</li> <li>Patient should be able to raise buttocks off bed and hold for count of 5.</li> </ol>	<b>FAIL</b>   <b>PASS</b> 	<b>Mobility Level 3 – Stand</b> <ul style="list-style-type: none"> <li>Initiate falls bundle</li> <li>Sit on the edge of bed or chair for meals and/or ADLs</li> <li>Use equipment for transfers OOB, and standing</li> <li>Initiate Level 3 ROM exercises*</li> </ul> Continue to Walk Assessment
<b>Walk Assessment (standing balance and gait)</b>  <b>Instructions:</b> <ol style="list-style-type: none"> <li>Ask your patient to march in place at bedside.</li> <li>Then ask patient to advance step and return each foot.</li> </ol>	<b>FAIL</b>   <b>PASS</b> 	<b>Mobility Level 3 – Stand</b> Implement Level 3 activities as above  <b>Mobility Level 4 – Walk</b> <ul style="list-style-type: none"> <li>Initiate falls bundle, if indicated</li> <li>Walking in room and in hallway as able</li> <li>Use assistive devices as needed</li> <li>Encourage out of bed for meals and/or ADLs</li> <li>Initiate Level 4 ROM exercises*</li> </ul>

Always default to the safest patient handling equipment if there is any doubt in patient's ability to perform task.

\*Consider notifying provider to place PT/OT consult for patient not at baseline or who demonstrates declining mobility/ADL.

#### Appendix 4: Moving & Handling Training Health Questionnaire

Name of Course:	Date of Course:
Name of participant: (print)	Job Title:

During the training course you will be required to participate in 'people' and / or inanimate load handling techniques. You will also carry out a number of practical exercises. In order for the trainer to train you safely and provide guidance pertinent to you personally they need to know about any pre-existing condition or current condition which may prevent you from participating. The information given will be securely stored and treated in confidence. If an issue arises from your responses that requires further support/advice/guidance from the trainer or another party e.g. Occupational Health, the trainer will discuss this with you first.

If you knowingly give incorrect information to the organisation, it can bear no responsibility for any resultant pain or injury.

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

Health Questions	Tick
1. I am suffering from musculo-skeletal pain	
2. I have suffered with pain, injury and/or had surgery in the last 6 months	
3. I am receiving treatment for a condition / have a medical condition which may affect my ability to engage in physical activity	
4. I am pregnant	
5. I have given birth within the last 6 months	
6. I am breast-feeding	
7. None of the above applies	

On the understanding that this information shall be used to ensure my safety, and the safety of others, I declare myself fit to undertake this practical training course.

Signature of Participant:	Date:
Signature of Trainer:	Date:

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

<b>Post training comments by trainer:</b> If there are any concerns about your fitness/ability to undertake moving & handling activities or relevant issues relating to the training session, they will be discussed with you along with any further action and recorded here.
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## Appendix 5: Hoisting Guidelines

### **HOISTING GUIDELINES**

The hoisting guidelines have been developed by Yorkshire Back Exchange, in conjunction with the Health & Safety Executive. The aim of the guidelines is to ensure safe working practises of hoisting in all service areas.

A suitable and sufficient written risk assessment must have been completed in accordance with the Manual Handling Operations Regulations 1992 and an up to date handling/hoisting plan must be in place.

A written risk assessment should contain the relevant factors which are: Task, Individual capabilities (handler), Load (person), Environment. The risk assessment should be reviewed on a regular basis or when there has been a significant change.

The handling/hoisting plan should contain the risk reduction measures i.e. equipment, techniques, number of handlers required etc. In addition to this pictures and line drawing can be used as a visual aid.

The following guidelines assume that the handler has received relevant and current moving and handling training.

#### **Safety checks prior to each use**

Read and follow the handling/hoisting plan

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

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

HOIST – mobile (electric and hydraulic), ceiling track systems, standaid, bath

Ensure:

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

#### **SLINGS**

Ensure:

- It has been assessed for the client and is fit for purpose
- The sling is compatible with the person and the hoist
- All labels are legible and show SWL and unique identifier
- There are no signs of fraying, tears etc
- All stitching is intact

- The fabric is not worn/wearing
- The velcro (if applicable) is clean and free of fibres/ fluff etc
- The buckle (if applicable) has no signs of damage etc
- The loops/clips have no obvious signs of damage, fraying etc
- The sling is clean
- LOLER checks are in date

#### Environment

##### Ensure:

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

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

#### **GENERAL GUIDANCE - GOOD PRACTISE FOR ALL HOISTING TASKS**

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

##### **ADDITIONAL GUIDANCE FOR MOBILE HOISTS:**

- Control the decent of the spreader bar and lower to the level of the person's chest or below for sling attachment
- Store in safe place with boom/jib in lowest position with brakes on when not in use

**ADDITIONAL GUIDANCE FOR CEILING TRACK/OVERHEAD HOISTING SYSTEMS:**

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

**ADDITIONAL GUIDANCE FOR STANDING HOISTS:**

- The person must be able to consistently and reliably bear weight through their legs and have sufficient upper body muscle strength
- The person must be able to physically participate in the hoisting process
- Is the person's condition the same as when they were assessed for this piece of equipment?

**ADDITIONAL GUIDANCE FOR SLINGS:**

- Double check the loops/clips are attached to the spreader bar
- Ensure the correct loop configurations are used as identified in the handling/hoisting plan

**ADDITIONAL GUIDANCE FOR BATH HOISTS:**

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

**GLOSSARY**

BOOM/JIB	—	Also known as the LIFTING ARM
COMPATABILITY	—	Works successfully with
ENVIRONMENT	—	Working area
HSE	—	Health & Safety Executive
LAPSTRAP	—	Also known as SAFETY BELT, SEAT BELT, SAFETY HARNESS
LIFTING TAPE	—	A strip of fabric which lowers/raises from the MOTOR to which the SPREADER BAR is attached
LOLER	—	Lifting Operations and Lifting Equipment Regulations 1998
MHOR	—	Manual Handling Operations Regulations 1992
MOTOR/UNIT/POD	—	Unit that runs along a TRACKING system from which the LIFTING TAPE lowers/raises.
SPREADER BAR	—	Part of hoist to which the sling attaches. Also known as the CARRY BAR
SWL	—	Safe Working Load
TRACKING	—	Along which the motor of the ceiling track hoist runs
UNIQUE IDENTIFIER	—	A number or code unique to each individual sling



